

Annual Report of Network Activities



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Executive Summary

The Network activities and initiatives in this Annual Report reflect the current contract's shift in focus to patient and family engagement. To better inform our work in this area, the Network joined the Institute for Patient- and Family-Centered Care and took advantage of the tools and resources offered by this organization, which has been working in this field since 1992. The Institute's mission is to advance the understanding and practice of patient- and family-centered care. In partnership with patients, families, and healthcare professionals, the Institute seeks to integrate these concepts into all aspects of healthcare. We also studied the emerging literature with particular emphasis on the February 2013, *Health Affairs* article "Patient and family engagement: A framework for understanding the elements and developing interventions and policies."¹ This has led us to embrace an operational definition of patient-centered care as: *Patients, families, their representatives, and health professionals working in active partnership at various levels across the healthcare system – direct care, organizational design and governance, and policy making – to improve health and healthcare.*

In 2014, we contracted with one of the authors, Christine Bechtel, to lend credibility to our work, consult with the staff in designing projects, and guide our Medical Review Board and Board of Directors. In association with the patient and family engagement intervention, the intervention facilities experienced a statistically significant improvement in AVF rates ($p < .01$), while the comparison facilities did not improve significantly during the same time period. The result of that effort is described in our AVF project on page 12.

This patient engagement focus is also reflected in our Patient Engagement Learning and Actions Networks as described on page 38. One campaign, "Ask Me to Wash My Hands" resulted in 61% of patients pledging to challenge any break with hand hygiene protocol, and 64% of facilities meeting or exceeding the stretch goal. The second campaign, "It Starts with ME!" aimed to provide education and support to create a culture among staff and patients in which all patients are provided with support and information focused on their concerns and interests to improve their experience of care and health outcomes. Nearly 94% of project facilities met or exceeded the goal to have at least one peer mentor.

Our missed treatments quality improvement project was designed to increase patient self-awareness of risks and improve the value of treatment to those who skip treatments. Non-adherence is a widespread problem throughout the general population, and dialysis patients are no exception. About 50% of hemodialysis (HD) patients do not adhere to at least part of their dialysis regimen. Many barriers to adherence exist for this population. Education alone is not enough to create behavior change because it does not provide motivation for follow through. Both education and support are vital for adherence. Support includes setting expectations for success, avoidance of labeling/blaming, and positive attitude and messaging, and it should be

¹ Carman KL, Dardess P, Maurer M, et al. Patient and family engagement: a framework for understanding the elements and developing inventions and policies. *Health Aff.* February 2013;32(2):223-231.

individualized to the patient. The QIA achieved a 14% overall reduction from the April baseline rate as fully discussed on page 41.

The Network's innovative project for 2014 was care transition (reducing hospitalizations), and we were the only Network to undertake this complex project. In partnering with Fresenius Medical Care, the Network selected eight West Virginia dialysis centers that collectively cared for 735 prevalent patients in which to implement FMC's Right Trac program. As described on page 27, the project successfully addressed all six of the CMS-defined attributes for inclusion in the projects:

1. Rapid cycle improvement in quality improvement activities and outputs
2. Customer focus and value of the quality improvement activities to beneficiaries, participants, and CMS
3. Ability to prepare the field to sustain the improvement
4. Value placed on innovation
5. Commitment to boundarilessness
6. Unconditional teamwork

Equally important, 30-day hospital readmissions decreased overall (9%), and the disparity gap between urban and rural provider was closed by 5%.

As a Network, we value working through collaboration and partnerships. We join other like-minded organizations and individuals in educational programs, goal implementation, and targeted topic areas like emergency preparedness and supportive care. One of our more successful coalition ventures has been our Coalition for Supportive Care of Kidney Patients, which is a nationally represented and recognized authority in the arena of supportive and palliative care. The Coalition's work is described on page 35 of this report.

This report reflects just a portion of the work that the Network has accomplished under the CMS contract, but highlights the significant quality improvement and patient-centered care that we have achieved.

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.

Network 5's Role in Improving the Quality of ESRD Care

Network 5 is a subsidiary of Quality Insights, a West Virginia corporation that holds five QIO/QIN contracts. Network 5 includes the states of Maryland, Virginia, and West Virginia, and the District of Columbia. The Network has a population of 16.6 million in an area of approximately 75,600 square miles. It covers a diverse geographic area with a unique mix of urban and rural regions. For example, population density ranges from 77 per square mile in West Virginia to over 9,900 per square mile in Washington, DC. The annual facility survey indicated that 90% of patients received in-center dialysis, while the remaining 10% dialyzed in their homes. Race variation in Network 5 deviates from national figures, while gender in Network 5 reflects the national gender distribution.

Table A. Dialysis Facilities and Transplant Centers in ESRD Network 5's Service Area, as of December 31, 2014

| Category | Number |
|---|--------|
| Number of Dialysis Facilities in ESRD Network 5's Service Area* | 364 |
| Number of Transplant Centers in ESRD Network 5's Service Area* | 13 |

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 ESRD Network 5'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 ESRD Network 5's Service Area* | 364 | |
| Dialysis Facilities in ESRD Network 5's Service Area Offering Dialysis Shifts Starting after 5 PM* | 75 | 21% |

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.

Network Goals

The goals and recommendations listed below were adopted by the Network 5 Board of Directors to focus Network 5 activities during 2014. In addition to the areas addressed below, the Medical Review Board examined other quality indicators (such as patient grievances, hospitalization, mortality, etc.) and conducted improvement initiatives as reported in subsequent sections of this report.

GOALS

1. Anemia Management for Adult Patients (≥ 18 years and on dialysis for ≥ 90 days)
 - 10% or less of all patients (hemodialysis and peritoneal dialysis) should have a pre-dialysis hemoglobin $< 9\text{g/dL}$.
2. Vascular Access for Adult Patients (≥ 18 years and on dialysis ≥ 90 days)
 - By October 2014, at least 62.1% of all prevalent hemodialysis patients (adult > 18) should receive care with an AV Fistula.
 - No more than 10% of all prevalent hemodialysis patients (adult ≥ 18) should be maintained on catheters ≥ 90 days with no internal access in place.

RECOMMENDATIONS

1. Adequacy
 - Residual renal function should be incorporated into adequacy measures when appropriate.
2. Conflict resolution
 - All facilities should provide staff training on professionalism by utilizing resources found on the MARC website.
 - All facilities should provide staff training on dealing with difficult patient situations by utilizing resources found on the MARC website.
 - Facilities should actively consult with the Network regarding difficult patient situations prior to any situation escalating to the consideration of an involuntary discharge.
3. Emergency Preparedness
 - All facilities will have a policy and plan for emergency preparedness and response which includes plan for communications and assignment of a local point person in charge.
 - All facilities will send the Network two (2) disaster contacts and their contact information which must include two non-facility phone numbers.
 - Facilities should notify the Network in the event of an emergency.
 - All facilities should establish a written agreement with another dialysis facility to provide back-up services in the event of an emergency.
 - All facilities should contact their local disaster management agency at least annually to ensure the agency is aware of the facility's needs in the event of an emergency.
4. Facility Quality Assessment and Performance Improvement (QAPI) Program
 - All facilities must develop, implement, maintain and evaluate an effective, data-driven QAPI program with participation by the professional members of the interdisciplinary team.
 - QAPI activities at the facility level should enhance the facility's ability to provide high quality care, and, to meet and/or exceed Network 5 goals.

5. Patient Safety

- All facilities are urged to embrace a “culture of safety” and initiate specific measures to enhance safety, and prevent/reduce medical errors, such as:
 - Use a standardized abbreviation list
 - Use stickers to warn of allergies, of like or similar names and anticoagulation therapy
 - Post a list of drug dialyze-ability, or drugs to avoid during dialysis
 - Track adverse events/incidents
 - Identify and track healthcare-associated infections (HAIs) that develop during the course of care in the facility, and report such infections in NHSN.
 - Identify, track and use preventative measure against central line-associated blood stream infections (CLABSIs) that include
 - Routine review of central venous line care procedures with healthcare workers and patients
 - Removal of non-essential central venous lines
- All facilities are encouraged to participate in the *5-Diamond Patient Safety Program*.
- All facilities should follow the CDC’s *Recommendations for Preventing Transmission of Infections Among Chronic hemodialysis Patients*.

6. Preventative Care

A: Immunization

- All adult hemodialysis and peritoneal dialysis patients should be vaccinated against influenza, hepatitis B, and pneumococcal pneumonia, in accordance with the ESRD Conditions for Coverage, and Advisory Committee on Immunization Practices (ACIP) and CDC recommendations.
- Influenza vaccination:
 - Offered yearly to adult and pediatric patients
 - Offered yearly to all healthcare workers
- Hepatitis B vaccine:
 - Offer a 3-dose series to patients not vaccinated or not completely vaccinated as recommended by the CDC dosing schedule and appropriate timeframe. Vaccine response, annual testing and revaccination for anti-HBs should be documented and tracked.
 - All Healthcare workers should be screened and offered the Hepatitis B vaccine with anti-HB compliance and record keeping as mandated by OSHA requirements.
 - Policies should be in place for healthcare workers who do not respond to the vaccine or who are unable to receive it.
- Tuberculin Skin Test (TST):
 - All dialysis patients should be tested for baseline TST and re-screened if TB exposure is detected. Chest x-rays may be used if TST is not an option.
 - All newly hired healthcare workers should be screened for potential active TB infection with test results and follow-up recorded.
- Pneumococcal polysaccharide vaccine (PPSV) is recommended for patients with ESRD over age two. Confirm all patients’ vaccination status including a recommended one-time revaccination after 5 years for persons aged 19 through 64 years of age.

- Pneumococcal conjugate vaccine (PCV) series for children with underlying medical conditions as recommended by CDC Immunization schedule.

B: Other

- All facilities should offer smoking cessation materials to patients who use tobacco.

7. Transplantation

- All facilities should establish the transplant status of patients
- All facilities should have a written policy defining delivery of transplant information to all patients, including: when transplant information will be presented to new patients, what tools (brochures, video) are used, and who conducts follow-up education/contact with patient.
- All facilities should designate one staff member to facilitate transplant education, evaluation referrals, submission of laboratory samples, and patient status changes.
- All Network 5 transplant centers will provide written kidney transplant inclusion and exclusion criteria to the Network. The Network will post a link to this information on the MARC web site.

8. Vascular Access

- All facilities should employ a prospective monitoring (assessment) program for vascular accesses where staff trend results.
- All facilities should employ a surveillance program which utilizes one of the K-DOQI preferred and CROWNWeb collected methods: Intra-access flow measures, direct or derived static venous pressure or duplex ultrasound.
- All facilities should have a written policy addressing referral to a surgeon for vascular access.

9. Shared Decision Making/Advance Care Planning

- All facilities should have a written policy addressing advance directives and health care proxy.
- All dialysis patients should have an advance directive and health care proxy on file.
- All dialysis facilities should include family members as requested by patients in the process of advance care planning and shared decision making.

10. Medication Reconciliation

- All facilities should have a written protocol/policy defining medication reconciliation and the processes required for a systematic and comprehensive review of all medications to determine current medication accuracy.
- Medication reconciliation should be done quarterly, at the time of patient care assessments, and at transitions of care.

11. Patient Engagement

- All facilities should welcome, seek and respect the involvement of the patient, including their family as requested, in every aspect of medical care.
- Patients should be provided the opportunity to define the members of their families.
- Facilities should work to increase the number of patients participating in their care planning.
- Facilities should educate patients about all treatment options at initiation of renal replacement therapy, annually, and at additional times if indicated by changes in clinical condition.
- Facilities should include patient representation on QAPI workgroups.

Profile of Patients in Network 5's Service Area

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

Network 5 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 | 6467 | |
| Primary Cause of ESRD among Incident ESRD Patients | | |
| Diabetes | 2501 | 39% |
| Glomerulonephritis | 314 | 5% |
| Secondary Glomerulonephritis/Vasculitis | 104 | 3% |
| Interstitial Nephritis/Pyelonephritis | 135 | 3% |
| Hypertension/Large Vessel Disease | 2018 | 31% |
| Cystic/Hereditary/Congenital Diseases | 178 | 3% |
| Neoplasms/Tumors | 109 | 2% |
| Miscellaneous Conditions | 472 | 7% |
| Not Specified | 636 | 10% |
| Prevalent Dialysis Patients | | |
| Number of Prevalent Dialysis Patients as of December 31, 2014 | 25940 | |
| Treatment Modality of Prevalent Dialysis Patients as of December 31, 2014 | | |
| In-Center Hemodialysis or Peritoneal Dialysis | 21459 | 83% |
| In-Home Hemodialysis or Peritoneal Dialysis | 2561 | 10% |
| Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2014 | | |
| Arteriovenous Fistula in Use | 13397 | 60% |
| Arteriovenous Graft in Use | 4182 | 19% |
| Catheter in Use for 90 Days or Longer | 2625 | 12% |
| Renal Transplants | | |
| Number of Renal Transplants, Calendar Year 2014 | 1088 | |
| Transplant from Deceased Donor | 731 | 67% |
| Transplant from Living Related Donor | 113 | 11% |
| Transplant from Living Unrelated Donor | 244 | 22% |
| Donor Information Not Available | 0 | |
| Mortality | | |
| Number of Deaths of ESRD Patients, Calendar Year 2014 | 3987 | |

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

Network 5 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 the mid-Atlantic region.

Under contract with CMS, Network 5 is responsible for identifying opportunities for quality improvement and developing interventions to improve care for ESRD patients in the mid-Atlantic region; 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

In 2003, the Centers for Medicare & Medicaid Services (CMS) implemented, with all Networks, the National Vascular Access Improvement Initiative (NVAII), which became the Fistula First Breakthrough Initiative (FFBI) in 2005. The FFBI is a joint effort of the ESRD Networks and CMS to improve quality in the area of vascular access, specifically by increasing the proportion of all patients who dialyze using an arteriovenous fistula (AVF). An AVF is the preferred access due to lower complication rates, increased longevity, and lower costs than alternatives. Hemodialysis patients need optimal vascular access and care to lead productive lives and achieve the highest quality of life.

To help facilities improve AVF rates the Network implemented numerous interventions, including goal setting, data feedback, targeted quality improvement assistance, dialysis facility education, and patient engagement. In addition, the Network collaborated with FFBI Coalition members and other stakeholders to achieve results.

Network 5 assigned facility-specific AVF and CVC \geq 90 days goals based on October 2013 facility rates, each facility was asked to increase their AVF rate by 2% and decrease their CVC \geq 90 days rates by 2%. However, if a facility had already achieved the national goal of 68% AVFs and/or CVC \geq 90 days rate \leq 10% then its goal was to maintain those rates. If a facility had an AVF rate below 47.9%, then its goal was to achieve the ESRD Quality Incentive Program's (QIP) achievement threshold of 49.9%. If a facility had a CVC \geq 90 days rate greater than 21.9%, then its goal was to achieve the ESRD QIP's achievement threshold of 19.9%. Each was also asked to establish stretch goals for the facility.

Additionally, the Network targeted low-performing facilities to participate in a quality improvement project. Network 5 used a pre-test/post-test design with comparison group. Intervention facilities consisted of 16 Network 5 DaVita facilities located in Virginia, Maryland, and the District of Columbia that were identified using the following criteria:

- AVF below the Network average of 59.8% in October 2012; and
- October 2013 patient census of 75 or more.

A comparison group was selected using the same criteria and was composed of 14 independent facilities located in Virginia, Maryland, West Virginia, and the District of Columbia.

The primary outcome measure was the prevalent in-use AV fistula rate, calculated using the CROWNWeb vascular access database provided by the Network Coordinating Center (NCC). October 2013 served as the baseline period. Facilities initiated their process changes between April and September 2014. Re-measurement occurred in September 2014. Our analysis was conducted at the facility level, and we tested for improvement in AVF use using the paired t-test.

The Network facilitated two vascular access collaboratives utilizing a modified IHI Breakthrough Series Collaborative. The intervention group was enrolled in a basic collaborative model enhanced with extensive patient and family engagement training; participants were encouraged to incorporate the principles into all aspects of their improvement projects. This included strategies for enabling patients and family members to shape the work through various methods (serving as advisors, participating in surveys, etc.). The comparison group worked with the Network in a basic collaborative model, but did not receive special training or technical assistance on patient and family engagement and was not asked to invite patients and/or family members into improvement processes. Both groups received the Network’s standard set of interventions, which include goal setting, benchmarking, feedback reports, and a recognition program (see Table D).

Table D: Interventions Used to Increase AVF Rates

| Intervention | Intervention Group N=16 | Comparison Group N=14 |
|--|------------------------------------|----------------------------------|
| Goal Setting | X | X |
| Benchmarking | X | X |
| Feedback Reports | X | X |
| Recognition Program | X | X |
| Collaborative Notification Letter | X | X |
| Pre-Work | X | X |
| Kick-off Webinar | X | X |
| Monthly Progress Reports | | X |
| Leadership Buy-In | X | |
| Patient Engagement Technical Assistance | X | |
| Monthly Collaborative Calls/Learning Sessions | X | X |
| As-needed One-on-one Technical Assistance | X | |
| Outcomes Congress | X | X |

Anecdotal comments suggest that the majority of facilities in the Intervention group found engaging patients in their care and in redesign to be successful. Examples of interventions used at the facility level include

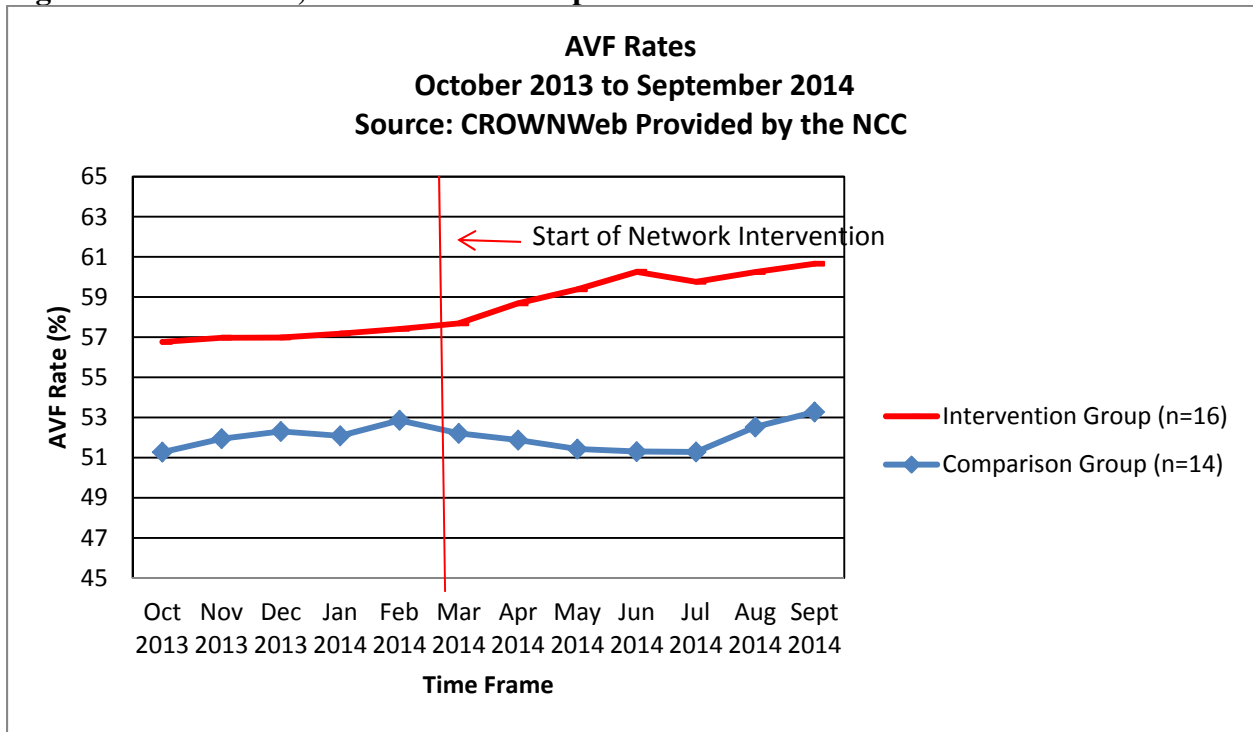
- Interviewing and/or surveying patients to identify barriers and motivators for converting from AV graft or centralized venous catheter (CVC) to AVF; included patients in the creation of action plans based on findings.
- Patient partners meeting with surgeons and nephrologists to discuss key issues, such as timely access and Fistula First.
- Sharing patient stories about access and developing patient access champions. This included sharing with other patients as well as providers and facility staff.
- Including patients in cannulation training to help staff become experienced experts.

In association with the patient and family engagement intervention, the intervention facilities experienced a statistically significant improvement in AVF rates ($p < .01$), while the comparison facilities did not improve significantly during the same time period (see Table E).

Table E: Comparison of the Change in AVF Rate between Intervention and Comparison Facilities from Baseline to Re-measurement

| | n | Mean Baseline | Mean Re-measurement | Change | p-value |
|---------------------------|----------|----------------------|----------------------------|---------------|----------------|
| Intervention Group | 16 | 56.7 | 60.6 | 3.9 | <.01 |
| Comparison Group | 14 | 51.6 | 53.2 | 1.6 | .16 |

Figure A: AVF Rates, October 2013 to September 2014



Network 5 observed an uptake of patient and family engagement concepts and an increase in AVF rates in the intervention group. Although we used a simplified research design, which included threats to internal validity, we think the findings are promising and warrant expansion of the approach, perhaps with inclusion of more rigorous research methods to further verify that poor-performing facilities can benefit from a Network-facilitated collaborative that encourages patient and family engagement.

Patient Safety

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

In 2014, hemodialysis units were required to report infection data (dialysis event data) to the National Healthcare Safety Network (NHSN) each month. NHSN is the nation's most widely used healthcare-acquired infection (HAI) tracking system. As part of the required monthly surveillance, facilities reported the number of hemodialysis outpatients who were dialyzed during the first two working days of the month. This count was used to estimate the number of patient-months that there was a risk of HAIs. Throughout the month, all outpatients were monitored for three dialysis events: positive blood cultures, evidence of local access site infections, and IV antimicrobial starts.² In 2014, 296/321 (92%) of Network 5's NHSN-eligible facilities met the reporting criteria for all 12 months. The Network provided quarterly feedback reports to each NHSN-eligible facility. These reports provided the following information:

² Centers for Disease Control and Prevention. Dialysis Event Protocol. January 2014. Available at: <http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf>. Accessed March 22, 2014.

- Missing data preventing the facility from meeting CMS QIP reporting criteria
- Number of NHSN dialysis events by category trended over the specified timeframe
- Pathogen trending over the specified timeframe
- Number and rate of access-related bloodstream infections for the facility and the facility’s state

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

A Learning and Action Network (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 2013, Network 5 established a LAN focused on patient safety in dialysis facilities, with a specific focus on reducing rates of HAIs. The membership of the HAI LAN includes representatives from the Virginia Health Department, State Survey Agencies, large and small dialysis organizations, and hospital-based dialysis facilities.

In 2014, the HAI LAN hosted bimonthly learning sessions as the primary communication vehicle for LAN participants. These were teleconferences, webinars, and face-to-face sessions. Evidence-based tools or practices were identified, and guest presenters often attended the learning sessions to share with the group. Learning sessions sometimes opened with a patient sharing his/her story related to infection prevention. Best Practice Intervention Practices (BPIPs) are evidence-based, best practice tools (e.g., CUSP, Scrub the Hub) that have been successfully implemented in other care settings. BPIPs are the primary educational resources for LAN participants, and they were released bimonthly with a focus on specific best practices that were the subject of the previous month’s learning session. Twitter and Facebook were utilized as innovative methods to spread LAN notifications. Other communication avenues included the *e-lets* newsletter and email.

In October 2014, the Network hosted a face-to-face HAI LAN learning session. A career epidemiology field officer from the Centers for Disease Control and Prevention (CDC) was the group’s guest speaker. The session included presentations from dialysis facility staff that had incorporated patients into their infection prevention efforts as well as a presentation on outbreaks in dialysis units. Table F identifies the topics of the 2013 HAI LAN learning sessions.

Table F: 2014 HAI LAN Learning Sessions

| Month | Topic | Location |
|--------------|---|--------------------|
| April | NHSN Training and Introduction to the “Ask Me” Campaign | Webinar |
| June | Empowering the Community to Achieve Effective Hand Hygiene Practices that Prevent the Spread of Infection | Webinar |
| August | DaVita/Johns Hopkins HAI Collaborative | Webinar |
| October | Outbreaks...It Can Happen to You | Fredericksburg, VA |
| December | MARC HAI LAN: A Wrap-Up of 2014 HAI Initiatives | Webinar |

Patient Safety: Reducing Rates of Healthcare-Acquired Infections

The focus on HAIs is to improve patient safety and reduce hospital readmissions, patient morbidity, and mortality. HAIs are infections patients may get during the course of their medical treatment. They are caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. These infections can be devastating and even deadly. As the ability to prevent HAIs grows, these infections are increasingly unacceptable.³ The Harbarth study concluded that approximately 20% of all HAIs are probably preventable based on current medical practice and technology.⁴

In an effort to reduce the number of HAIs in the dialysis setting, Network 5 identified 72 dialysis facilities to participate in a Network-led quality improvement activity based on the following criteria:

- CVC \geq 90 days rate $>$ 10% at baseline, October 2013; and
- Patient Census $>$ 40 patients.

Facilities were encouraged to use the Centers for Disease Control and Prevention's (CDC's) Bloodstream Infection (BSI) prevention tools and to complete three monthly audits:

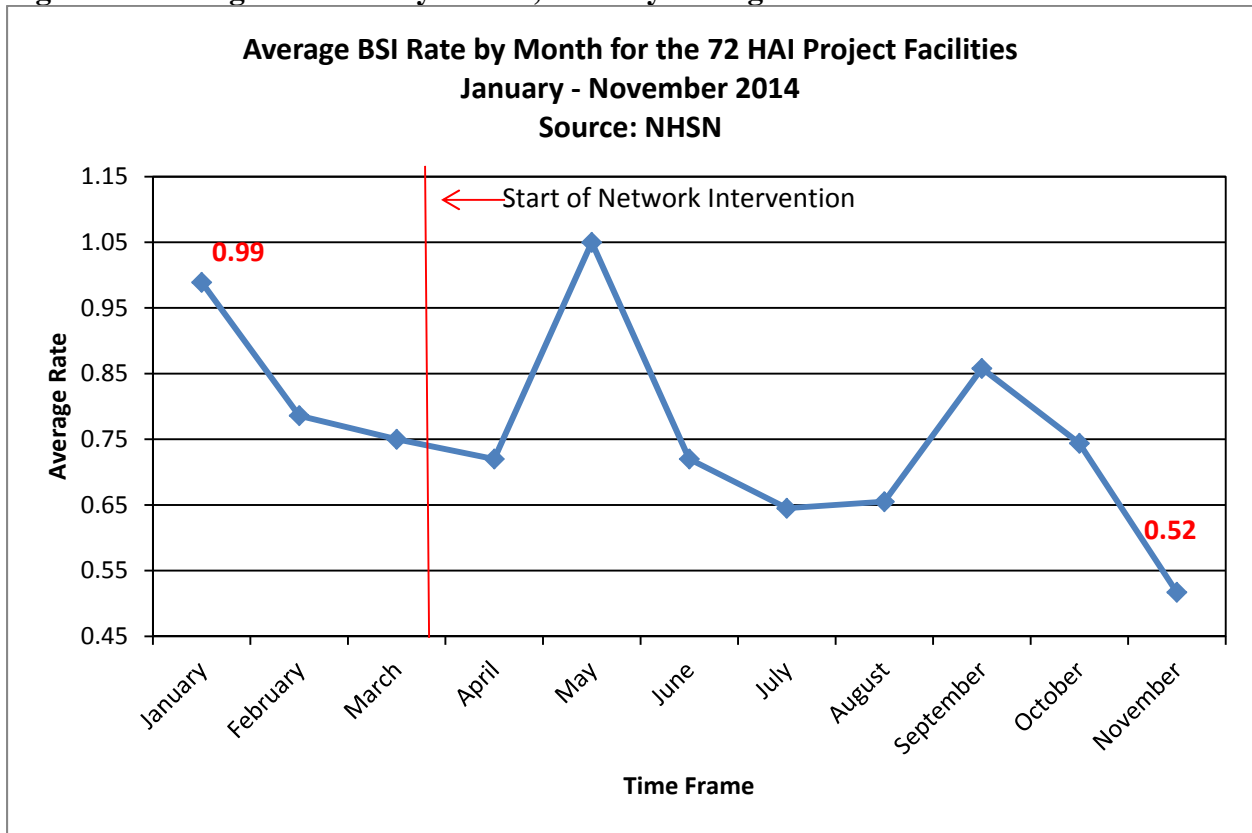
1. Hand hygiene audits
2. Catheter connection/disconnection audits
3. Fistula/graft cannulation audits

From January 2014 – November 2014, the Network saw an overall reduction of 0.47 BSIs per 100 patient months in these 72 project facilities.

³ Centers for Disease Control and Prevention. Healthcare-Associated Infections. October 2012. Available at: <http://www.cdc.gov/hai>. Accessed November 15, 2012.

⁴ Harbarth, S, Sax H, Gastmeier P. The preventable proportion of nosocomial infections: an overview of published reports. *J Hosp Infect.* 2003;54.4:258-266.

Figure B: Average BSI Rate by Month, January through November 2014



Support for the ESRD Quality Improvement Program (ESRD QIP)

For over 30 years, CMS, with help from the ESRD Networks, has monitored and worked to improve the quality of care provided to beneficiaries with ESRD. In 2008, the Medicare Improvements for Patients and Providers Act (MIPPA) required the Secretary of the Department of Health and Human Services to create an ESRD QIP, the nation’s first pay-for-performance program. The Network was tasked with assisting facilities in improving their performance on QIP measures. The Network is well positioned to support facilities; Network staff is fully educated about the QIP, staying up-to-date as the program evolves. Each year when the Final Rule is released, the Network hosts an educational webinar on the QIP for Network and dialysis facility staff; these webinars are recorded and are available on the MARC website. Additionally, Network staff participates on the CMS National Provider Calls and encourages Network 5 providers to do the same. Resources that are made available to participants on the CMS National Provider Calls are distributed to Network 5 dialysis facilities through the *e-lets* newsletter and posted to the MARC website. Table G identifies the interventions the Network implemented in 2014 to assist facilities in improving their performance on the clinical and reporting measures.

Table G: Network Interventions to Support the QIP

| Measure | Network Intervention |
|---|--|
| Anemia (Hgb > 12 g/dL) | <ul style="list-style-type: none"> • Analyze transfusion data as they become available |
| Vascular Access Type Fistula Catheter | <ul style="list-style-type: none"> • Analyze data available in CROWNWeb monthly • Set goals • Target facilities for a quality improvement project to increase AVF rates and decrease CVC rates • Provide technical assistance • Provide feedback reports • Spread best practices |
| NHSN Bloodstream Infection in Hemodialysis Outpatients | <ul style="list-style-type: none"> • Analyze data available in NHSN monthly • Target facilities for a quality improvement project to prevent infections • Provide technical assistance • Provide feedback reports • Spread best practices • Participate in the CDC’s BSI Collaborative |
| Reporting ICH CAHPS Mineral Metabolism Anemia Management | <ul style="list-style-type: none"> • Provide reminders of requirements and due dates |

In addition to implementing quality improvement projects to assist with improving QIP performance, the Network has formed a collaborative and reciprocal relationships with the four State Survey Agencies (SSA) within its service area. The Network meets with each agency individually, and the QIP is a standing agenda item. During these calls, the Network provides education to the SSA and information regarding specific facilities’ performance. When the Network is contacted by the SSA prior to a survey, the Network is able to provide areas of concern; the SSA then notifies the Network of the facilities that have had citations as they relate to the QIP. This provides an opportunity for the SSA and the Network to collaborate to identify interventions that may benefit the facility.

Provider Education

Network 5’s education department serves to support CMS contract requirements by providing educational opportunities to the Network 5 renal community to address the three aims. The Network’s goal is to provide valuable information that will help staff perform their duties well and to educate patients and their family members, thereby enhancing the patient’s experience of care and assuring the best outcomes. The Network develops its educational programs based on environmental scans, CMS recommendations, grievances filed, and previous program evaluations. Table H provides the 2014 schedule of educational activities.

In October 2014, the Network hosted its annual Council meeting in Fredericksburg, Virginia. The meeting was a sold-out event, drawing more than 300 participants from Virginia, West Virginia, Maryland, and the District of Columbia. The focus of the meeting was “Ready, Set,

ENGAGE!” The keynote speaker, Christine Bechtel, presented on “Embracing Engaged Patients,” followed by a session led by Dori Schatell, MS, on “Ethics of Modality Choice.” Attendees were then able to attend each of the three breakout sessions via rotation. The sessions focused on “Empowering Patients to Be Partners in Deciding Modality,” “Transplantation and the Allocation System,” and “Vascular Access.” Each session was interactive with attendees; the vascular access session included stations where attendees could interact with a practicing nephrologist, feel live patient accesses, hear patient stories, and view accesses via an onsite ultrasound machine. Award-winning facilities and patient engagement benchmark facilities were recognized. Each attendee also received handouts that addressed the Network’s goals and recommendations, mission and vision, Dialysis Facility Compare, emergency preparedness, vocational rehabilitation, Fistula First, the Coalition for Supportive Care of Kidney Patients, and more.

In addition to the Council meeting, the Network presented 25 web-based educational programs for dialysis facility staff and five live workshops, three of which included education on vascular access. The educational content of the programs reinforced the recommendations of the Fistula First, Catheter Last Coalition by providing tools and resources to increase the prevalence of AVFs. One workshop was dedicated to the prevention of HAIs.

Webinars are designed to provide education to dialysis facility staff throughout the year in the convenience of their own facility. All Network webinars were accredited for attendees to receive continuing or professional education credit. To encourage patient participation, dialysis patients and family members were invited to attend any program free of charge. These programs were tailored to meet the scheduling and convenience needs of dialysis staff. Network programs were also evaluated for their effectiveness, and the participants who evaluated programs in 2014 reported an average 86% customer satisfaction rate.

Each 2014 meeting and webinar offered timely educational topics and expert knowledge for the Network 5 renal professionals and patients, developed to provide facilities with the necessary tools to deliver the highest quality of care to patients. The presentations provided at the meetings were also posted on the Network’s website for individuals who were unable to participate in the live sessions.

Table H: 2014 Educational Activities

| Title | Date | Location | # of Registrants | # of Attendees | Target Audience | Subject Matter |
|-----------------------------------|---------|----------|------------------|----------------|---|---|
| PE LAN: Wrap up for 2013 projects | 1/9/14 | Webinar | n/a | 9 people | Project facilities, SMEs, Network, PE LAN members | Review outcomes of 2013 PE projects and lessons learned. |
| Understanding Alzheimer’s | 1/14/14 | Webinar | 14 facilities | 19 people | Dialysis facility staff | Dementia: Definition of and how to recognize the changes a patient may experience while going through the stages. |

| Title | Date | Location | # of Registrants | # of Attendees | Target Audience | Subject Matter |
|--|-------------|-----------------|-------------------------|-----------------------|-------------------------|---|
| Communication and Behavior with Alzheimer's Patients | 2/11/14 | Webinar | 12 facilities | 31 people | Dialysis facility staff | Dementia: Identifying ways to communicate with a person who has dementia and understand behaviors that may be common in a person with dementia. |
| What To Do When Involuntary Discharge is Being Considered | 2/18/14 | Webinar | 8 facilities | 26 people | Dialysis Facility staff | ESRD Conditions for Coverage requirements, facility responsibilities, the role of the Network, and CMS expectations when considering involuntarily discharging a patient. |
| 2014 Virtual Council Meeting | 2/25/14 | Webinar | 309 facilities | 230 people | Dialysis facility staff | 2014 Statement of Work |
| | 3/4/14 | | | | | |
| Motivational Interviewing | 3/4/14 | Webinar | 18 facilities | 27 people | Dialysis facility staff | The importance of motivational interviewing in identifying medication non-adherence safety issues and promotion of self-management. |
| Coping with Stress | 3/11/14 | Webinar | 15 facilities | 24 people | Dialysis facility staff | Dementia: Identifying the different types of stress, knowing the ways stress can affect the physical body, and positive ways to cope with stress. |
| Patient-Centered Care: A Win-Win for the Patient and Dialysis Team | 3/18/14 | Webinar | 20 facilities | 23 people | Dialysis facility staff | The importance of patient and family engagement and an understanding of how working together improves outcomes. |
| End of Life | 4/8/14 | Webinar | 20 facilities | 37 people | Dialysis facility staff | Dementia: The signs of late-stage dementia, emotional and physical challenges that may be encountered, and potential interventions in providing care. |

| Title | Date | Location | # of Registrants | # of Attendees | Target Audience | Subject Matter |
|---|---------|----------|------------------|----------------|--|--|
| Healthcare-Associated Infections Learning & Action Network (HAI LAN): Learning Session #1 | 4/8/14 | Webinar | n/a | 65 people | Dialysis facility staff | Overview of the HAI LAN, upcoming session dates, and information regarding the National Healthcare Safety Network (NHSN), how reporting in NHSN aligns with the CMS ESRD QIP Report, CDC audit tools, and the Network's "Ask Me" Campaign. |
| Anger Management | 4/15/14 | Webinar | 17 facilities | 28 people | Dialysis facility staff | Anger and aggression in the workplace and familiarizing staff with mechanisms to recognize, decrease, and manage anger. |
| PE LAN: Kickoff | 4/29/14 | Webinar | n/a | 114 people | PELAN Members, Missed Treatment QIA & "It Starts with ME!" Campaign facilities, SMEs | Review of 2014 projects, expectations, goals, and Q&A. |
| Cultural Competency | 5/13/14 | Webinar | 13 facilities | 18 people | Dialysis facility staff | The importance of improving cultural competency at both an individual and organizational level. |
| Cannulation Techniques | 5/20/14 | Webinar | 14 facilities | 24 people | Dialysis facility staff | The various tools and approaches available for buttonhole cannulation of AVFs. |
| History of Dialysis | 6/10/14 | Webinar | 15 facilities | 26 people | Dialysis facility staff | The origins of dialysis and evolution into chronic dialysis. |
| Healthcare-Associated Infections Learning & Action Network (HAI LAN): Learning Session #2 | 6/10/14 | Webinar | n/a | 52 people | Dialysis facility staff | To promote the importance of hand hygiene in preventing the spread of infection, including adherence strategies and campaigns to motivate and promote behavior change. |
| The Importance of the First 90 Days... | 6/17/14 | Webinar | 19 facilities | 38 people | Dialysis facility staff | The importance of the first 90 days on dialysis. |

| Title | Date | Location | # of Registrants | # of Attendees | Target Audience | Subject Matter |
|---|---------|----------------|------------------|----------------|--|---|
| A Step Ahead: Awareness of Critical Limb Ischemia (CLI) as an Emergent Dominant Form of Peripheral Arterial Disease (PAD) | 6/19/14 | Winchester, VA | 66 people | 28 people | Dialysis facility staff | To promote awareness of CLI as an emergent dominant form of PAD, the value of early diagnosis, and treatment options. |
| PE LAN: Positive Means to Positive Change | 6/24/14 | Webinar | n/a | 70 people | PELAN Members, Missed Treatment QIA & "It Starts with ME!" Campaign facilities, SMEs | Provide examples of patient engagement to generate discussion, learn about a theory of 6 sources of influence for behavior change, and sharing of best practices/ideas in the projects. |
| Avoiding Burnout: Without Really Trying | 7/15/14 | Webinar | 21 facilities | 52 people | Dialysis facility staff | Recognizing and preventing burnout among healthcare personnel. |
| Advance Directives | 7/22/14 | Webinar | 16 facilities | 15 people | Dialysis facility staff | Promoting the importance of and knowledge about developing advance directives. |
| Living with Kidney Disease | 8/12/14 | Webinar | 21 facilities | 19 people | Dialysis facility staff | The benefits of patient engagement from the patient's perspective and the emotional context of ESRD for patients. |
| Healthcare-Associated Infections Learning & Action Network (HAI LAN): Learning Session #3 | 8/12/14 | Webinar | n/a | 56 people | Dialysis facility staff | To promote the reduction of preventable infection in the outpatient dialysis setting, with special focus on the DaVita/Johns Hopkins CLABSI Reduction Project. |
| Say What? Communicating with Patients Using Plain Language | 8/19/14 | Webinar | 16 facilities | 18 people | Dialysis facility staff | Promoting ways to increase the ability of healthcare workers to communicate with patients using language principles. |
| PE LAN: Building and Sustaining Patient Engagement & Staff Engagement | 8/26/14 | Webinar | n/a | 81 people | PELAN Members, Missed Treatment QIA & "It Starts with ME!" | Identify 3 key practices for patient engagement, 3 key practices for staff engagement, and review strategy for |

| Title | Date | Location | # of Registrants | # of Attendees | Target Audience | Subject Matter |
|--|----------|--------------------|------------------|----------------|--|---|
| | | | | | Campaign facilities, SMEs | engagement. |
| History of Living Donor Transplantation | 9/16/14 | Webinar | 6 facilities | 10 people | Dialysis facility staff | The evolution of living donor transplantation. |
| The Affordable Care Act: Outcomes from 2014; What's New for 2015 | 9/23/14 | Webinar | 6 facilities | 12 people | Dialysis facility staff | The impact of the Affordable Care Act on ESRD patients during 2014, and information about changes for 2015. |
| PE LAN: Wrap-Up and Planning for 2015 | 10/21/14 | Webinar | n/a | 67 people | PELAN Members, Missed Treatment QIA & "It Starts with ME!" Campaign facilities, SMEs | Review PE projects, recognize outstanding accomplishments, discuss sustainability, and plan for what is to come in the next year. |
| 2014 HAI LAN Learning Session | 10/22/14 | Fredericksburg, VA | 90 people | 74 people | Dialysis facility staff; HAI LAN members | Reducing HAIs in the dialysis setting by increasing awareness of infection control and patient engagement. |
| 2014 Outcomes Congress | 10/22/14 | Fredericksburg, VA | 75 people | 87 people | Select dialysis facility staff | To provide an opportunity for the renal professionals and patients throughout Network 5 to engage with one another and to learn by sharing vascular access management best practices. |
| Annual Council Meeting | 10/23/14 | Fredericksburg, VA | 288 people | 302 people | Dialysis facility staff, patients | An opportunity for the renal professionals and patients throughout Network 5 to engage with one another and to learn about ethics, modality choices, and patient and family engagement. |
| CROWNWeb Facility Responsibilities | 11/18/14 | Webinar | 7 facilities | 9 people | Dialysis facility staff | Review history of CROWNWeb and why facilities are required to maintain their facility and |

| Title | Date | Location | # of Registrants | # of Attendees | Target Audience | Subject Matter |
|---|----------|----------------|------------------|----------------|-------------------------|---|
| | | | | | | patient information in the system; discuss where facilities can get help and training for CROWNWeb and the QIMS registration process; discuss required data entry responsibilities in CROWNWeb. |
| A Step Ahead: Awareness of Critical Limb Ischemia (CLI) as an Emergent Dominant Form of Peripheral Arterial Disease (PAD) | 11/19/14 | Winchester, VA | 29 people | 21 people | Dialysis facility staff | To promote awareness of CLI as an emergent dominant form of PAD, the value of early diagnosis, and treatment options. |
| Transplant Allocation Changes | 11/25/14 | Webinar | 6 facilities | 10 people | Dialysis facility staff | To increase knowledge about the kidney transplant allocation system and upcoming improvements to the system, in an effort to maximize transplantation referrals. |
| Healthcare-Associated Infections Learning & Action Network (HAI LAN): Learning Session #5 | 12/09/14 | Webinar | n/a | 55 people | Dialysis facility staff | Review 2014 HAI LAN initiatives, discuss sustainability, and plan for what is to come in the next year |
| QIP 2016 | 12/11/14 | Webinar | 6 facilities | 10 people | Dialysis facility staff | To promote knowledge of the government's QIP, the measures used to evaluate performance, and the role of CROWNWeb in support of the QIP. |

Contributions to the Professional Literature

In 2014, the Network's executive director and patient services director published articles in peer-reviewed journals:

Schell J, **Bova-Collis R**, Eneanya ND. An interdisciplinary approach to dialysis decision-making in the CKD patient with depression. *Advances in Chronic Kidney Disease*. 2014 Jul;21(4):385-91. doi: 10.1053/j.ackd.2014.03.012. PubMed PMID: 24969392

Allon M, Harbert G, **Bova-Collis R**, Roberts SV, Moss A. The demented patient who declines to be dialyzed and the unhappy armed police officer son: what should be done? *Clinical Journal of the American Society of Nephrology*. 2014 Apr;(9):4,804-808. *CJASN ePress*. Published on November 14, 2013 doi: 10.2215/CJN.08400813

O'Hare AM, **Armistead N**, Schrag WL, Diamond L, Moss AH. Patient-centered care: an opportunity to accomplish the "three aims" of the National Quality Strategy in the Medicare ESRD Program. *Clin J Am Soc Nephrol*. 2014 Dec 5;9(12):2189-94.

Ensuring Data Quality

During the 2014 calendar year, the Network assisted facilities in improving data quality by offering technical support and serving as a CROWNWeb training resource. Network staff received over 1600 requests for technical help and helped to resolve over 900 Out of Scope (OoS) patients. In all, the Network spent over 184 hours assisting facilities with CROWNWeb and data-related questions.

To further assist facilities with ensuring data quality, the Network resolved over 4000 CROWNWeb notifications and accretion. Notifications and accretions were investigated and resolved, resulting in updates to patient identifiers, CROWNWeb admissions and discharges, and reported Medicare status.

Using transplant data provided by UNOS, the Network assisted all 13 of its transplant units in accurately reporting transplants performed in CROWNWeb. Transplant information was cross-referenced in the REMIS system to ensure accuracy. In total, the Network manually entered a total of 1088 transplants into CROWNWeb through the single-user interface (SUI).

Disparities in ESRD Care

Introduction

The End Stage Renal Disease (ESRD) Network Statement of Work provided an opportunity to conduct an innovative pilot project to improve the quality of and access to ESRD care in one of five pre-approved CMS priority areas. The objective of the Innovation Pilot Project is to support achievement of national quality improvement goals and statutory requirements as set forth in Section 1881 of the Social Security Act and the Omnibus Budget Reconciliation Act of 1986. Network 5 chose “Dialysis Care Coordination with a Focus on Reducing Hospital Utilization.” Care coordination is a priority area with an opportunity for improvement, and there is an identified disparity in the delivery of care, as described herein.

Background

Dialysis patients are hospitalized more frequently than the general Medicare population.⁵ Higher hospitalization rates are driven in part by the nature of their chronic disease and complex care needs, but some hospitalizations are preventable. In fact, hospitalizations within 30 days of discharge represent potentially avoidable admissions. According to Jencks et al, Medicare patients with ESRD have a 40% higher risk of hospitalization within 30 days of discharge than Medicare patients without ESRD.⁶ In Network 5, the 2011 30-day readmission rate among dialysis patients was 33.2%, compared to a national rate among dialysis patients of 31.1% and a national rate among the general Medicare population of 18.0%.^{7,8} Clearly, this represented an opportunity for improvement within the Network.

In defining the geographic focus for the project, several factors were considered. The Network examined standardized hospitalization ratios (SHRs) for the U.S., Network, and states within the Network. While the SHR for Network 5 exceeds the national SHR by about 4%, it is highest in West Virginia, suggesting a good location for the pilot project.

The general poor health of the West Virginia population also contributed to the decision to focus improvement efforts in the state. For example, according to results from the 2009 and 2010 Behavioral Risk Factor Surveillance System (BRFSS), West Virginia ranked 2nd highest nationally in 2009 and 3rd highest in 2010 in reporting the general health of adults as either “fair” or “poor” (23.7% in 2009; 23.4% in 2010). The obese proportion of the adult population was 31.7% in 2009 and 32.9% in 2010, 6th highest nationally in 2009 and 3rd highest nationally in 2010. This no doubt contributes to the high prevalence of diabetes among the population of West Virginia. The state ranked 2nd nationally in 2009 and 4th nationally in 2010 in adults with diabetes (12.4% in 2009; 11.7% in 2010). West Virginia also ranked highest in the nation in 2009 and 2nd in the nation in 2010 in the prevalence of heart attack among adults (6.5% in 2009;

⁵ United States Renal Data System. *2012 USRDS Annual Data Report*. p.69, Fig.3.4.

⁶ Jencks, SF, Williams, MV, Coleman EA. Rehospitalizations among patients in the Medicare fee-for-service program. *N Engl J Med*. April 2009;360(14):1418-28.

⁷ Arbor Research Collaboration for Health and the University of Michigan Kidney Epidemiology and Cost Center. 2012 Dialysis Facility Reports. Available at: <http://www.dialysisreports.org>.

⁸ United States Renal Data System. *2012 USRDS Annual Data Report*, p.66.

6.3% in 2010). These same health problems contribute to kidney failure and are prevalent in the dialysis population.⁹

Using patient population reports generated through CROWNWeb, Medicare Part A claims, and in collaboration with Fresenius Medical Care (FMC), the LDO with the largest market share in the state, we selected eight West Virginia facilities that collectively cared for 735 prevalent patients during the baseline period of July-December 2012. These facilities were found to have an average monthly census of 545 patients during the same period. The eight project facilities had 30-day hospital readmission rates ranging from 26.7% to 69.2% for July-October 2012. There are few black or African-American, Hispanic, or Latino dialysis patients in West Virginia. Consequently, these are small populations, and no disparity was found on either race or ethnicity. The greatest disparity occurred with respect to geographic location (rural vs. urban). Rural facilities were found to have a 43.9% 30-day hospital readmission rate, while urban facilities had a 30.4% 30-day readmission rate. The urban/rural disparity met the CMS criteria that at least a 5% disparity must be observed.

Overview

In partnering with FMC, the Network selected eight dialysis centers that collectively cared for 735 prevalent patients in which to implement FMC's Right TracTM program. This program builds on a strategy of "3-Cs":

- CQI Approach with Rapid Cycle Improvement
- Collaboration
- Corporate co-leadership with local operations

A root cause analysis revealed that reducing hospitalizations and 30-day readmissions involved multiple factors requiring multiple solutions. The following factors were identified and explored:

- Access
- Anemia
- Co-morbids
- Fluid management
- Infection
- Medications
- Nutrition
- Communication
- Patient activation
- Post-hospital care

The program was implemented in three phases over a 2-year period (2012-2014). Phase One (Foundation) included a hospital admission checklist, post hospital checklist, medication review,

⁹ West Virginia Health Statistics Center. *2009 - 2010 West Virginia behavioral risk factor survey report*; 2012.

critline, and nutritional algorithm. Phase Two incorporated case management, and Phase Three incorporated the deployment of DialysisLink™.

One of the creative tools developed in Phase One builds upon a red-flag concept derived from the Coleman model. This tool identified 11 conditions for which patients are frequently hospitalized. These included: fluids, heart, pneumonia, potassium, fistula/graft infection, catheter infection, GI problems, foot/leg infection, diabetes, and depression. The tool clarifies the patient's understanding of why he/she was hospitalized, identifies the signs and symptoms to watch for to indicate if the problem may be reoccurring, identifies actions the patient can take to avoid the problem, and finally, assesses how confident the patient is that he/she can self-manage.

Feedback is an important component of any quality improvement initiative. Monthly QIA trending reports were provided to each dialysis center with multiple measures, and a patient experience survey was given to each returning patient on the third treatment after discharge.

Phase Two of the project saw the recruitment of case managers who worked telephonically. Within 24-72 hours of discharge, the patient was contacted for an initial assessment and ongoing assessment was conducted weekly during the 30 days after discharge. Phase Two also involved retraining as necessary. The literature has shown that medication reconciliation after an event such as hospitalization is a gap in service delivery. Therefore, dialysis center staff was retrained to focus on new, changed, or stopped medications.

An added dimension to the telephonic contacts was the introduction of electronic technology. The case managers were able to use Skype software and tablets in the centers to connect with staff and patients. This enabled a sense of more direct contact with the patients.

Phase Three was deployment of DialysisLink™, a 24/7 communication hub to communicate information between the hospital and dialysis center regarding patient admissions and discharge.

Project Attributes

This Care Transitions project was maximized by unbroken concentration on the following six attributes that ensured positive outcomes:

1. Rapid Cycle Improvement in Quality Improvement Activities and Outputs

- Identified that some requests for medical records faxed by facilities were not being received by hospitals; implemented Transport Layer Security (TLS) that automatically provides secure, encrypted email exchanges.
- Initially used one brand of electronic tablet for tele-health patient communication. Once the team identified a more user-friendly tablet that also allowed for easier remote troubleshooting, we changed brands.
- Feedback reports showed that less than half of patients had acceptable albumin levels greater than 3.5 g/dl. Performed a RCA and implemented process changes that resulted in an increase of patients with albumin levels > 3.5 g/dl.

- Feedback reports showed that the number of patients who had medications reviewed at their first dialysis treatment after hospitalization was low. Performed a RCA and implemented process changes that resulted in an increase in this measure.
- Based upon studies that have shown post-hospital anemia management can decrease re-admission rates, specific staff “mentors” were identified. Mentors met with their respective clinic teams, which were selected after review of the baseline clinical report data for “anemia management post-hospitalization.” The mentors worked with their clinic teams to identify root causes, decide upon action steps to implement, identify the person responsible for each action step, and follow up on progress. Positive results in this measure on the monthly clinical reports followed.
- The number of patients case managers (CMs) successfully reached post-discharge was lower than desired. A process step was included that required staff to notify discharged patients that a CM would be contacting them and provided patients with handouts explaining what to expect from the CM call. Patient contact rates subsequently improved.

2. Customer Focus and Value of the Quality Improvement Activities to Beneficiaries, Participants, and CMS

- Analyzed data to identify potential disparity group that would attain the most benefit from this innovation project.
- Developed and facilitated the distribution of project introduction letters, which included data analyses, to project facilities and partner hospitals. Followed up letter distribution by meeting with hospital leadership.
- Employed a patient risk assessment process in order to focus case management services on at-risk patients.
- Developed a patient satisfaction survey instrument to assess effectiveness of project care transition interventions. Piloted the survey instrument to assess administration process and effectiveness. Conducted surveys weekly with a 49% response rate.
- Supported the development of DialysisLink™, a call center approach for providing consistent and complete communication and notifications when patients are admitted and discharged.

3. Ability to Prepare the Field to Sustain the Improvement

- Facility adoption of Transport Layer Security to ensure secure exchange of PHI.
- Clinical performance statistics from DialysisLink™ used to provide leadership with feedback.
- Data analyses showed clinics that used admission and discharge checklists the most had a decline in patient readmission rates.
- Educational materials utilized to assess patient understanding of risk factors contributing to re-hospitalization.
- eCube Clinicals, an electronic medical record system, introduced to project facilities and simplified information sharing.
- Workshops to educate staff on project tools facilitated; discussions with medical directors to identify, understand, and correct barriers.

4. Value Placed on Innovation

- Case managers performed tele-health visits with patients discharged from the hospital to rural dialysis facilities.
- Utilized electronic tablets to conduct virtual tele-health “visits.”
- Worked with FMC leadership to deploy patient care transition innovation tools, which included a red flag self-management tool, hospital admission checklists, and post-hospitalization checklists.
- Developed a process to allow case managers to initiate standard orders, such as a referral for home health.

5. Commitment to Boundarilessness

- Presented three project abstracts and a presentation at the annual American Society of Nephrology (ASN) meeting.
- Engaged multiple partners to impact improvement for patients and providers. These partners include the West Virginia Health Information Network, the West Virginia Hospital Association (WVHA), the Integrating Care for Populations & Communities Aim National Coordinating Center (ICPCA NCC), the West Virginia Office Aging, pharmacists, primary care physicians, and nursing homes.
- Presented to a joint meeting of the MARC Board of Directors and Medical Review Board to assure leadership understanding of the project.
- Participated in numerous conferences, meetings, and webinars with project and community stakeholders.

6. Unconditional Teamwork

- Participated in monthly meetings with project leadership and additional meeting to address challenges, such as data discrepancies.
- Participated in meetings with project manager and team at each phase of the project to develop strategies for project advancement.
- Participated in FMC and QIO trainings to utilize technology to accomplish project goals and gain proficiency in administering patient telephonic surveys.
- Partnered with patients to evaluate case management and tele-health processes.
- Engaged in continuous project discussions with Medical Review Board and Board of Directors.
- Participated on regional and national quality improvement calls to share best practices, challenges, and solutions.

Urban/Rural Disparity

Of the eight project facilities, three were identified as urban and five as rural based on their geographic location. Utilizing claims data, the rural facilities were found to have a 43.9% 30-day hospital readmission rate, while urban facilities had a 30.4% 30-day hospital readmission rate at

baseline (a 13.5% difference). There are many well-studied barriers to optimal healthcare in rural areas, including access to quality health services, scarcity of physicians and other health professionals, and less than optimal emergency medical services.^{10,11,12} In March 2014, this challenge was addressed by the Right Trac™ care transitions program, in which case managers telephonically delivered targeted interventions designed to promote self-management skills and interdisciplinary healthcare among patients who were 0-30 days post-hospitalization. This process utilized a video- and tele-communication device configured to allow for use of a secure Skype application. Upon evaluation, case managers indicated that the use of tele-visits successfully enhanced their ability to engage patients and may bridge the gap between face-to-face encounters and telephonic case management.

Results

Utilizing FMC’s Knowledge Center data, 30-day hospital readmissions decreased overall, and the disparity was closed. At the time of re-measurement (September 2014), the 30-day hospital readmission rate in the disparate group decreased from 45.8% to 32.9%.

Table I: 30-Day Hospital Readmission Rates

| | Baseline: July - December 2013 | | | Re-measurement: April - September 2014 | | |
|---------------|---|---------------------|----------------------------------|---|---------------------|----------------------------------|
| | Hospital admissions within 30 days of discharge | Hospital admissions | 30-day hospital readmission rate | Hospital admissions within 30 days of discharge | Hospital admissions | 30-day hospital readmission rate |
| Overall | 396 | 899 | 44.0 | 258 | 740 | 34.9 |
| Overall Rural | 265 | 578 | 45.8 | 139 | 425 | 32.7 |
| Overall Urban | 131 | 321 | 40.8 | 119 | 315 | 37.8 |

¹⁰ Rodriguez RA, Hotchkiss J, O’Hare AM. Geographic information systems and chronic kidney disease: racial disparities, rural residence and forecasting. *J Nephrol.* 2013;26:3-15.

¹¹ Garney WR, Drake K, Wendel ML, et. al. Increasing access to care for Brazos Valley, Texas: a rural community solution. *J Am Board Fam Med.* May-June 2013;26(3):246-253.

¹² O’Hare AM, Johansen KL, Rodriguez RA. Dialysis and kidney transplantation among patients living in rural areas of the United States. *Kidney Int.* 2006;69:343-349.

Partnerships and Coalitions

The Network is a member of the Forum of ESRD Networks. The Network's former MRB Chair currently serves as the Forum President, and MARC has two additional members who serve in an ad-hoc capacity. The Forum has established three Advisory Councils. The Chair of the Network's Medical Review Board is the appointed representative to the Medical Advisory Council, the Executive Director serves on the Executive Director Advisory Council, and the past chair of the Network 5 Patient Advisory Committee serves on the Beneficiary Advisory Council.

The Network participates on all CMS leadership calls, Network Coordinating Center (NCC) Community of Practice (COP) calls, NCC Patient Engagement LAN calls, and NCC learning sessions. Staff has contributed to the Kidney Community Emergency Response (KCER) Coalition by actively engaging in development of a comprehensive emergency preparedness plan and participating in an annual disaster drill, as well as all relevant conference calls. Network staff is engaged with their peers from other Network organizations and participates in conference calls and meetings to share best practices and identify solutions to common problems. These include data manager meetings with other subcontractors (OCT), executive director calls with senior CMS leadership, quality improvement staff who discuss projects and measures, and patient service directors who explore campaign topics and information on grievances and avoiding IVDs. The Network 5 quality improvement director serves as the lead QID for all Networks.

One component of partnership relationships is attending local and national meetings for staff development purposes. Attendance also affords the staff opportunities to meet professionals in the renal community and gain a better understanding of their issues and concerns. During 2014, the staff attended meetings and/or conference calls of the American Association of Kidney Patients (AAKP), the National Kidney Foundation (NKF), and the American Society of Nephrology's Renal Week. Local meetings included the Council of Nephrology Social Workers (CNSW), Baltimore ANNA Chapter, Richmond ANNA Chapter, National Kidney Foundation (NKF) patient support groups, and meetings of the Maryland Kidney Commission.

The Network maintains close contact with the State Survey Agencies (SSAs) and in 2014, provided them with ongoing updates of Network activities, including notifications of educational opportunities and an invitation to the annual Council meeting. The Network refers patient grievances that address survey and certification issues to the appropriate SSA, and consultation on complex issues and cases occurs on a regular basis. The SSAs frequently request quality information from the Network prior to conducting a renal survey. The Network annually hosts two teleconferences with each individual SSA and two joint teleconferences with all four agencies. During the individual conferences, issues and concerns occurring within the respective state are discussed. The joint SSA conferences are used to discuss more general Network information, such as progress with quality improvement initiatives. These calls also provide an opportunity for the Network to coordinate with the surveyors to assure that they are aware of the Network's expertise and availability to provide technical assistance as needed.

5-Diamond Patient Safety Program

The Network is actively involved in partnerships and projects with other ESRD Networks to help promote the national program goals set forth by CMS. One example of a collaborative project is the Network's 5-Diamond Patient Safety Program, which is a joint project with the former contractor for ESRD Network 1 (ESRD Network of New England). The 5-Diamond Patient Safety Program is endorsed by the American Association of Kidney Patients (AAKP), American Nephrology Nurses' Association (ANNA), the Renal Physicians Association (RPA), and the National Renal Administrators Association (NRAA). It is also endorsed by Dialysis Clinic, Inc., which implemented the program company-wide with over 200 of their centers participating. There are currently 15 modules within the program, each serving as a complete educational course with objectives, required activities, optional activities, tools and resources, and measures. There were 12 Networks participating in the program in 2014.

The Networks completed a website redesign in 2013, which launched in January 2014, and each of the modules was reviewed and updated. The website automates all submissions, allows participants to be tracked, and offers the opportunity to build in more rigorous measures using accumulated data. As a result of this automation, dialysis centers that want to participate are not restricted by the lack of involvement by their Network. In 2014, over 1100 dialysis centers participated; 45 of those were in Network areas that are not actively involved in the program. Over 500 of these facilities achieved 5-Diamond status. "Hand Hygiene" and "Slips, Trips, and Falls" are the two modules implemented the most.

Responding to a challenge put forth by CMS, Networks 5, 8, and 11 partnered to incorporate Lifeline for a Lifetime into the 5-Diamond Patient Safety Program. In December 2014, the Networks were informed that independent evaluators had unanimously selected the project as the challenges' winner. The highlights of this project follow.

One of the 15 patient safety modules is "Stenosis." For this challenge, the Networks modified the module as follows:

- Changed the module name to "Stenosis/Vascular Access Monitoring"
- Incorporated three YouTube videos into the mandatory PowerPoint presentation
- Added fields to the reporting form to capture the number of staff who reviewed the videos
- Provided links to all resources identified for use in Lifeline for a Lifetime on the module page

Each Network selected a minimum of five facilities to test and evaluate the new materials, and all facilities were offered the opportunity to earn a Diamond upon completion of the module and separate evaluation tool. A total of 24 facilities participated, with five from Network 5, five from Network 8, and 14 from Network 11. A questionnaire to evaluate the effectiveness of the revised PowerPoint presentation and the three educational YouTube videos, administered through Survey Monkey, was required for Diamond achievement. Staff members were asked the following questions using a Likert scale of 1 to 5, with 1 being "strongly disagree" and 5 being "strong agree."

1. The LOOK check video helped me to recognize how an access should look.
2. The LISTEN check video helped me detect how an access should sound.
3. The FEEL check video helped me to identify how an access should feel.
4. After viewing these materials (PowerPoint and videos), I am able to describe best practices for vascular access monitoring.
5. After viewing these materials (PowerPoint and videos), I plan to change my vascular access monitoring practices.

Participants were also requested to provide the facility provider number and the staff member's discipline.

There were 317 responses to the questionnaire from the 24 facilities participating in this investigation. The majority of respondents were patient care technicians (43.8%), followed by nurses (both RNs and LPNs) at 40.3%. Other respondents were administrators (3.2%), dietitians (2.3%), social workers (1.6%), physicians (1%), and other (7.8%).

Coalition for Supportive Care of Kidney Patients

The Network has supported the Coalition for Supportive Care of Kidney Patients (formerly the Kidney End-of-Life Coalition) since 2003. This nationally recognized coalition aims to promote effective interchange among patients, families, healthcare professionals, and payers to ensure the provision of patient-centered supportive care for patients with kidney disease. The Coalition consists of major renal-related organizations (e.g., Renal Physicians Association, American Society of Nephrology, National Renal Administrators Organization, American Nephrology Nurses' Association), large dialysis organizations (e.g., Fresenius Medical Care, DaVita, DCI), patient organizations (e.g., American Association of Kidney Patients, National Kidney Foundation), hospice organizations (National Hospice and Palliative Care Organization, American Academy of Hospice and Palliative Medicine, Hospice & Palliative Nurses Association), and individuals (including patients) who have expertise and interest in supportive care. The Coalition is led by Alvin Moss, MD, a nationally recognized expert in renal supportive care who has been awarded the 2015 AAKP Medal of Excellence.

The Coalition has a resource-rich website and distributes three electronic newsletters a year. It has recently developed a strategic plan that focuses on transforming CKD culture and care working through five strategic areas: policy, quality, research, education, and clinical care. The Coalition presented written and verbal testimony to the Institute of Medicine, which released its report entitled "Dying in America: Improving Quality and Honoring Individual Preferences near the End of Life" in 2014. A webinar has been scheduled for early 2015; it will be led by nationally recognized palliative care expert and panel member, Diane Meier, MD.

The Coalition builds on member-led activities with an objective to amplify impact and create synergy. In 2014, members responded to proposed regulations for hospice payment updates which would prohibit the current policy of allowing dialysis patients to receive concurrent hospice and dialysis benefit when hospice is needed for a non-renal related diagnosis. Regulators acknowledged the oversight and were able to make the correction before the final regulations were promulgated, thereby effectively assuring that an estimated 3000 patients continue to receive the intended services. The Coalition worked with the Renal Physician

Association to promote the practice guideline “Shared Decision Making in the Appropriate Initiation of and Withdrawal from Dialysis” by encouraging the use of a mobile app and influencing the RPA to offer the guideline free of charge on its website.

As a service to the community, the CSCKP maintains a bibliography of current peer-reviewed articles categorized by topic. This assists in the spread of new research and information to help practitioners in their supportive and palliative care work. The Coalition also works with nephrology fellows to broaden education and communication skills. Promoting sessions at national meetings has led the Coalition to provide information on sessions at the National Kidney Foundation’s clinical meetings, sponsor a booth at the American Society of Nephrology meeting where “curb-side” consults were offered, and present posters at the American Academy of Hospice and Palliative Medicine meeting and Renal Physician Association meeting.

Patient and Family Engagement

Education for ESRD Patients and Caregivers

In 2014, the Network presented a patient education series developed by the Patient Advisory Committee (Table J). The series was offered in webinar format with a new topic monthly. The series was designed so that patients without access to the Internet could participate by conference call alone. Each session offered a Q&A opportunity for attendees. Materials were provided to registrants in advance of each session. Dialysis facility social workers and patient liaisons were utilized to increase patient awareness of the series through fax blast, electronic newsletter, social media, verbal communication/consultation, and direct mail. Sessions were recorded and posted on the Network website. Between January and October of 2014, there were 232 registrants for the patient webinars and 82 total participants (35% attendance rate). The number of attendees ranged from 2-15, with an average of seven attendees for any one webinar. These 1-hour programs generally occurred on Thursday evenings. The days and times chosen for the webinars were based on feedback from a Network-wide needs assessment directed at patients. Evaluations of the programs (34% response rate) were positive, with 82% (23/28) indicating that they learned something new, 86% (24/28) planning to share the information with peers, and 86% (24/28) planning to use the information in their healthcare management.

Table J: 2014 Patient Education Series

| Date | Title | # of Registrants | # of Attendees | Subject Matter |
|----------|---|------------------|----------------|--|
| 1/19/14 | Being a Patient Liaison | 8 | 5 | MARC involvement of patients, patient liaison role, how patients can be involved |
| 2/20/14 | Emotions & Sexual Issues | 3 | 5 | Coping with feelings and sexuality |
| 4/3/14 | Dialysis Machine | 13 | 5 | Basic workings of the machine including safety features |
| 4/17/14 | Understanding Your Renal Diet | 12 | 15 | Renal diet basics and tips |
| 5/28/14 | Adequacy and Dialysis Time | 47 | 13 | Overview of adequacy measures and how length of dialysis impacts it |
| 6/19/14 | Quality of Your Facility | 43 | 10 | Regulations, Dialysis Facility Compare, QIP, facility activities |
| 7/17/14 | Infection Prevention and Vaccines | 37 | 2 | Hand hygiene, immunization |
| 8/21/14 | Water Treatment | 28 | 11 | Water safety practices and the importance of water in dialysis process |
| 9/19/14 | Support Groups | 25 | 3 | Purpose and types of support groups and how they help |
| 10/30/14 | Rights, Responsibilities and Grievances | 8 | 5 | Review of patient rights and responsibilities and grievance process |
| 11/20/14 | Hypertension & Diabetes | 8 | 8 | Basics of hypertension and diabetes and best practices for managing these as a patient |

Patient Engagement Learning and Action Network (PE LAN)

Network 5 is committed to incorporating the perspective of patients, family members, and other caregivers into its quality improvement activities. In 2013, Network 5 established a Patient Engagement Learning and Action Network (PE LAN), which continues to grow in membership.

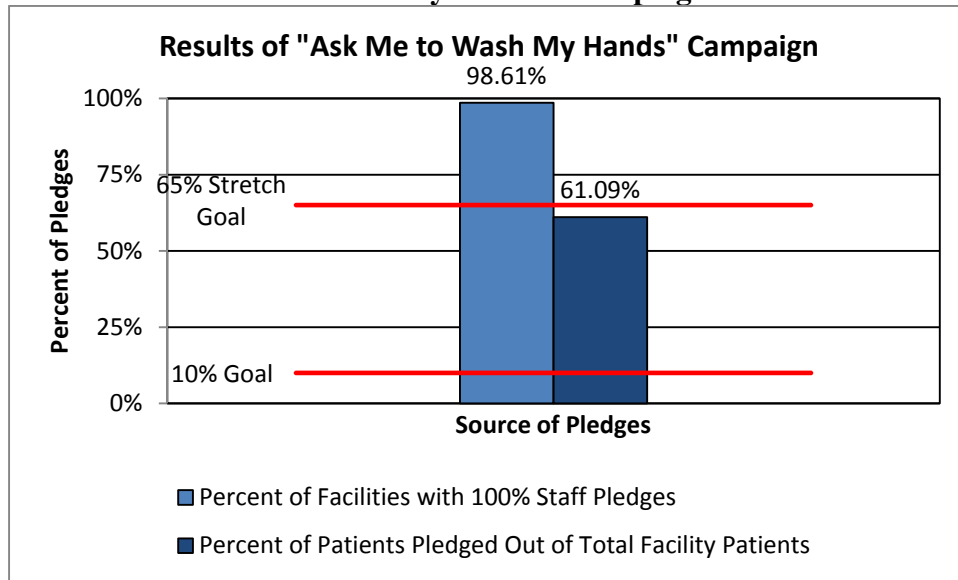
Four PE LAN sessions were held in 2014; these sessions offered education, information, and sharing. In addition to LAN members, facilities enrolled in projects were also required to participate to increase their exposure to patient engagement processes. Evaluations of these sessions were positive, with 86% (74/86) indicating the sessions would be helpful in conducting their own projects, 80% (104/130) finding them a productive use of their time, and 88% (115/130) indicating overall satisfaction. PE LAN sessions were restructured where each had three 20-minute sections that provided information, offered a patient and/or facility story, and engaged participants in sharing best practices and brainstorming how to include practices in their work. This structure proved helpful in maintaining audience attention, getting them to contribute, and promoting a working relationship between facilities and patients.

Annually, the Network is required to conduct a quality improvement activity (QIA) and two educational campaigns, each with a patient engagement focus which was determined by the Network's patient subject matter experts (SMEs). The CMS established goal for the QIA was a 5% relative improvement rate and 10% for each of the campaigns, and the Network set stretch goals. The Network was able to achieve and far exceed the CMS goals; however the stretch goals were not reached.

“Ask Me to Wash My Hands” Campaign

The objective of the “Ask Me to Wash My Hands” hand hygiene campaign was to encourage a culture of safety in dialysis facilities, where patients are comfortable speaking up about breaks in hand washing protocol and staff are not defensive about correction, thereby setting the stage for constant surveillance that can be sustained, as well as promote a greater inclusion of patients in the continuum of healthcare. The 72 facilities enrolled in the Healthcare-Associated Infections (HAI) QIA project regarding infection prevention and catheter reduction were included in this campaign. As illustrated in Figure C, 61% of patients pledged to challenge any break with hand hygiene protocol, with 64% of facilities meeting or exceeding the stretch goal. The 65% stretch goal was arbitrarily selected with the assumption that patients will feel safer to speak out if many others do the same. The goal to have 100% of staff willing to thank others for reminders was believed to further support patients by diminishing/eliminating staff defensiveness. Only one facility declined to participate in this effort.

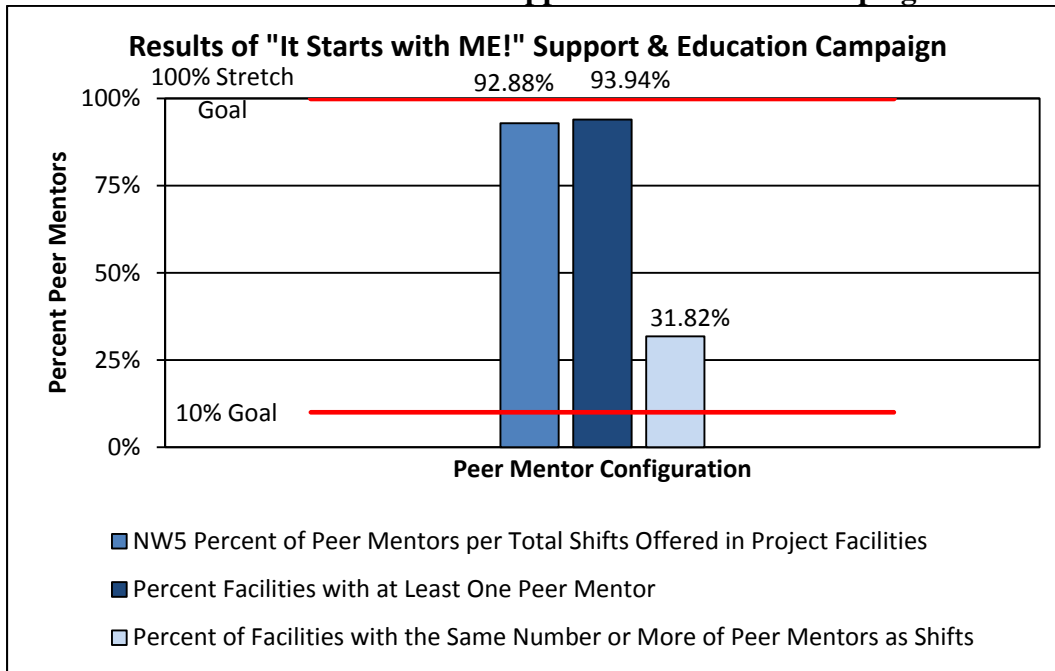
Figure C: Results of “Ask Me to Wash My Hands” Campaign



“It Starts with ME!” Campaign

The objective of the “It Starts with ME!” education and support campaign was to create a culture among staff and patients in which all patients are provided with support and information focused on their concerns and interests to improve their experience of care and health outcomes. In this campaign, enlisting all staff and patients to help provide support and education was anticipated to create a culture for successful behavior change by ensuring that needs are met, promoting a sense of community and pride, and fulfilling facility obligations to fully inform patients. Facilities were challenged to recruit patient peer mentors, with a goal of at least one per facility and a stretch goal of one per treatment shift offered. The Network offered live orientation opportunities to peer mentors. Mentors were encouraged to assist with directing desired information to patients. Facilities were encouraged to provide educational resources in a centralized location and to identify ways they could include peer mentors in education efforts and quality improvement activities. Sixty-six facilities were randomly selected to participate in this campaign.

Figure D: Results of “It Starts with ME!” Support & Education Campaign



Nearly 94% of project facilities met or exceeded the goal to have at least one peer mentor (see Figure D.) Eight facilities far exceeded the goal with 10-32 peer mentors. The 100% stretch goal was selected based on the desire for each facility shift to have access to a peer mentor. Changes noted in the clinics by peer mentors as a result of the campaign included

- More information sharing
- Patient adherence changes/more interest from patients in their health
- More ease/comfort in new patients
- Better relations/communication between staff and patients
- Feeling more cared about
- Changes in the environment to increase patient interactions with each other

By project end, many facilities demonstrated an understanding of patient engagement. Outcomes that exemplified this included

- Polling patients about their interest in support groups/starting support groups/including patients in leading support groups
- Creating a venue for patients to leave encouraging messages/compiling patient tips for distribution to others
- Involving patients in the direct education of others, such as having home patients talk to others about modality options, self-cannulators sharing their experience, patients helping distribute resources made available by the facility
- Involvement of patients in development of education resources, such as flyers, bulletin boards, and newsletters

- Involvement of patients as “Secret Pal” motivators (one facility had patients suggest development of support callers to other consenting patients)
- Involvement of patients in QI projects
- Development of patient advisory groups
- Games encouraging discussion among patients/rearrangement of dialysis stations encouraging interaction among patients

Eighty-two percent of project facilities responding to an evaluation (33% response rate) indicated they plan to continue the efforts made in this campaign.

Missed Treatment QIA

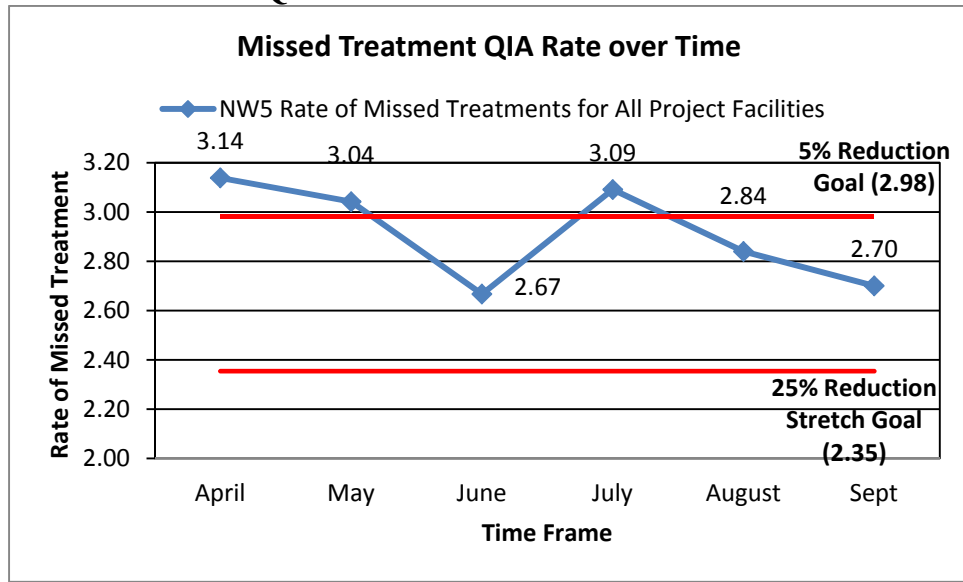
The objective of the missed treatment QIA was to increase patient self-awareness of risks and improve the value of treatment to those who skip treatments. Only unexcused missed treatments were tracked in this project. For the purposes of this project, “unexcused missed treatment” was defined as an unplanned missed treatment that is not made up or due to hospitalization. Thirty facilities were randomly selected to participate in this project.

Facilities were tasked with identifying root causes of why their patients miss treatments in order to target interventions. The usual arsenal of facility interventions typically include ongoing education, letters of concern, and care plan meetings. Education alone is not enough to create behavior change because it does not provide motivation for follow through. The Network challenged facilities to adopt creative, positive, motivational options to supplement their educational efforts. As illustrated in Figure E, the QIA achieved a 14% overall reduction from the April baseline rate. Seventy percent of the project facilities met the 5% goal. However, little change was noted in approaches taken by facilities overall which diminishes confidence in attribution of the results. Nonetheless, most facilities were committed to the goal, and there were noteworthy steps made toward behavior change activities that incorporated patient engagement. These included

- Creating a venue for patients to leave encouraging messages/compiling patient tips for distribution to others
- Acknowledgement of achievements/improvements in patients
- Implementation of contests

One hundred percent of responding facilities (43% response rate) indicated they plan to continue the efforts made in this campaign.

Figure E: Missed Treatment QIA Rate over Time



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.

Network 5 encourages qualified outpatient dialysis facilities to participate in the ICH CAHPS data collection. The Network informed ESRD providers in Virginia, West Virginia, Maryland, and the District of Columbia of requirements specified in the ESRD Quality Incentive Program utilizing the methods in Table K.

Table K: Methods Used to Notify Providers of ICH CAHPS Requirements

| Date | Audience | Method | Message | Source |
|---------|--|---------------------------------------|---|--|
| 1/7/14 | Network 5 ESRD providers | Electronic newsletter <i>e-lersts</i> | <ul style="list-style-type: none"> ICH CAHPS attestations due | January 2014 CRAFT newsletter |
| 1/15/14 | Network 5 facility administrators and social workers | Fax | <ul style="list-style-type: none"> Requirements of Payment Year 2016 QIP | slides from National Provider Call held on 1/15/14 |
| 1/21/14 | Network 5 ESRD providers | Electronic newsletter <i>e-lersts</i> | <ul style="list-style-type: none"> ICH CAHPS attestations due Requirements of Payment Year 2016 QIP | Project CROWNWeb website, slides from National Provider Call held on 1/15/14 |

| Date | Audience | Method | Message | Source |
|---------|---|---|---|---|
| 2/27/14 | Network 5 ESRD providers | Electronic newsletter <i>e-lersts</i> | <ul style="list-style-type: none"> Specific requirements of Payment Year 2016 QIP, CMS-approved third-party vendor to conduct the survey, facilities registering on the https://ichcahps.org website, and ensuring results are submitted by January 28, 2015. | https://ichcahps.org |
| 3/11/14 | Network 5 ESRD providers | Electronic newsletter <i>e-lersts</i> | <ul style="list-style-type: none"> Specific requirements of Payment Year 2016 QIP, CMS-approved third-party vendor to conduct the survey, facilities registering on the https://ichcahps.org website, and ensuring results are submitted by January 28, 2015. | https://ichcahps.org |
| 3/24/14 | Network 5 Facility Administrators | Fax | <ul style="list-style-type: none"> Specific requirements of Payment Year 2016 QIP, providing the steps that ICH facilities should take to begin their participation in the national implementation of the ICH CAHPS Survey. | https://ichcahps.org |

Grievances and Access to Care

Network 5 responds to grievances filed by or on behalf of ESRD patients in the mid-Atlantic region. In many instances, Network 5 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 include cases involving involuntary discharges, involuntary transfers, and failures to place. An involuntary discharge is a discharge initiated by the treating dialysis facility without the patient’s agreement. An involuntary transfer occurs when the transferring facility temporarily or permanently closes due to a merger, 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, Network 5 responded to 82 grievances. Of these, seven (8.54%) involved issues related to access to care. Network 5 responded to 136 additional non-grievance access-to-care cases either brought to the Network’s attention by facility staff, physicians, hospitals, patients, or caregivers, or generated by the Network as instructed by CMS to capture specific events, such as failures to place following involuntary discharge.

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

| Category | Number |
|--|-----------|
| Number of Grievance Cases Opened by Network 5 in Calendar Year 2014* | 82 |
| Number (Percent) of Grievance Cases Involving Access to Care | 7 (8.54%) |
| Number of Non-Grievance Access to Care Cases Opened by Network 5 in Calendar Year 2014 | 136 |
| Total Number of Grievance and Non-Grievance Cases Involving Access to Care in Calendar Year 2014 | 143 |
| Number of Cases Involving Involuntary Transfers** | 6 |
| Number of Cases Involving Involuntary Discharges** | 48 |
| Number of Cases Involving Failure to Place** | 22 |

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

Eight cases of grievances and non-grievance access to care cases were referred to state survey agencies in 2014.

1. Distracted staff playing electronic games while on floor, infection protocol breaches, unprofessional staff, retaliation, and patients "bottoming out" due to staff inattentiveness. The state provided no follow-up information.
2. Staff member having seizures on the floor. Staff member admitted to local hospital epilepsy unit and encouraged to go out on FMLA. Facility requesting Fit for Duty status with limitations before permitted to return to duty.
3. Infection protocol breaches; lack of grievance poster. State surveyor unable to substantiate due to facility already implementing their own plan of correction to satisfaction of surveyor.
4. Facility did not report IVD to Network as required by Conditions for Coverage. Facility reaccepted patient.
5. Rat and squirrel infestation; dust and noise from construction in the dialysis facility. State surveyor unable to substantiate. Interviews with staff and patients denying concerns and infestation. Renovations are nearly complete.
6. Low staffing ratio; no RN for some shifts. The state provided no follow-up information.
7. Safety protocol breaches; staff fighting with each other on the floor. State surveyor confirmed all claims, however recorded them as unsubstantiated due to facility already implementing their own plan of correction to satisfaction of surveyor.
8. Not enough staff on floor during scheduled breaks, leaving alarms unattended. The state provided no follow-up information.

Recommendations for Sanctions

No sanction recommendations were made in 2014.

Recommendations to CMS for Additional Facilities

The Network has no recommendations for additional facilities.

Emergency Preparedness and Response

In 2014, there were a handful of winter storms and one hurricane in the Network 5 region. Overall, facilities managed these weather events without the need for assistance. Winter Storm Pax did require the Network office to close for a day, but staff worked remotely from home and participated on the related KCER calls. Before each anticipated event, the Network continued its protocol for disseminating blast faxes and emails to all Network providers. These notifications included information on emergency preparedness as well as reminders to notify the Network of any closures with a variety of ways to accomplish this, including an online emergency notification form. In an effort to streamline processes, Network staff stayed in contact with regional LDO/SDO representatives for situational updates on multiple facilities and divided contact lists among staff to speed up the process of obtaining status updates in large-scale emergency events. All staff has access to an internal tracking database, which allows for quick data entry and ease of reporting. In 2014, the vast majority of facility closures were planned, and facilities did a better job of keeping the Network informed of their status.

On January 9, 2014, coal-cleaning chemicals leaked out of a corroding storage tank owned by Freedom Industries and into the Elk River in Charleston, West Virginia, eventually entering West Virginia American Water's intake 1.5 miles upstream. Three hundred thousand people in nine counties were impacted by the chemical spill and were unable to use the municipal water supply for over a week. Six out of the 11 dialysis facilities in the area were impacted by the spill. Two of the facilities were supplied with water for dialysis by their corporate office; three, including a hospital-based acute unit, obtained water from alternate sources outside of the affected area; and one diverted patients to a back-up facility in Kentucky. The three corporate facilities offered to dialyze any and all patients in need during this time. Facility concerns included sustainability of water from outside sources, the level of contamination in the municipal water system and whether their treatment equipment could handle it, and the fact that facilities were never notified by the water company or local/state agencies that there was a problem with the water supply, despite annual notification of their specialized needs to all.

At four days post-event, the water was deemed safe for consumption, with the ban on use being lifted by designated zones over a period of days. Though American Water provided flushing guidance on its website, dialysis providers expressed concern about whether the recommended protocols would be sufficient to remove contaminants from their water systems. Several requested more specific guidance from government officials, including the Centers for Disease Control & Prevention (CDC), but due to a lack of experience with the chemical in question, officials were not able to provide additional guidance or absolute assurance of safety. In the absence of these, corporate providers partnered to develop an action plan which they also shared with the independent facilities. They also sought further water testing from a private company. By January 20, 11 days post-event, all facilities' water supplies were deemed safe, and they had returned to normal operations. Throughout this event, the Network worked closely with dialysis providers at both facility and corporate levels, emergency coordinators from the West Virginia health department and the HHS Office of the Assistant Secretary for Preparedness & Response (ASPR), CMS, and the Kidney Community Emergency Response (KCER) Coalition.

Per contract requirements, the Network maintained a Comprehensive Emergency Management Plan (CEMP), providing quarterly updates and adding a pandemic annex. The Network also participated in the October 8, 2014, KCER national tabletop exercise; the executive director served on the exercise planning team. Network staff participated in all relevant KCER calls and notified KCER, CMS, its back-up Network, and representatives from HHS/ASPR and all relevant state agencies of all events affecting the Network and facilities. Staff also provided status reports on situational calls with federal agents as needed.

In 2014, the Network continued to conduct outreach on emergency preparedness for dialysis facilities, patients, and community partners. The Network website has an emergency preparedness section at www.esrdnet5.org/Dialysis-Providers/Emergency-Preparedness.aspx. This section includes

- Information on how the Network can assist providers and patients
- Listing of emergency contacts
- Facility closure notification form
- Listing of closed facilities
- Many tools and resources for providers and patients
- Information on the KCER Coalition with a link to its website
- Toll-free emergency hotline for patients and providers

In addition to the website, the Network provided outreach to the dialysis community via its electronic newsletter, social media, and fax and email blast notifications of impending weather events. Examples include

- *MARC elerts* newsletter
 - Reminders to notify the Network of any closures due to emergency events
 - CMS' proposed regulations on emergency preparedness for participating providers, including dialysis, and comments sought
 - Updates on the critical national shortage of 0.9% normal saline
 - Virginia Tornado drill (March 2014)
 - Promotion of the Healthcare Organizations Emergency Preparedness Seminar (HOEPS) in Hampton Roads, VA
 - National Preparedness Month (September 2014)
 - Information and resources on the Ebola crisis, including a dedicated web page on the Network website
- FDA alerts and recalls were published in each bi-weekly issue of *MARC e-lerets* as well as on the Network website at www.esrdnet5.org/Clinical/Alerts---Recalls.aspx.
- Tweets regarding Ebola, notification of facility closures, emergency preparedness articles, the new KCER website, and updates on the normal saline shortage.
- Facebook posts (patient page) on emergency preparedness tips, the West Virginia chemical spill, the new KCER website, the Great Southeastern ShakeOut (earthquake drill), food and water safety after an emergency, and the normal saline shortage.
- Fax and email blasts to potentially impacted facilities in advance of weather-related events.

The Network is prepared to assist its counterparts in other states in carrying out contract requirements during the initial and recovery phases of an emergency or disaster. It has a signed Memorandum of Agreement with Network 14 (Texas) to provide back-up services in emergency events and can assist other Networks as needed.

Special Projects

Peer-to-Peer Special Innovation Project

The special innovation project (SIP) entitled *Peer Support to Enhance Self-Management and Reduce Hospitalization Rates*, awarded to the Mid-Atlantic Renal Coalition, commenced on May 16, 2014 (Contract #: HHSM-500-2013-NW05C). The SIP contract is funded from May 2014 – December 2015.

Patient mentoring/Peer-to-Peer (P2P) support programs have the potential to assist ESRD patients in managing their complex chronic illnesses to improve outcomes of importance to patients, healthcare payers, and providers. Well-designed P2P programs can offer patients disease management information, emotional support, and mutual reciprocity to achieve outcomes that include improved patient health-related quality of life, health behavior, and chronic disease control, while reducing unnecessary hospitalizations and costs.¹³ Self-management support goes beyond traditional knowledge-based patient education to include processes that develop patient problem-solving skills, improve self-confidence, and support patients' application of knowledge to management of their chronic disease. Research has shown that not only do patients who participate in P2P support programs realize positive benefits, but the act of helping confers benefits to peer mentors as well.¹⁴

While research has demonstrated the beneficial effects of P2P support programs for patients with various chronic diseases such as diabetes, heart disease, and cancer, limited attention has been given to investigating the benefits for patients with chronic kidney disease. Additionally, no studies have examined the effectiveness of ESRD patient mentoring/P2P programs in reducing costly and unnecessary hospitalizations, gathered lessons learned, and taken steps to transfer the knowledge gained to ESRD Network organizations, care facilities, patients, caregivers, and other stakeholders.

The SIP provides the opportunity to examine the effectiveness of peer mentoring among ESRD patients in the hopes of reducing costly and unnecessary hospitalizations through improved self-management. P2P support programs have the potential to assist ESRD patients in managing their complex chronic illnesses to improve health outcomes for patients, healthcare payers, and providers.

Specifically, the goals of the SIP P2P project are to

- Build a descriptive catalog of patient mentoring/peer support programs currently being used to assist patients with chronic care needs, ESRD included;

¹³ Heisler M. Building peer support programs to manage chronic disease: seven models for success. Oakland, CA, California Health Care Foundation. 2006.

¹⁴ Krause N, Herzog AR, Baker E. Providing support to others and well-being in later life. *J Gerontol.* 1992;47(5):P300-P311.

- Formulate a framework for development, implementation, and pilot testing of a P2P support program within the ESRD community;
- Use the framework to test the effectiveness through observational study in an effort to improve patient self-management and quality of life and reduce preventable hospitalizations; and
- Prepare a documentation package to transfer knowledge.

Tasks completed in 2014 included a literature review and an environmental scan to identify any current ESRD peer-mentoring programs (*SIP Report: Framework for ESRD Patient Mentoring and Peer-to-Peer Support*).

Because no formal peer-to-peer program was found within the MARC region, a large academic-based facility in Lynchburg, VA, was identified to serve as the observation study site. MARC conducted a site visit in September 2014, to gather information regarding the desired format of an ESRD peer program. The project team spoke with 31 in-center patients, 10 home patients and care partners, and 57 staff to assess the patient needs and available resources for a P2P program. The findings from the literature review and environmental scan, complemented by the information gathered onsite, was used to develop a peer mentoring intervention for patients with ESRD.

In 2015, this pilot program will be implemented and evaluated to examine whether the approach is effective in improving patient self-management and quality of life and in reducing frequent hospitalizations.

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Table 8: Vocational Rehabilitation

****Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

**Table 1: ESRD Incidence - One Year Statistics
As of 1/1/2014 - 12/31/2014**

| Age Group | DC | MD | VA | WV | Other | Total |
|---|------------|--------------|--------------|------------|--------------|--------------|
| 00-04 | 0 | 8 | 4 | 0 | 2 | 14 |
| 05-09 | 0 | 2 | 5 | 1 | 0 | 8 |
| 10-14 | 1 | 4 | 5 | 1 | 0 | 11 |
| 15-19 | 2 | 8 | 8 | 2 | 1 | 21 |
| 20-24 | 3 | 18 | 22 | 2 | 2 | 47 |
| 25-29 | 5 | 33 | 36 | 7 | 4 | 85 |
| 30-34 | 11 | 54 | 60 | 16 | 3 | 144 |
| 35-39 | 11 | 72 | 99 | 20 | 7 | 209 |
| 40-44 | 24 | 96 | 120 | 29 | 6 | 275 |
| 45-49 | 30 | 149 | 199 | 38 | 8 | 424 |
| 50-54 | 30 | 196 | 258 | 47 | 13 | 544 |
| 55-59 | 44 | 261 | 287 | 94 | 13 | 699 |
| 60-64 | 42 | 273 | 365 | 91 | 23 | 794 |
| 65-69 | 44 | 318 | 421 | 108 | 32 | 923 |
| 70-74 | 28 | 294 | 392 | 101 | 19 | 834 |
| 75-79 | 43 | 231 | 308 | 85 | 16 | 683 |
| 80-84 | 15 | 167 | 219 | 54 | 13 | 468 |
| >=85 | 27 | 143 | 137 | 47 | 8 | 362 |
| Total | 360 | 2,327 | 2,945 | 743 | 170 | 6,545 |
| Gender | DC | MD | VA | WV | Other | Total |
| Female | 169 | 989 | 1,234 | 339 | 62 | 2,793 |
| Male | 191 | 1,338 | 1,711 | 404 | 108 | 3,752 |
| Not Specified | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 360 | 2,327 | 2,945 | 743 | 170 | 6,545 |
| Race | DC | MD | VA | WV | Other | Total |
| American Indian/Alaska Native | 0 | 2 | 2 | 0 | 0 | 4 |
| Asian | 0 | 66 | 116 | 0 | 4 | 186 |
| Black or African American | 298 | 1,233 | 1,252 | 61 | 52 | 2,896 |
| Multiracial | 0 | 3 | 4 | 0 | 0 | 7 |
| Native Hawaiian or Other Pacific Islander | 1 | 12 | 21 | 0 | 2 | 36 |
| White | 59 | 992 | 1,541 | 682 | 112 | 3,386 |
| Not Specified | 2 | 19 | 9 | 0 | 0 | 30 |
| Total | 360 | 2,327 | 2,945 | 743 | 170 | 6,545 |
| Primary Diagnosis | DC | MD | VA | WV | Other | Total |
| Cystic/Hereditary/Congenital Diseases | 8 | 68 | 79 | 18 | 8 | 181 |
| Diabetes | 111 | 801 | 1,223 | 357 | 74 | 2,566 |
| Glomerulonephritis | 6 | 131 | 152 | 30 | 5 | 324 |
| Hypertension/Large Vessel Disease | 164 | 831 | 869 | 174 | 44 | 2,082 |
| Interstitial Nephritis/Pyelonephritis | 0 | 37 | 71 | 25 | 6 | 139 |
| Miscellaneous Conditions | 17 | 166 | 208 | 77 | 13 | 481 |
| Neoplasms/Tumors | 5 | 33 | 56 | 12 | 5 | 111 |
| Secondary GN/Vasculitis | 5 | 31 | 56 | 13 | 2 | 107 |
| Not Specified | 44 | 229 | 231 | 37 | 13 | 554 |
| Total | 360 | 2,327 | 2,945 | 743 | 170 | 6,545 |

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 173 patients with transplant therapy as an initial treatment.

This table includes 87 patients receiving treatment at VA facilities.

****Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

**Table 2: ESRD Dialysis Prevalence - One Year Statistics
As of 1/1/2014 - 12/31/2014**

| Age Group | DC | MD | Other | VA | WV | Total |
|---|--------------|--------------|--------------|---------------|--------------|---------------|
| 00-04 | 0 | 13 | 1 | 8 | 0 | 22 |
| 05-09 | 0 | 3 | 0 | 3 | 2 | 8 |
| 10-14 | 2 | 4 | 0 | 3 | 1 | 10 |
| 15-19 | 2 | 9 | 0 | 15 | 4 | 30 |
| 20-24 | 12 | 61 | 5 | 72 | 14 | 164 |
| 25-29 | 21 | 153 | 9 | 160 | 18 | 361 |
| 30-34 | 56 | 230 | 11 | 293 | 43 | 633 |
| 35-39 | 85 | 310 | 7 | 409 | 61 | 872 |
| 40-44 | 137 | 485 | 12 | 595 | 98 | 1,327 |
| 45-49 | 159 | 716 | 21 | 850 | 136 | 1,882 |
| 50-54 | 215 | 961 | 38 | 1,093 | 164 | 2,471 |
| 55-59 | 270 | 1,131 | 41 | 1,402 | 273 | 3,117 |
| 60-64 | 276 | 1,258 | 49 | 1,496 | 284 | 3,363 |
| 65-69 | 246 | 1,217 | 46 | 1,547 | 324 | 3,380 |
| 70-74 | 191 | 1,090 | 47 | 1,348 | 273 | 2,949 |
| 75-79 | 151 | 863 | 59 | 1,120 | 214 | 2,407 |
| 80-84 | 94 | 607 | 19 | 737 | 151 | 1,608 |
| >=85 | 87 | 445 | 17 | 492 | 110 | 1,151 |
| Total | 2,004 | 9,556 | 382 | 11,643 | 2,170 | 25,755 |
| Gender | DC | MD | Other | VA | WV | Total |
| Female | 909 | 4,210 | 145 | 5,092 | 966 | 11,322 |
| Male | 1,095 | 5,346 | 237 | 6,551 | 1,204 | 14,433 |
| Total | 2,004 | 9,556 | 382 | 11,643 | 2,170 | 25,755 |
| Ethnicity | DC | MD | Other | VA | WV | Total |
| Hispanic or Latino | 126 | 324 | 13 | 555 | 18 | 1,036 |
| Not Hispanic or Latino | 1,878 | 9,229 | 367 | 11,083 | 2,152 | 24,709 |
| Not Specified | 0 | 3 | 2 | 5 | 0 | 10 |
| Total | 2,004 | 9,556 | 382 | 11,643 | 2,170 | 25,755 |
| Race | DC | MD | Other | VA | WV | Total |
| American Indian/Alaska Native | 1 | 2 | 0 | 7 | 1 | 11 |
| Asian | 10 | 242 | 4 | 436 | 1 | 693 |
| Black or African American | 1,754 | 6,306 | 148 | 6,559 | 274 | 15,041 |
| White | 239 | 3,006 | 230 | 4,641 | 1,894 | 10,010 |
| Total | 2,004 | 9,556 | 382 | 11,643 | 2,170 | 25,755 |
| Primary Diagnosis | DC | MD | Other | VA | WV | Total |
| Acquired obstructive uropathy | 6 | 43 | 1 | 77 | 22 | 149 |
| Acute interstitial nephritis | 2 | 11 | 0 | 18 | 4 | 35 |
| AIDS nephropathy | 52 | 142 | 4 | 51 | 6 | 255 |
| Amyloidosis | 2 | 22 | 1 | 21 | 6 | 52 |
| Analgesic abuse | 1 | 6 | 0 | 14 | 1 | 22 |
| Cholesterol emboli, renal emboli | 0 | 8 | 1 | 8 | 2 | 19 |
| Chronic interstitial nephritis | 7 | 55 | 3 | 58 | 16 | 139 |
| Chronic pyelonephritis, reflux nephropathy | 1 | 17 | 2 | 31 | 11 | 62 |
| Complications of other specified transplanted organ | 0 | 1 | 0 | 0 | 1 | 2 |

| | | | | | | |
|--|-----|-------|-----|-------|-----|-------|
| Complications of transplanted bone marrow | 0 | 0 | 0 | 1 | 0 | 1 |
| Complications of transplanted heart | 1 | 5 | 0 | 8 | 3 | 17 |
| Complications of transplanted intestine | 0 | 2 | 0 | 0 | 0 | 2 |
| Complications of transplanted kidney | 8 | 145 | 12 | 227 | 53 | 445 |
| Complications of transplanted liver | 0 | 2 | 0 | 16 | 7 | 25 |
| Complications of transplanted lung | 0 | 0 | 0 | 0 | 1 | 1 |
| Complications of transplanted organ unspecified | 0 | 6 | 0 | 3 | 2 | 11 |
| Congenital nephrotic syndrome | 0 | 10 | 0 | 4 | 0 | 14 |
| Congenital obstruction of ureterpelvic junction | 1 | 8 | 0 | 5 | 2 | 16 |
| Congenital obstruction of uretrovesical junction | 0 | 3 | 0 | 1 | 0 | 4 |
| Cystinosis | 0 | 2 | 0 | 2 | 0 | 4 |
| Dense deposit disease, MPGN type 2 | 0 | 3 | 0 | 3 | 2 | 8 |
| Diabetes with renal manifestations Type 1 | 51 | 236 | 9 | 338 | 81 | 715 |
| Diabetes with renal manifestations Type 2 | 583 | 3,049 | 154 | 4,235 | 942 | 8,963 |
| Drash syndrome, mesangial sclerosis | 2 | 7 | 0 | 2 | 1 | 12 |
| Etiology uncertain | 102 | 458 | 16 | 485 | 97 | 1,158 |
| Fabry's disease | 0 | 1 | 0 | 1 | 0 | 2 |
| Focal Glomerulonephritis, focal sclerosing GN | 55 | 322 | 15 | 390 | 50 | 832 |
| Glomerulonephritis (GN) (histologically not examined) | 29 | 245 | 9 | 285 | 46 | 614 |
| Goodpasture's syndrome | 0 | 5 | 0 | 17 | 4 | 26 |
| Gouty nephropathy | 0 | 3 | 0 | 4 | 0 | 7 |
| Hemolytic uremic syndrome | 0 | 9 | 1 | 8 | 4 | 22 |
| Henoch-Schonlein syndrome | 0 | 1 | 0 | 5 | 0 | 6 |
| Hepatorenal syndrome | 1 | 4 | 0 | 11 | 8 | 24 |
| Hereditary nephritis, Alport's syndrome | 0 | 11 | 1 | 14 | 9 | 35 |
| Hypertension: Unspecified with renal failure | 881 | 3,445 | 94 | 3,763 | 492 | 8,675 |
| IgA nephropathy, Berger's disease (proven by immunofluorescence) | 7 | 45 | 3 | 94 | 19 | 168 |
| IgM nephropathy (proven by immunofluorescence) | 0 | 5 | 0 | 7 | 0 | 12 |
| Lead nephropathy | 0 | 0 | 0 | 1 | 0 | 1 |
| Lupus erythematosus, (SLE nephritis) | 28 | 103 | 4 | 150 | 17 | 302 |
| Lymphoma of kidneys | 1 | 2 | 0 | 1 | 1 | 5 |
| Medullary cystic disease, including nephronophthisis | 0 | 1 | 0 | 5 | 0 | 6 |
| Membranoproliferative GN type 1, diffuse MPGN | 4 | 17 | 1 | 31 | 3 | 56 |
| Membranous nephropathy | 5 | 36 | 5 | 58 | 5 | 109 |
| Multiple myeloma | 5 | 29 | 2 | 40 | 8 | 84 |
| Nephrolithiasis | 1 | 12 | 1 | 17 | 5 | 36 |
| Nephropathy caused by other agents | 1 | 17 | 4 | 36 | 6 | 64 |
| Nephropathy due to heroin abuse and related drugs | 0 | 8 | 1 | 4 | 0 | 13 |
| Other (congenital malformation syndromes) | 2 | 2 | 1 | 7 | 1 | 13 |
| Other Congenital obstructive uropathy | 3 | 15 | 0 | 13 | 4 | 35 |
| Other disorders of calcium metabolism | 0 | 3 | 0 | 2 | 0 | 5 |
| Other immuno proliferative neoplasms (including light chain nephropathy) | 0 | 5 | 1 | 7 | 0 | 13 |
| Other proliferative GN | 6 | 33 | 4 | 34 | 5 | 82 |
| Other renal disorders | 17 | 99 | 1 | 103 | 15 | 235 |
| Other Vasculitis and its derivatives | 5 | 11 | 0 | 20 | 4 | 40 |
| Polyarteritis | 0 | 1 | 0 | 8 | 1 | 10 |
| Polycystic kidneys, adult type (dominant) | 23 | 159 | 7 | 232 | 62 | 483 |

| | | | | | | |
|--|--------------|--------------|------------|---------------|--------------|---------------|
| Polycystic, infantile (recessive) | 1 | 1 | 0 | 4 | 3 | 9 |
| Post infectious GN, SBE | 0 | 5 | 0 | 5 | 1 | 11 |
| Post partum renal failure | 0 | 2 | 0 | 2 | 0 | 4 |
| Primary oxalosis | 0 | 0 | 0 | 3 | 0 | 3 |
| Prune belly syndrome | 0 | 1 | 2 | 0 | 0 | 3 |
| Radiation nephritis | 0 | 2 | 0 | 2 | 0 | 4 |
| Renal artery occlusion | 1 | 4 | 1 | 6 | 4 | 16 |
| Renal artery stenosis | 3 | 17 | 1 | 51 | 17 | 89 |
| Renal hypoplasia, dysplasia, oligonephronia | 1 | 9 | 0 | 22 | 3 | 35 |
| Renal tumor (benign) | 1 | 2 | 0 | 1 | 0 | 4 |
| Renal tumor (malignant) | 0 | 18 | 1 | 36 | 3 | 58 |
| Renal tumor (unspecified) | 0 | 0 | 0 | 1 | 1 | 2 |
| Scleroderma | 0 | 5 | 0 | 8 | 1 | 14 |
| Secondary GN, other | 0 | 11 | 1 | 14 | 4 | 30 |
| Sickle cell disease/anemia | 2 | 14 | 0 | 13 | 1 | 30 |
| Sickle cell trait and other sickle cell (HbS/Hb other) | 0 | 1 | 0 | 1 | 0 | 2 |
| Traumatic or surgical loss of kidney(s) | 1 | 7 | 1 | 10 | 3 | 22 |
| Tuberous sclerosis | 0 | 3 | 0 | 2 | 3 | 8 |
| Tubular necrosis (no recovery) | 8 | 113 | 5 | 138 | 38 | 302 |
| Urinary tract tumor (malignant) | 0 | 2 | 0 | 3 | 1 | 6 |
| Urinary tract tumor (unspecified) | 0 | 1 | 0 | 0 | 0 | 1 |
| Urolithiasis | 0 | 1 | 0 | 3 | 0 | 4 |
| Wegener's granulomatosis | 0 | 9 | 0 | 36 | 13 | 58 |
| With lesion of rapidly progressive GN | 1 | 11 | 2 | 13 | 6 | 33 |
| Not Specified | 92 | 427 | 10 | 293 | 39 | 861 |
| Total | 2,004 | 9,556 | 382 | 11,643 | 2,170 | 25,755 |

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

**Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.*

**Table 3: Dialysis Patients Modality and Setting - In Home
For Survey Years 2013 and 2014**

State: DC

| Facility CCN | Hemo | | CAPD | | CCPD | | Other | | Total | |
|------------------|-----------|-----------|-----------|-----------|------------|-----------|----------|----------|------------|------------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| 090004 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 090011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 09002F | 0 | 0 | 1 | 2 | 2 | 2 | 0 | 0 | 3 | 4 |
| 092501 | 0 | 0 | 0 | 3 | 3 | 4 | 0 | 0 | 3 | 7 |
| 092503 | 0 | 0 | 3 | 11 | 14 | 12 | 0 | 0 | 17 | 23 |
| 092505 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092508 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092510 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092515 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092516 | 15 | 18 | 1 | 1 | 6 | 8 | 0 | 0 | 22 | 27 |
| 092517 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092518 | 0 | 0 | 10 | 9 | 37 | 36 | 0 | 0 | 47 | 45 |
| 092519 | 0 | 0 | 2 | 0 | 6 | 0 | 0 | 0 | 8 | 0 |
| 092520 | 0 | 0 | 5 | 4 | 5 | 2 | 0 | 0 | 10 | 6 |
| 092521 | 4 | 6 | 1 | 1 | 7 | 8 | 0 | 0 | 12 | 15 |
| 092522 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092524 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092525 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 2 | 1 |
| 092526 | 0 | 0 | 29 | 9 | 8 | 3 | 0 | 0 | 37 | 12 |
| 092527 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 092528 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 0 |
| 092529^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 093300 | 0 | 0 | 0 | 0 | 10 | 14 | 0 | 0 | 10 | 14 |
| DC Totals | 19 | 25 | 54 | 40 | 100 | 90 | 0 | 0 | 173 | 155 |

State: MD

| Facility CCN | Hemo | | CAPD | | CCPD | | Other | | Total | |
|--------------|------|------|------|------|------|------|-------|------|-------|------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| 210004 | 0 | 0 | 10 | 13 | 6 | 7 | 0 | 0 | 16 | 20 |
| 210009 | 0 | 0 | 0 | 0 | 7 | 8 | 0 | 0 | 7 | 8 |
| 210013 | 0 | 0 | 1 | 0 | 2 | 3 | 0 | 0 | 3 | 3 |
| 210024 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 210027 | 0 | 0 | 4 | 4 | 4 | 8 | 0 | 0 | 8 | 12 |
| 210056 | 0 | 0 | 3 | 1 | 6 | 2 | 0 | 0 | 9 | 3 |
| 21007F | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 2 | 1 |
| 212003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212501 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212503 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212504 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212507 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212510 | 0 | 1 | 2 | 2 | 24 | 20 | 0 | 0 | 26 | 23 |
| 212511 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | |
|--------|---|---|----|----|----|----|---|---|----|----|
| 212512 | 0 | 0 | 33 | 26 | 13 | 16 | 0 | 0 | 46 | 42 |
| 212513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212515 | 0 | 0 | 5 | 4 | 28 | 27 | 0 | 0 | 33 | 31 |
| 212516 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212520 | 0 | 0 | 7 | 12 | 4 | 3 | 0 | 0 | 11 | 15 |
| 212522 | 0 | 0 | 2 | 2 | 12 | 16 | 0 | 0 | 14 | 18 |
| 212523 | 0 | 0 | 3 | 2 | 10 | 9 | 0 | 0 | 13 | 11 |
| 212525 | 0 | 0 | 1 | 3 | 2 | 2 | 0 | 0 | 3 | 5 |
| 212528 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212529 | 3 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 5 | 1 |
| 212530 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212531 | 0 | 0 | 2 | 5 | 3 | 2 | 0 | 0 | 5 | 7 |
| 212534 | 7 | 6 | 8 | 8 | 4 | 3 | 0 | 0 | 19 | 17 |
| 212535 | 0 | 0 | 0 | 0 | 23 | 24 | 0 | 0 | 23 | 24 |
| 212536 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212537 | 0 | 1 | 0 | 1 | 8 | 10 | 1 | 0 | 9 | 12 |
| 212538 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212539 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212541 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212542 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212543 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212544 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 212545 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212546 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212548 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212549 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 0 |
| 212551 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212552 | 7 | 6 | 1 | 2 | 29 | 35 | 0 | 0 | 37 | 43 |
| 212556 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212557 | 3 | 2 | 0 | 1 | 6 | 5 | 0 | 0 | 9 | 8 |
| 212560 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 212563 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212564 | 0 | 0 | 2 | 1 | 7 | 5 | 0 | 0 | 9 | 6 |
| 212565 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212566 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212568 | 0 | 0 | 7 | 7 | 6 | 10 | 0 | 0 | 13 | 17 |
| 212573 | 0 | 0 | 1 | 0 | 9 | 16 | 0 | 0 | 10 | 16 |
| 212574 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 212576 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 4 | 0 |
| 212577 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212578 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212583 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212585 | 0 | 0 | 5 | 7 | 7 | 9 | 0 | 0 | 12 | 16 |
| 212586 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212587 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212588 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212590 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | |
|--------|----|----|---|----|----|----|---|---|----|----|
| 212592 | 17 | 16 | 3 | 3 | 15 | 13 | 0 | 0 | 35 | 32 |
| 212593 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| 212594 | 0 | 0 | 0 | 1 | 3 | 2 | 0 | 0 | 3 | 3 |
| 212595 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212597 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212598 | 9 | 7 | 2 | 1 | 17 | 29 | 0 | 0 | 28 | 37 |
| 212603 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212605 | 0 | 0 | 2 | 2 | 13 | 9 | 0 | 0 | 15 | 11 |
| 212609 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212610 | 0 | 0 | 6 | 6 | 12 | 10 | 0 | 0 | 18 | 16 |
| 212611 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| 212612 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212613 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 4 | 0 |
| 212614 | 4 | 11 | 3 | 3 | 5 | 4 | 0 | 0 | 12 | 18 |
| 212615 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212616 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212618 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212619 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212620 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 212621 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212622 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212625 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212626 | 0 | 0 | 1 | 1 | 1 | 5 | 0 | 0 | 2 | 6 |
| 212627 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212628 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212629 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212630 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212631 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212632 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212633 | 1 | 1 | 2 | 1 | 5 | 4 | 0 | 0 | 8 | 6 |
| 212634 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212636 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212637 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212638 | 7 | 4 | 9 | 12 | 11 | 11 | 1 | 1 | 28 | 28 |
| 212639 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212640 | 0 | 0 | 2 | 4 | 20 | 19 | 0 | 0 | 22 | 23 |
| 212641 | 0 | 0 | 3 | 0 | 10 | 7 | 0 | 0 | 13 | 7 |
| 212643 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 2 |
| 212646 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212647 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 212649 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212650 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212651 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212653 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212654 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212655 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | |
|------------------|------------|------------|------------|------------|------------|------------|----------|----------|------------|------------|
| 212656 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212657 | 0 | 0 | 0 | 1 | 5 | 6 | 0 | 0 | 5 | 7 |
| 212659 | 24 | 21 | 13 | 12 | 59 | 66 | 0 | 0 | 96 | 99 |
| 212660 | 0 | 0 | 2 | 3 | 4 | 6 | 0 | 0 | 6 | 9 |
| 212662 | 7 | 8 | 2 | 3 | 3 | 1 | 0 | 0 | 12 | 12 |
| 212663 | 0 | 0 | 0 | 0 | 2 | 6 | 0 | 0 | 2 | 6 |
| 212664 | 4 | 6 | 18 | 17 | 11 | 13 | 0 | 0 | 33 | 36 |
| 212665 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 3 | 3 |
| 212666 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212667 | 0 | 0 | 0 | 0 | 10 | 13 | 0 | 0 | 10 | 13 |
| 212668 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212669 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212670 | 1 | 2 | 3 | 8 | 15 | 19 | 0 | 0 | 19 | 29 |
| 212671 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212672 | 0 | 0 | 2 | 2 | 2 | 7 | 0 | 0 | 4 | 9 |
| 212673 | 0 | 0 | 2 | 2 | 16 | 21 | 0 | 0 | 18 | 23 |
| 212674 | 0 | 1 | 0 | 3 | 20 | 27 | 0 | 0 | 20 | 31 |
| 212675 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 3 |
| 212676 | 0 | 0 | 0 | 1 | 3 | 4 | 0 | 0 | 3 | 5 |
| 212677 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| 212678 | 0 | 0 | 5 | 4 | 3 | 12 | 0 | 0 | 8 | 16 |
| 212679 | 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 5 |
| 212680 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212681^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212682^ | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 4 |
| 212683^ | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 3 |
| 212684^ | 0 | 0 | 0 | 8 | 0 | 17 | 0 | 0 | 0 | 25 |
| 212685^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212686^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212687^ | 0 | 1 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 7 |
| 212688^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212689^ | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 213503 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MD Totals | 108 | 102 | 181 | 207 | 501 | 592 | 2 | 1 | 792 | 902 |

State: VA

| Facility CCN | Hemo | | CAPD | | CCPD | | Other | | Total | |
|--------------|------|------|------|------|------|------|-------|------|-------|------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| 490007 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 490009 | 8 | 5 | 35 | 53 | 12 | 8 | 0 | 0 | 55 | 66 |
| 490032 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 490067 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49006F | 0 | 0 | 1 | 0 | 6 | 4 | 0 | 0 | 7 | 4 |
| 49008F | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49010F | 5 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 4 |
| 49011F | 0 | 0 | 0 | 3 | 2 | 1 | 0 | 0 | 2 | 4 |
| 492501 | 0 | 0 | 4 | 4 | 10 | 8 | 0 | 0 | 14 | 12 |
| 492502 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | |
|--------|----|----|----|----|----|----|---|---|-----|-----|
| 492503 | 2 | 1 | 2 | 4 | 7 | 6 | 0 | 0 | 11 | 11 |
| 492504 | 0 | 1 | 1 | 3 | 8 | 9 | 0 | 0 | 9 | 13 |
| 492505 | 0 | 0 | 20 | 18 | 4 | 6 | 0 | 0 | 24 | 24 |
| 492506 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 492507 | 10 | 14 | 2 | 1 | 19 | 15 | 0 | 0 | 31 | 30 |
| 492508 | 5 | 0 | 2 | 1 | 18 | 2 | 0 | 0 | 25 | 3 |
| 492513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492516 | 0 | 0 | 2 | 1 | 13 | 12 | 0 | 0 | 15 | 13 |
| 492517 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492521 | 0 | 0 | 2 | 3 | 22 | 22 | 0 | 0 | 24 | 25 |
| 492522 | 0 | 0 | 1 | 0 | 20 | 14 | 0 | 0 | 21 | 14 |
| 492523 | 3 | 7 | 1 | 2 | 42 | 30 | 4 | 3 | 50 | 42 |
| 492524 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492525 | 0 | 2 | 0 | 2 | 5 | 4 | 0 | 0 | 5 | 8 |
| 492526 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492527 | 5 | 7 | 4 | 2 | 7 | 9 | 0 | 0 | 16 | 18 |
| 492528 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 2 |
| 492529 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 492530 | 4 | 3 | 1 | 4 | 12 | 12 | 0 | 0 | 17 | 19 |
| 492531 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492532 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492533 | 4 | 7 | 2 | 1 | 11 | 10 | 0 | 0 | 17 | 18 |
| 492534 | 0 | 0 | 5 | 2 | 11 | 5 | 0 | 0 | 16 | 7 |
| 492535 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492536 | 0 | 1 | 0 | 0 | 2 | 2 | 0 | 0 | 2 | 3 |
| 492537 | 0 | 0 | 2 | 2 | 10 | 11 | 0 | 0 | 12 | 13 |
| 492538 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492539 | 0 | 0 | 0 | 0 | 2 | 5 | 0 | 0 | 2 | 5 |
| 492541 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492543 | 0 | 0 | 2 | 3 | 6 | 5 | 0 | 0 | 8 | 8 |
| 492545 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492546 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492548 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492549 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492551 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492552 | 0 | 0 | 6 | 10 | 13 | 12 | 0 | 0 | 19 | 22 |
| 492554 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492556 | 18 | 15 | 4 | 8 | 80 | 84 | 0 | 0 | 102 | 107 |
| 492558 | 8 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 9 |
| 492559 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492560 | 7 | 7 | 1 | 1 | 13 | 11 | 0 | 0 | 21 | 19 |
| 492561 | 15 | 13 | 2 | 4 | 29 | 30 | 0 | 0 | 46 | 47 |
| 492562 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492563 | 0 | 0 | 1 | 2 | 12 | 5 | 0 | 0 | 13 | 7 |
| 492564 | 0 | 0 | 5 | 5 | 14 | 11 | 0 | 0 | 19 | 16 |
| 492565 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492567 | 5 | 7 | 8 | 10 | 15 | 25 | 0 | 0 | 28 | 42 |

| | | | | | | | | | | |
|--------|----|----|----|----|----|----|---|---|----|----|
| 492570 | 6 | 10 | 13 | 10 | 27 | 40 | 0 | 0 | 46 | 60 |
| 492572 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 492573 | 0 | 0 | 0 | 0 | 12 | 9 | 0 | 0 | 12 | 9 |
| 492574 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492575 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492576 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492578 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| 492579 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492580 | 10 | 6 | 4 | 2 | 7 | 2 | 3 | 7 | 24 | 17 |
| 492581 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492583 | 0 | 0 | 0 | 1 | 13 | 8 | 0 | 0 | 13 | 9 |
| 492587 | 0 | 0 | 6 | 5 | 7 | 9 | 0 | 0 | 13 | 14 |
| 492588 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492589 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492590 | 0 | 0 | 6 | 6 | 6 | 6 | 0 | 0 | 12 | 12 |
| 492591 | 2 | 3 | 7 | 9 | 23 | 22 | 0 | 0 | 32 | 34 |
| 492592 | 2 | 1 | 2 | 2 | 22 | 13 | 0 | 0 | 26 | 16 |
| 492593 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492594 | 9 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 8 |
| 492595 | 4 | 5 | 2 | 1 | 8 | 15 | 0 | 0 | 14 | 21 |
| 492596 | 3 | 2 | 6 | 2 | 1 | 5 | 0 | 0 | 10 | 9 |
| 492598 | 2 | 5 | 2 | 2 | 21 | 21 | 0 | 0 | 25 | 28 |
| 492599 | 0 | 0 | 0 | 4 | 0 | 4 | 0 | 0 | 0 | 8 |
| 492600 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492602 | 0 | 1 | 5 | 9 | 1 | 1 | 0 | 0 | 6 | 11 |
| 492603 | 0 | 0 | 11 | 13 | 6 | 4 | 0 | 0 | 17 | 17 |
| 492604 | 1 | 1 | 18 | 14 | 29 | 20 | 0 | 0 | 48 | 35 |
| 492605 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492607 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492608 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492610 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 492615 | 0 | 0 | 0 | 0 | 2 | 3 | 0 | 0 | 2 | 3 |
| 492616 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492617 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492618 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492619 | 12 | 7 | 2 | 3 | 9 | 16 | 0 | 1 | 23 | 27 |
| 492620 | 2 | 3 | 9 | 9 | 5 | 5 | 0 | 0 | 16 | 17 |
| 492622 | 0 | 0 | 2 | 2 | 3 | 3 | 0 | 0 | 5 | 5 |
| 492623 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492624 | 0 | 0 | 0 | 0 | 2 | 3 | 0 | 0 | 2 | 3 |
| 492625 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| 492626 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492627 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492628 | 2 | 1 | 9 | 7 | 3 | 1 | 0 | 0 | 14 | 9 |
| 492629 | 0 | 0 | 3 | 0 | 6 | 0 | 0 | 0 | 9 | 0 |
| 492630 | 1 | 3 | 0 | 0 | 6 | 6 | 0 | 0 | 7 | 9 |

| | | | | | | | | | | |
|---------|----|----|----|----|----|----|---|---|----|----|
| 492631 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492632 | 0 | 1 | 3 | 0 | 1 | 2 | 0 | 0 | 4 | 3 |
| 492633 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492634 | 0 | 1 | 21 | 17 | 11 | 21 | 0 | 0 | 32 | 39 |
| 492635 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492636 | 5 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 3 |
| 492637 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492638 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 0 |
| 492639 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492640 | 28 | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 28 | 26 |
| 492641 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492643 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492645 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492646 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 492647 | 0 | 0 | 4 | 1 | 2 | 4 | 0 | 0 | 6 | 5 |
| 492648 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492649 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492650 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492651 | 7 | 10 | 6 | 7 | 11 | 8 | 0 | 0 | 24 | 25 |
| 492652 | 0 | 0 | 2 | 1 | 7 | 9 | 0 | 0 | 9 | 10 |
| 492653 | 22 | 24 | 13 | 12 | 22 | 18 | 0 | 0 | 57 | 54 |
| 492654 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492655 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492656 | 0 | 0 | 1 | 1 | 3 | 4 | 0 | 0 | 4 | 5 |
| 492657 | 0 | 0 | 0 | 1 | 1 | 4 | 0 | 0 | 1 | 5 |
| 492658 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492659 | 0 | 4 | 3 | 3 | 6 | 11 | 0 | 0 | 9 | 18 |
| 492660 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492661 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492662 | 0 | 3 | 2 | 4 | 2 | 3 | 0 | 0 | 4 | 10 |
| 492663 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492664 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492665 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492666 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492667 | 18 | 17 | 0 | 1 | 1 | 1 | 1 | 0 | 20 | 19 |
| 492668 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492669 | 16 | 24 | 3 | 14 | 29 | 35 | 0 | 0 | 48 | 73 |
| 492670 | 0 | 0 | 2 | 2 | 17 | 25 | 0 | 0 | 19 | 27 |
| 492671 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 2 |
| 492672 | 4 | 5 | 0 | 5 | 19 | 20 | 1 | 0 | 24 | 30 |
| 492673 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| 492674^ | 0 | 4 | 0 | 2 | 0 | 20 | 0 | 0 | 0 | 26 |
| 492675^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492676^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492677^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492678^ | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| 492679^ | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |

| | | | | | | | | | | |
|------------------|------------|------------|------------|------------|------------|------------|-----------|-----------|--------------|--------------|
| 493301 | 0 | 0 | 0 | 0 | 2 | 4 | 0 | 0 | 2 | 4 |
| 493504 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 5 | 0 |
| 493505 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493507 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493509 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493511 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493512 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 493513 | 34 | 43 | 2 | 2 | 5 | 5 | 7 | 0 | 48 | 50 |
| 493514 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493515^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 499996 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 499997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VA Totals | 291 | 327 | 286 | 324 | 792 | 801 | 16 | 11 | 1,385 | 1,463 |

State: WV

| Facility CCN | Hemo | | CAPD | | CCPD | | Other | | Total | |
|--------------|------|------|------|------|------|------|-------|------|-------|------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| 510001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 510022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512502 | 5 | 11 | 5 | 10 | 6 | 9 | 3 | 0 | 19 | 30 |
| 512503 | 8 | 6 | 6 | 7 | 8 | 8 | 0 | 0 | 22 | 21 |
| 512505 | 5 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 7 | 0 |
| 512506 | 9 | 16 | 2 | 2 | 12 | 8 | 0 | 0 | 23 | 26 |
| 512507 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512508 | 1 | 1 | 1 | 2 | 6 | 4 | 0 | 0 | 8 | 7 |
| 512509 | 1 | 0 | 0 | 0 | 4 | 6 | 0 | 0 | 5 | 6 |
| 512511 | 4 | 4 | 1 | 0 | 3 | 1 | 0 | 0 | 8 | 5 |
| 512513 | 0 | 0 | 7 | 5 | 5 | 7 | 0 | 0 | 12 | 12 |
| 512514 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 2 |
| 512515 | 0 | 1 | 4 | 2 | 2 | 7 | 0 | 0 | 6 | 10 |
| 512516 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| 512517 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512518 | 0 | 0 | 0 | 0 | 5 | 4 | 0 | 0 | 5 | 4 |
| 512519 | 0 | 1 | 1 | 6 | 18 | 15 | 0 | 0 | 19 | 22 |
| 512520 | 2 | 3 | 29 | 25 | 19 | 20 | 0 | 0 | 50 | 48 |
| 512521 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512522 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512523 | 3 | 1 | 2 | 2 | 12 | 17 | 0 | 0 | 17 | 20 |
| 512524 | 1 | 0 | 2 | 1 | 6 | 9 | 0 | 0 | 9 | 10 |
| 512525 | 0 | 0 | 0 | 3 | 6 | 5 | 0 | 0 | 6 | 8 |
| 512527 | 0 | 1 | 2 | 3 | 1 | 4 | 0 | 0 | 3 | 8 |
| 512528 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512529 | 4 | 3 | 2 | 4 | 1 | 1 | 0 | 0 | 7 | 8 |
| 512530 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 2 | 1 |
| 512531 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512532 | 6 | 7 | 3 | 4 | 9 | 9 | 0 | 0 | 18 | 20 |
| 512533 | 8 | 8 | 5 | 2 | 5 | 1 | 0 | 0 | 18 | 11 |

| | | | | | | | | | | |
|------------------|-----------|-----------|-----------|-----------|------------|------------|----------|----------|------------|------------|
| 512534 | 1 | 4 | 1 | 5 | 8 | 8 | 0 | 0 | 10 | 17 |
| 512535 | 4 | 3 | 6 | 2 | 2 | 12 | 0 | 0 | 12 | 17 |
| 512536 | 1 | 1 | 1 | 2 | 0 | 1 | 0 | 0 | 2 | 4 |
| 512537 | 0 | 0 | 0 | 0 | 6 | 4 | 0 | 0 | 6 | 4 |
| 512538 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| 512539 | 0 | 3 | 1 | 2 | 5 | 6 | 0 | 0 | 6 | 11 |
| WV Totals | 63 | 74 | 86 | 93 | 150 | 168 | 3 | 0 | 302 | 335 |

Network

| | Hemo | | CAPD | | CCPD | | Other | | Total | |
|-----------------------|------------|------------|------------|------------|--------------|--------------|-----------|-----------|--------------|--------------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| Network Totals | 481 | 528 | 607 | 664 | 1,543 | 1,651 | 21 | 12 | 2,652 | 2,855 |

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

Date of Preparation: May 2015

This table includes 17 Veterans Affairs Facility patients for 2013 and 16 Veterans Affairs Facility patients for 2014.

^ Facility not operational in 2013

* Facility does not have a generated 2744 in 2014

**Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.*

**Table 4: Dialysis Patients Modality and Setting - In Center
For Survey Years 2013 and 2014**

State: DC

| Facility CCN | Hemo | | PD | | Total | | Total In-Center & Home | |
|------------------|--------------|--------------|----------|----------|--------------|--------------|------------------------|--------------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| 090004 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 090011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 09002F | 62 | 60 | 0 | 0 | 62 | 60 | 65 | 64 |
| 092501 | 90 | 78 | 0 | 0 | 90 | 78 | 93 | 85 |
| 092503 | 192 | 195 | 0 | 0 | 192 | 195 | 209 | 218 |
| 092505 | 63 | 69 | 0 | 1 | 63 | 70 | 63 | 70 |
| 092508 | 74 | 76 | 0 | 0 | 74 | 76 | 74 | 76 |
| 092510 | 112 | 100 | 0 | 0 | 112 | 100 | 112 | 100 |
| 092513 | 143 | 145 | 0 | 0 | 143 | 145 | 143 | 145 |
| 092515 | 104 | 98 | 0 | 0 | 104 | 98 | 104 | 98 |
| 092516 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 27 |
| 092517 | 132 | 134 | 0 | 0 | 132 | 134 | 132 | 134 |
| 092518 | 124 | 123 | 0 | 0 | 124 | 123 | 171 | 168 |
| 092519 | 123 | 130 | 0 | 0 | 123 | 130 | 131 | 130 |
| 092520 | 95 | 95 | 1 | 1 | 96 | 96 | 106 | 102 |
| 092521 | 182 | 181 | 3 | 1 | 185 | 182 | 197 | 197 |
| 092522 | 48 | 54 | 0 | 0 | 48 | 54 | 48 | 54 |
| 092524 | 56 | 56 | 0 | 0 | 56 | 56 | 56 | 56 |
| 092525 | 77 | 66 | 0 | 0 | 77 | 66 | 79 | 67 |
| 092526 | 0 | 0 | 0 | 0 | 0 | 0 | 37 | 12 |
| 092527 | 61 | 65 | 0 | 0 | 61 | 65 | 61 | 66 |
| 092528 | 111 | 117 | 0 | 1 | 111 | 118 | 113 | 118 |
| 092529^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 093300 | 18 | 16 | 0 | 0 | 18 | 16 | 28 | 30 |
| DC Totals | 1,867 | 1,858 | 4 | 4 | 1,871 | 1,862 | 2,044 | 2,017 |

State: MD

| Facility CCN | Hemo | | PD | | Total | | Total In-Center & Home | |
|--------------|------|------|------|------|-------|------|------------------------|------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| 210004 | 79 | 76 | 0 | 0 | 79 | 76 | 95 | 96 |
| 210009 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 8 |
| 210013 | 143 | 158 | 0 | 0 | 143 | 158 | 146 | 161 |
| 210024 | 100 | 122 | 0 | 0 | 100 | 122 | 100 | 122 |
| 210027 | 89 | 107 | 0 | 0 | 89 | 107 | 97 | 119 |
| 210056 | 287 | 289 | 9 | 14 | 296 | 303 | 305 | 306 |
| 21007F | 27 | 29 | 0 | 0 | 27 | 29 | 29 | 30 |
| 212003 | 61 | 55 | 0 | 0 | 61 | 55 | 61 | 55 |
| 212501 | 90 | 91 | 0 | 0 | 90 | 91 | 90 | 91 |
| 212503 | 47 | 52 | 0 | 0 | 47 | 52 | 47 | 52 |
| 212504 | 59 | 63 | 0 | 0 | 59 | 63 | 59 | 63 |
| 212507 | 18 | 15 | 0 | 0 | 18 | 15 | 18 | 15 |
| 212510 | 91 | 92 | 0 | 0 | 91 | 92 | 117 | 115 |
| 212511 | 65 | 61 | 0 | 0 | 65 | 61 | 65 | 61 |

| | | | | | | | | |
|--------|-----|-----|---|---|-----|-----|-----|-----|
| 212512 | 63 | 61 | 0 | 0 | 63 | 61 | 109 | 103 |
| 212513 | 65 | 62 | 0 | 0 | 65 | 62 | 65 | 62 |
| 212515 | 96 | 98 | 0 | 0 | 96 | 98 | 129 | 129 |
| 212516 | 88 | 84 | 0 | 0 | 88 | 84 | 88 | 84 |
| 212520 | 60 | 59 | 0 | 0 | 60 | 59 | 71 | 74 |
| 212522 | 123 | 127 | 0 | 0 | 123 | 127 | 137 | 145 |
| 212523 | 88 | 89 | 0 | 0 | 88 | 89 | 101 | 100 |
| 212525 | 53 | 51 | 0 | 0 | 53 | 51 | 56 | 56 |
| 212528 | 124 | 123 | 0 | 0 | 124 | 123 | 124 | 123 |
| 212529 | 36 | 32 | 0 | 0 | 36 | 32 | 41 | 33 |
| 212530 | 135 | 133 | 0 | 0 | 135 | 133 | 135 | 133 |
| 212531 | 26 | 23 | 0 | 1 | 26 | 24 | 31 | 31 |
| 212534 | 88 | 78 | 0 | 0 | 88 | 78 | 107 | 95 |
| 212535 | 95 | 93 | 0 | 0 | 95 | 93 | 118 | 117 |
| 212536 | 104 | 104 | 0 | 0 | 104 | 104 | 104 | 104 |
| 212537 | 62 | 70 | 1 | 1 | 63 | 71 | 72 | 83 |
| 212538 | 87 | 88 | 0 | 0 | 87 | 88 | 87 | 88 |
| 212539 | 76 | 78 | 0 | 0 | 76 | 78 | 76 | 78 |
| 212541 | 71 | 81 | 0 | 0 | 71 | 81 | 71 | 81 |
| 212542 | 146 | 152 | 0 | 0 | 146 | 152 | 146 | 152 |
| 212543 | 78 | 74 | 0 | 0 | 78 | 74 | 78 | 74 |
| 212544 | 91 | 79 | 0 | 0 | 91 | 79 | 91 | 80 |
| 212545 | 101 | 109 | 0 | 0 | 101 | 109 | 101 | 109 |
| 212546 | 99 | 96 | 0 | 0 | 99 | 96 | 99 | 96 |
| 212548 | 13 | 18 | 0 | 0 | 13 | 18 | 13 | 18 |
| 212549 | 38 | 46 | 0 | 0 | 38 | 46 | 40 | 46 |
| 212551 | 163 | 160 | 0 | 0 | 163 | 160 | 163 | 160 |
| 212552 | 132 | 136 | 0 | 0 | 132 | 136 | 169 | 179 |
| 212556 | 90 | 85 | 0 | 0 | 90 | 85 | 90 | 85 |
| 212557 | 64 | 60 | 0 | 0 | 64 | 60 | 73 | 68 |
| 212560 | 50 | 37 | 0 | 0 | 50 | 37 | 50 | 38 |
| 212563 | 59 | 51 | 0 | 0 | 59 | 51 | 59 | 51 |
| 212564 | 84 | 84 | 0 | 0 | 84 | 84 | 93 | 90 |
| 212565 | 24 | 33 | 0 | 0 | 24 | 33 | 24 | 33 |
| 212566 | 77 | 85 | 0 | 0 | 77 | 85 | 77 | 85 |
| 212568 | 61 | 67 | 0 | 0 | 61 | 67 | 74 | 84 |
| 212573 | 70 | 65 | 0 | 0 | 70 | 65 | 80 | 81 |
| 212574 | 69 | 75 | 0 | 0 | 69 | 75 | 69 | 76 |
| 212576 | 75 | 73 | 1 | 0 | 76 | 73 | 80 | 73 |
| 212577 | 66 | 65 | 0 | 0 | 66 | 65 | 66 | 65 |
| 212578 | 15 | 14 | 0 | 0 | 15 | 14 | 15 | 14 |
| 212583 | 50 | 42 | 0 | 0 | 50 | 42 | 50 | 42 |
| 212585 | 40 | 36 | 0 | 0 | 40 | 36 | 52 | 52 |
| 212586 | 49 | 41 | 0 | 0 | 49 | 41 | 49 | 41 |
| 212587 | 48 | 42 | 0 | 0 | 48 | 42 | 48 | 42 |
| 212588 | 60 | 55 | 0 | 0 | 60 | 55 | 60 | 55 |
| 212590 | 97 | 97 | 0 | 0 | 97 | 97 | 97 | 97 |

| | | | | | | | | |
|--------|-----|-----|---|---|-----|-----|-----|-----|
| 212592 | 104 | 106 | 0 | 0 | 104 | 106 | 139 | 138 |
| 212593 | 77 | 92 | 0 | 0 | 77 | 92 | 78 | 93 |
| 212594 | 90 | 96 | 0 | 0 | 90 | 96 | 93 | 99 |
| 212595 | 101 | 89 | 0 | 0 | 101 | 89 | 101 | 89 |
| 212597 | 3 | 4 | 0 | 0 | 3 | 4 | 3 | 4 |
| 212598 | 124 | 122 | 0 | 0 | 124 | 122 | 152 | 159 |
| 212603 | 58 | 51 | 0 | 0 | 58 | 51 | 58 | 51 |
| 212605 | 88 | 90 | 0 | 1 | 88 | 91 | 103 | 102 |
| 212609 | 62 | 58 | 0 | 0 | 62 | 58 | 62 | 58 |
| 212610 | 79 | 79 | 0 | 0 | 79 | 79 | 97 | 95 |
| 212611 | 63 | 63 | 0 | 0 | 63 | 63 | 63 | 65 |
| 212612 | 75 | 77 | 0 | 0 | 75 | 77 | 75 | 77 |
| 212613 | 87 | 88 | 0 | 0 | 87 | 88 | 91 | 88 |
| 212614 | 138 | 119 | 0 | 0 | 138 | 119 | 150 | 137 |
| 212615 | 58 | 63 | 0 | 0 | 58 | 63 | 58 | 63 |
| 212616 | 67 | 63 | 0 | 0 | 67 | 63 | 67 | 63 |
| 212618 | 64 | 28 | 0 | 0 | 64 | 28 | 64 | 28 |
| 212619 | 36 | 35 | 0 | 0 | 36 | 35 | 36 | 35 |
| 212620 | 112 | 133 | 0 | 0 | 112 | 133 | 113 | 133 |
| 212621 | 77 | 72 | 0 | 0 | 77 | 72 | 77 | 72 |
| 212622 | 51 | 61 | 0 | 0 | 51 | 61 | 51 | 61 |
| 212625 | 43 | 44 | 0 | 0 | 43 | 44 | 43 | 44 |
| 212626 | 79 | 75 | 0 | 0 | 79 | 75 | 81 | 81 |
| 212627 | 41 | 37 | 0 | 0 | 41 | 37 | 41 | 37 |
| 212628 | 59 | 47 | 0 | 0 | 59 | 47 | 59 | 47 |
| 212629 | 64 | 65 | 0 | 0 | 64 | 65 | 64 | 65 |
| 212630 | 50 | 52 | 0 | 0 | 50 | 52 | 50 | 52 |
| 212631 | 101 | 109 | 0 | 0 | 101 | 109 | 101 | 109 |
| 212632 | 24 | 19 | 0 | 0 | 24 | 19 | 24 | 19 |
| 212633 | 46 | 46 | 0 | 0 | 46 | 46 | 54 | 52 |
| 212634 | 68 | 68 | 0 | 0 | 68 | 68 | 68 | 68 |
| 212636 | 28 | 56 | 0 | 0 | 28 | 56 | 28 | 56 |
| 212637 | 63 | 46 | 0 | 0 | 63 | 46 | 63 | 46 |
| 212638 | 79 | 87 | 1 | 2 | 80 | 89 | 108 | 117 |
| 212639 | 49 | 52 | 0 | 0 | 49 | 52 | 49 | 52 |
| 212640 | 105 | 95 | 0 | 0 | 105 | 95 | 127 | 118 |
| 212641 | 19 | 18 | 0 | 0 | 19 | 18 | 32 | 25 |
| 212643 | 52 | 58 | 0 | 0 | 52 | 58 | 53 | 60 |
| 212646 | 29 | 24 | 0 | 0 | 29 | 24 | 29 | 24 |
| 212647 | 73 | 75 | 0 | 0 | 73 | 75 | 74 | 75 |
| 212649 | 19 | 27 | 0 | 0 | 19 | 27 | 19 | 27 |
| 212650 | 80 | 85 | 0 | 0 | 80 | 85 | 80 | 85 |
| 212651 | 23 | 20 | 0 | 0 | 23 | 20 | 23 | 20 |
| 212653 | 68 | 57 | 0 | 0 | 68 | 57 | 68 | 57 |
| 212654 | 46 | 44 | 0 | 0 | 46 | 44 | 46 | 44 |
| 212655 | 108 | 103 | 0 | 0 | 108 | 103 | 108 | 103 |

| | | | | | | | | |
|------------------|--------------|--------------|-----------|-----------|--------------|--------------|--------------|--------------|
| 212656 | 14 | 31 | 0 | 0 | 14 | 31 | 14 | 31 |
| 212657 | 85 | 91 | 0 | 0 | 85 | 91 | 90 | 98 |
| 212659 | 0 | 0 | 0 | 0 | 0 | 0 | 96 | 99 |
| 212660 | 30 | 33 | 0 | 0 | 30 | 33 | 36 | 42 |
| 212662 | 80 | 89 | 0 | 0 | 80 | 89 | 92 | 101 |
| 212663 | 28 | 38 | 0 | 0 | 28 | 38 | 30 | 44 |
| 212664 | 94 | 87 | 0 | 0 | 94 | 87 | 127 | 123 |
| 212665 | 28 | 30 | 0 | 0 | 28 | 30 | 31 | 33 |
| 212666 | 70 | 65 | 0 | 0 | 70 | 65 | 70 | 65 |
| 212667 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 13 |
| 212668 | 30 | 34 | 0 | 0 | 30 | 34 | 30 | 34 |
| 212669 | 68 | 68 | 0 | 0 | 68 | 68 | 68 | 68 |
| 212670 | 47 | 50 | 0 | 0 | 47 | 50 | 66 | 79 |
| 212671 | 15 | 23 | 0 | 0 | 15 | 23 | 15 | 23 |
| 212672 | 50 | 61 | 0 | 0 | 50 | 61 | 54 | 70 |
| 212673 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 23 |
| 212674 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 31 |
| 212675 | 36 | 47 | 0 | 0 | 36 | 47 | 36 | 50 |
| 212676 | 31 | 64 | 0 | 0 | 31 | 64 | 34 | 69 |
| 212677 | 26 | 31 | 0 | 0 | 26 | 31 | 26 | 33 |
| 212678 | 40 | 54 | 0 | 0 | 40 | 54 | 48 | 70 |
| 212679 | 16 | 54 | 0 | 0 | 16 | 54 | 19 | 59 |
| 212680 | 0 | 16 | 0 | 0 | 0 | 16 | 0 | 16 |
| 212681^ | 0 | 17 | 0 | 0 | 0 | 17 | 0 | 17 |
| 212682^ | 0 | 32 | 0 | 0 | 0 | 32 | 0 | 36 |
| 212683^ | 0 | 37 | 0 | 0 | 0 | 37 | 0 | 40 |
| 212684^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25 |
| 212685^ | 0 | 27 | 0 | 0 | 0 | 27 | 0 | 27 |
| 212686^ | 0 | 27 | 0 | 0 | 0 | 27 | 0 | 27 |
| 212687^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| 212688^ | 0 | 5 | 0 | 0 | 0 | 5 | 0 | 5 |
| 212689^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 213503 | 73 | 67 | 0 | 0 | 73 | 67 | 73 | 67 |
| MD Totals | 8,620 | 8,897 | 12 | 19 | 8,632 | 8,916 | 9,424 | 9,818 |

State: VA

| Facility CCN | Hemo | | PD | | Total | | Total In-Center & Home | |
|--------------|------|------|------|------|-------|------|------------------------|------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| 490007 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 490009 | 97 | 101 | 0 | 0 | 97 | 101 | 152 | 167 |
| 490032 | 33 | 30 | 0 | 0 | 33 | 30 | 33 | 30 |
| 490067 | 79 | 72 | 0 | 0 | 79 | 72 | 79 | 72 |
| 49006F | 65 | 67 | 0 | 0 | 65 | 67 | 72 | 71 |
| 49008F | 12 | 11 | 0 | 0 | 12 | 11 | 12 | 11 |
| 49010F | 43 | 37 | 0 | 0 | 43 | 37 | 48 | 41 |
| 49011F | 33 | 36 | 0 | 0 | 33 | 36 | 35 | 40 |
| 492501 | 139 | 140 | 0 | 0 | 139 | 140 | 153 | 152 |
| 492502 | 118 | 120 | 0 | 0 | 118 | 120 | 118 | 120 |

| | | | | | | | | |
|--------|-----|-----|---|---|-----|-----|-----|-----|
| 492503 | 120 | 127 | 0 | 0 | 120 | 127 | 131 | 138 |
| 492504 | 66 | 72 | 0 | 0 | 66 | 72 | 75 | 85 |
| 492505 | 122 | 115 | 0 | 0 | 122 | 115 | 146 | 139 |
| 492506 | 75 | 91 | 0 | 0 | 75 | 91 | 75 | 92 |
| 492507 | 115 | 110 | 0 | 0 | 115 | 110 | 146 | 140 |
| 492508 | 109 | 109 | 0 | 0 | 109 | 109 | 134 | 112 |
| 492513 | 89 | 87 | 0 | 0 | 89 | 87 | 89 | 87 |
| 492516 | 101 | 110 | 0 | 0 | 101 | 110 | 116 | 123 |
| 492517 | 133 | 123 | 0 | 0 | 133 | 123 | 133 | 123 |
| 492521 | 119 | 139 | 0 | 0 | 119 | 139 | 143 | 164 |
| 492522 | 31 | 32 | 0 | 0 | 31 | 32 | 52 | 46 |
| 492523 | 111 | 115 | 0 | 0 | 111 | 115 | 161 | 157 |
| 492524 | 107 | 113 | 0 | 0 | 107 | 113 | 107 | 113 |
| 492525 | 62 | 70 | 0 | 0 | 62 | 70 | 67 | 78 |
| 492526 | 79 | 65 | 0 | 0 | 79 | 65 | 79 | 65 |
| 492527 | 64 | 73 | 0 | 0 | 64 | 73 | 80 | 91 |
| 492528 | 66 | 57 | 0 | 0 | 66 | 57 | 67 | 59 |
| 492529 | 43 | 48 | 0 | 0 | 43 | 48 | 44 | 48 |
| 492530 | 107 | 111 | 0 | 0 | 107 | 111 | 124 | 130 |
| 492531 | 22 | 19 | 0 | 0 | 22 | 19 | 22 | 19 |
| 492532 | 28 | 27 | 0 | 0 | 28 | 27 | 28 | 27 |
| 492533 | 43 | 44 | 0 | 0 | 43 | 44 | 60 | 62 |
| 492534 | 61 | 38 | 0 | 0 | 61 | 38 | 77 | 45 |
| 492535 | 62 | 64 | 0 | 0 | 62 | 64 | 62 | 64 |
| 492536 | 33 | 35 | 0 | 0 | 33 | 35 | 35 | 38 |
| 492537 | 114 | 118 | 0 | 0 | 114 | 118 | 126 | 131 |
| 492538 | 65 | 67 | 0 | 0 | 65 | 67 | 65 | 67 |
| 492539 | 44 | 41 | 0 | 0 | 44 | 41 | 46 | 46 |
| 492541 | 86 | 79 | 0 | 0 | 86 | 79 | 86 | 79 |
| 492543 | 63 | 65 | 0 | 0 | 63 | 65 | 71 | 73 |
| 492545 | 104 | 98 | 0 | 0 | 104 | 98 | 104 | 98 |
| 492546 | 17 | 17 | 0 | 0 | 17 | 17 | 17 | 17 |
| 492548 | 82 | 92 | 0 | 0 | 82 | 92 | 82 | 92 |
| 492549 | 73 | 83 | 0 | 0 | 73 | 83 | 73 | 83 |
| 492551 | 82 | 73 | 0 | 0 | 82 | 73 | 82 | 73 |
| 492552 | 91 | 103 | 0 | 0 | 91 | 103 | 110 | 125 |
| 492554 | 75 | 65 | 0 | 0 | 75 | 65 | 75 | 65 |
| 492556 | 94 | 93 | 0 | 0 | 94 | 93 | 196 | 200 |
| 492558 | 55 | 54 | 0 | 0 | 55 | 54 | 63 | 63 |
| 492559 | 94 | 98 | 0 | 0 | 94 | 98 | 94 | 98 |
| 492560 | 63 | 66 | 0 | 0 | 63 | 66 | 84 | 85 |
| 492561 | 98 | 105 | 0 | 0 | 98 | 105 | 144 | 152 |
| 492562 | 57 | 58 | 0 | 0 | 57 | 58 | 57 | 58 |
| 492563 | 48 | 45 | 0 | 0 | 48 | 45 | 61 | 52 |
| 492564 | 81 | 83 | 0 | 0 | 81 | 83 | 100 | 99 |
| 492565 | 48 | 40 | 0 | 0 | 48 | 40 | 48 | 40 |
| 492567 | 99 | 108 | 0 | 0 | 99 | 108 | 127 | 150 |

| | | | | | | | | |
|--------|-----|-----|---|---|-----|-----|-----|-----|
| 492570 | 84 | 93 | 0 | 0 | 84 | 93 | 130 | 153 |
| 492572 | 38 | 39 | 0 | 0 | 38 | 39 | 39 | 40 |
| 492573 | 50 | 42 | 0 | 0 | 50 | 42 | 62 | 51 |
| 492574 | 137 | 142 | 0 | 0 | 137 | 142 | 137 | 142 |
| 492575 | 106 | 90 | 0 | 0 | 106 | 90 | 106 | 90 |
| 492576 | 63 | 59 | 0 | 0 | 63 | 59 | 63 | 59 |
| 492578 | 39 | 40 | 0 | 0 | 39 | 40 | 39 | 42 |
| 492579 | 49 | 48 | 0 | 0 | 49 | 48 | 49 | 48 |
| 492580 | 78 | 86 | 2 | 2 | 80 | 88 | 104 | 105 |
| 492581 | 50 | 54 | 0 | 0 | 50 | 54 | 50 | 54 |
| 492583 | 40 | 42 | 0 | 0 | 40 | 42 | 53 | 51 |
| 492587 | 59 | 65 | 0 | 0 | 59 | 65 | 72 | 79 |
| 492588 | 92 | 93 | 0 | 0 | 92 | 93 | 92 | 93 |
| 492589 | 93 | 96 | 0 | 0 | 93 | 96 | 93 | 96 |
| 492590 | 42 | 53 | 0 | 0 | 42 | 53 | 54 | 65 |
| 492591 | 102 | 97 | 0 | 0 | 102 | 97 | 134 | 131 |
| 492592 | 89 | 95 | 0 | 0 | 89 | 95 | 115 | 111 |
| 492593 | 33 | 37 | 0 | 0 | 33 | 37 | 33 | 37 |
| 492594 | 44 | 64 | 0 | 0 | 44 | 64 | 53 | 72 |
| 492595 | 22 | 23 | 0 | 0 | 22 | 23 | 36 | 44 |
| 492596 | 67 | 72 | 0 | 0 | 67 | 72 | 77 | 81 |
| 492598 | 76 | 80 | 1 | 0 | 77 | 80 | 102 | 108 |
| 492599 | 77 | 96 | 0 | 0 | 77 | 96 | 77 | 104 |
| 492600 | 123 | 127 | 0 | 0 | 123 | 127 | 123 | 127 |
| 492602 | 55 | 56 | 0 | 0 | 55 | 56 | 61 | 67 |
| 492603 | 86 | 84 | 0 | 0 | 86 | 84 | 103 | 101 |
| 492604 | 103 | 118 | 1 | 0 | 104 | 118 | 152 | 153 |
| 492605 | 81 | 87 | 0 | 0 | 81 | 87 | 81 | 87 |
| 492607 | 76 | 71 | 0 | 0 | 76 | 71 | 76 | 71 |
| 492608 | 57 | 65 | 0 | 0 | 57 | 65 | 57 | 65 |
| 492610 | 80 | 107 | 0 | 0 | 80 | 107 | 81 | 107 |
| 492615 | 60 | 64 | 0 | 0 | 60 | 64 | 62 | 67 |
| 492616 | 70 | 65 | 0 | 0 | 70 | 65 | 70 | 65 |
| 492617 | 80 | 78 | 0 | 0 | 80 | 78 | 80 | 78 |
| 492618 | 81 | 80 | 0 | 0 | 81 | 80 | 81 | 80 |
| 492619 | 46 | 49 | 1 | 1 | 47 | 50 | 70 | 77 |
| 492620 | 46 | 52 | 0 | 0 | 46 | 52 | 62 | 69 |
| 492622 | 56 | 53 | 0 | 0 | 56 | 53 | 61 | 58 |
| 492623 | 53 | 60 | 0 | 0 | 53 | 60 | 53 | 60 |
| 492624 | 9 | 9 | 0 | 0 | 9 | 9 | 11 | 12 |
| 492625 | 46 | 42 | 0 | 0 | 46 | 42 | 46 | 44 |
| 492626 | 54 | 65 | 0 | 0 | 54 | 65 | 54 | 65 |
| 492627 | 41 | 40 | 0 | 0 | 41 | 40 | 41 | 40 |
| 492628 | 47 | 43 | 0 | 0 | 47 | 43 | 61 | 52 |
| 492629 | 82 | 79 | 0 | 0 | 82 | 79 | 91 | 79 |
| 492630 | 53 | 59 | 0 | 0 | 53 | 59 | 60 | 68 |

| | | | | | | | | |
|---------|-----|-----|---|---|-----|-----|-----|-----|
| 492631 | 86 | 88 | 0 | 0 | 86 | 88 | 86 | 88 |
| 492632 | 88 | 90 | 0 | 0 | 88 | 90 | 92 | 93 |
| 492633 | 48 | 52 | 0 | 0 | 48 | 52 | 48 | 52 |
| 492634 | 160 | 169 | 0 | 0 | 160 | 169 | 192 | 208 |
| 492635 | 35 | 52 | 0 | 0 | 35 | 52 | 35 | 52 |
| 492636 | 28 | 27 | 0 | 0 | 28 | 27 | 33 | 30 |
| 492637 | 32 | 29 | 0 | 0 | 32 | 29 | 32 | 29 |
| 492638 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| 492639 | 32 | 29 | 0 | 0 | 32 | 29 | 32 | 29 |
| 492640 | 107 | 103 | 0 | 0 | 107 | 103 | 135 | 129 |
| 492641 | 47 | 49 | 0 | 0 | 47 | 49 | 47 | 49 |
| 492643 | 36 | 44 | 0 | 0 | 36 | 44 | 36 | 44 |
| 492645 | 47 | 49 | 0 | 0 | 47 | 49 | 47 | 49 |
| 492646 | 62 | 56 | 0 | 0 | 62 | 56 | 62 | 57 |
| 492647 | 63 | 68 | 0 | 0 | 63 | 68 | 69 | 73 |
| 492648 | 61 | 74 | 0 | 0 | 61 | 74 | 61 | 74 |
| 492649 | 89 | 77 | 0 | 0 | 89 | 77 | 89 | 77 |
| 492650 | 63 | 74 | 0 | 0 | 63 | 74 | 63 | 74 |
| 492651 | 75 | 79 | 0 | 0 | 75 | 79 | 99 | 104 |
| 492652 | 20 | 20 | 0 | 0 | 20 | 20 | 29 | 30 |
| 492653 | 129 | 141 | 0 | 0 | 129 | 141 | 186 | 195 |
| 492654 | 34 | 47 | 0 | 0 | 34 | 47 | 34 | 47 |
| 492655 | 18 | 22 | 0 | 0 | 18 | 22 | 18 | 22 |
| 492656 | 86 | 93 | 0 | 0 | 86 | 93 | 90 | 98 |
| 492657 | 22 | 22 | 0 | 0 | 22 | 22 | 23 | 27 |
| 492658 | 78 | 88 | 0 | 0 | 78 | 88 | 78 | 88 |
| 492659 | 58 | 79 | 1 | 1 | 59 | 80 | 68 | 98 |
| 492660 | 53 | 64 | 0 | 0 | 53 | 64 | 53 | 64 |
| 492661 | 48 | 54 | 0 | 0 | 48 | 54 | 48 | 54 |
| 492662 | 84 | 90 | 0 | 0 | 84 | 90 | 88 | 100 |
| 492663 | 53 | 62 | 0 | 0 | 53 | 62 | 53 | 62 |
| 492664 | 40 | 50 | 0 | 0 | 40 | 50 | 40 | 50 |
| 492665 | 34 | 40 | 0 | 0 | 34 | 40 | 34 | 40 |
| 492666 | 38 | 54 | 0 | 0 | 38 | 54 | 38 | 54 |
| 492667 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 19 |
| 492668 | 19 | 23 | 0 | 0 | 19 | 23 | 19 | 23 |
| 492669 | 0 | 0 | 0 | 0 | 0 | 0 | 48 | 73 |
| 492670 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 27 |
| 492671 | 17 | 17 | 0 | 0 | 17 | 17 | 18 | 19 |
| 492672 | 23 | 27 | 0 | 0 | 23 | 27 | 47 | 57 |
| 492673 | 1 | 26 | 0 | 0 | 1 | 26 | 1 | 28 |
| 492674^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 |
| 492675^ | 0 | 38 | 0 | 0 | 0 | 38 | 0 | 38 |
| 492676^ | 0 | 22 | 0 | 0 | 0 | 22 | 0 | 22 |
| 492677^ | 0 | 6 | 0 | 0 | 0 | 6 | 0 | 6 |
| 492678^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 492679^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

| | | | | | | | | |
|------------------|--------------|---------------|----------|----------|--------------|---------------|---------------|---------------|
| 493301 | 10 | 6 | 2 | 0 | 12 | 6 | 14 | 10 |
| 493504 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 |
| 493505 | 52 | 51 | 0 | 0 | 52 | 51 | 52 | 51 |
| 493507 | 49 | 48 | 0 | 0 | 49 | 48 | 49 | 48 |
| 493509 | 96 | 90 | 0 | 0 | 96 | 90 | 96 | 90 |
| 493511 | 27 | 26 | 0 | 0 | 27 | 26 | 27 | 26 |
| 493512 | 90 | 90 | 0 | 0 | 90 | 90 | 90 | 91 |
| 493513 | 226 | 229 | 0 | 0 | 226 | 229 | 274 | 279 |
| 493514 | 73 | 82 | 0 | 0 | 73 | 82 | 73 | 82 |
| 493515^ | 0 | 39 | 0 | 0 | 0 | 39 | 0 | 39 |
| 499996 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 499997 | 19 | 19 | 0 | 0 | 19 | 19 | 19 | 19 |
| VA Totals | 9,891 | 10,392 | 8 | 4 | 9,899 | 10,396 | 11,284 | 11,859 |

State: WV

| Facility CCN | Hemo | | PD | | Total | | Total In-Center & Home | |
|--------------|------|------|------|------|-------|------|------------------------|------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| 510001 | 2 | 1 | 0 | 0 | 2 | 1 | 2 | 1 |
| 510022 | 3 | 3 | 0 | 0 | 3 | 3 | 3 | 3 |
| 512502 | 119 | 110 | 0 | 0 | 119 | 110 | 138 | 140 |
| 512503 | 119 | 131 | 0 | 0 | 119 | 131 | 141 | 152 |
| 512505 | 84 | 81 | 0 | 0 | 84 | 81 | 91 | 81 |
| 512506 | 59 | 59 | 0 | 0 | 59 | 59 | 82 | 85 |
| 512507 | 26 | 23 | 0 | 0 | 26 | 23 | 26 | 23 |
| 512508 | 37 | 44 | 0 | 0 | 37 | 44 | 45 | 51 |
| 512509 | 21 | 18 | 0 | 0 | 21 | 18 | 26 | 24 |
| 512511 | 46 | 42 | 0 | 0 | 46 | 42 | 54 | 47 |
| 512513 | 92 | 92 | 0 | 0 | 92 | 92 | 104 | 104 |
| 512514 | 36 | 38 | 0 | 0 | 36 | 38 | 37 | 40 |
| 512515 | 75 | 73 | 0 | 0 | 75 | 73 | 81 | 83 |
| 512516 | 45 | 53 | 0 | 0 | 45 | 53 | 46 | 54 |
| 512517 | 41 | 50 | 0 | 0 | 41 | 50 | 41 | 50 |
| 512518 | 63 | 62 | 0 | 0 | 63 | 62 | 68 | 66 |
| 512519 | 87 | 98 | 0 | 0 | 87 | 98 | 106 | 120 |
| 512520 | 75 | 73 | 0 | 0 | 75 | 73 | 125 | 121 |
| 512521 | 86 | 95 | 0 | 0 | 86 | 95 | 86 | 95 |
| 512522 | 30 | 23 | 0 | 0 | 30 | 23 | 30 | 23 |
| 512523 | 107 | 106 | 0 | 0 | 107 | 106 | 124 | 126 |
| 512524 | 45 | 47 | 0 | 0 | 45 | 47 | 54 | 57 |
| 512525 | 42 | 41 | 0 | 0 | 42 | 41 | 48 | 49 |
| 512527 | 19 | 20 | 0 | 0 | 19 | 20 | 22 | 28 |
| 512528 | 52 | 58 | 0 | 0 | 52 | 58 | 52 | 58 |
| 512529 | 37 | 39 | 0 | 0 | 37 | 39 | 44 | 47 |
| 512530 | 23 | 23 | 0 | 0 | 23 | 23 | 25 | 24 |
| 512531 | 22 | 23 | 0 | 0 | 22 | 23 | 22 | 23 |
| 512532 | 102 | 97 | 0 | 0 | 102 | 97 | 120 | 117 |
| 512533 | 66 | 77 | 0 | 0 | 66 | 77 | 84 | 88 |

| | | | | | | | | |
|------------------|--------------|--------------|----------|----------|--------------|--------------|--------------|--------------|
| 512534 | 27 | 34 | 0 | 0 | 27 | 34 | 37 | 51 |
| 512535 | 72 | 88 | 0 | 0 | 72 | 88 | 84 | 105 |
| 512536 | 21 | 21 | 0 | 0 | 21 | 21 | 23 | 25 |
| 512537 | 27 | 32 | 0 | 0 | 27 | 32 | 33 | 36 |
| 512538 | 12 | 26 | 0 | 0 | 12 | 26 | 12 | 28 |
| 512539 | 10 | 20 | 0 | 0 | 10 | 20 | 16 | 31 |
| WV Totals | 1,830 | 1,921 | 0 | 0 | 1,830 | 1,921 | 2,132 | 2,256 |

Network

| | Hemo | | PD | | Total | | Total In-Center & Home ¹ | |
|-----------------------|---------------|---------------|-----------|-----------|---------------|---------------|-------------------------------------|---------------|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| Network Totals | 22,208 | 23,068 | 24 | 27 | 22,232 | 23,095 | 24,884 | 25,950 |

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

Date of Preparation: May 2015

¹ The last column of the report displays the total from Table #3 plus total from Table #4.

This table includes 203 Veterans Affairs Facility patients for 2013 and 200 Veterans Affairs Facility patients for 2014.

^ Facility not operational in 2013

* Facility does not have a generated 2744 in 2014

****Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

**Table 5: Renal Transplant by Transplant Center
As of 1/1/2014 - 12/31/2014**

| Transplant Center | Total Transplants Performed | | Patients Awaiting Transplant | |
|-------------------|-----------------------------|------------|------------------------------|--------------|
| | 2013 | 2014 | 2013 | 2014 |
| 090004 | 69 | 86 | 383 | 500 |
| 090011 | 88 | 69 | 558 | 551 |
| 09003F | 24 | 23 | 121 | 154 |
| 093300 | 11 | 12 | 16 | 17 |
| DC Total | 192 | 190 | 1,078 | 1,222 |
| 210002 | 270 | 253 | 1,354 | 1,684 |
| 210009 | 218 | 248 | 851 | 1,087 |
| MD Total | 488 | 501 | 2,205 | 2,771 |
| 490007 | 44 | 61 | 619 | 606 |
| 490009 | 60 | 59 | 697 | 717 |
| 490032 | 115 | 124 | 646 | 665 |
| 490063 | 91 | 102 | 603 | 594 |
| 490118 | 31 | 21 | 258 | 233 |
| 493301 | 5 | 4 | 8 | 6 |
| VA Total | 346 | 371 | 2,831 | 2,821 |
| 510022 | 35 | 37 | 146 | 127 |
| WV Total | 35 | 37 | 146 | 127 |

**Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.*

**Table 6: Renal Transplant Recipients
As of 1/1/2014 - 12/31/2014**

| Age Group | Transplant Type | | | | Total |
|---|-----------------|----------------|------------------|----------|--------------|
| | Deceased | Living Related | Living Unrelated | Unknown | |
| 00-04 | 6 | 1 | 1 | 0 | 8 |
| 05-09 | 5 | 2 | 0 | 0 | 7 |
| 10-14 | 6 | 3 | 1 | 0 | 10 |
| 15-19 | 9 | 5 | 3 | 0 | 17 |
| 20-24 | 8 | 1 | 10 | 0 | 19 |
| 25-29 | 11 | 6 | 10 | 0 | 27 |
| 30-34 | 21 | 8 | 21 | 0 | 50 |
| 35-39 | 34 | 11 | 23 | 0 | 68 |
| 40-44 | 56 | 13 | 20 | 0 | 89 |
| 45-49 | 87 | 12 | 31 | 0 | 130 |
| 50-54 | 79 | 18 | 24 | 0 | 121 |
| 55-59 | 117 | 11 | 25 | 0 | 153 |
| 60-64 | 99 | 7 | 29 | 0 | 135 |
| 65-69 | 112 | 8 | 29 | 0 | 149 |
| 70-74 | 56 | 5 | 14 | 0 | 75 |
| 75-79 | 24 | 3 | 5 | 0 | 32 |
| 80-84 | 7 | 0 | 0 | 0 | 7 |
| >=85 | 0 | 1 | 0 | 0 | 1 |
| Total | 737 | 115 | 246 | 0 | 1,098 |
| Gender | Transplant Type | | | | Total |
| | Deceased | Living Related | Living Unrelated | Unknown | |
| Female | 254 | 45 | 90 | 0 | 389 |
| Male | 483 | 70 | 156 | 0 | 709 |
| Total | 737 | 115 | 246 | 0 | 1,098 |
| Race | Transplant Type | | | | Total |
| | Deceased | Living Related | Living Unrelated | Unknown | |
| American Indian/Alaska Native | 0 | 0 | 2 | 0 | 2 |
| Asian | 34 | 7 | 12 | 0 | 53 |
| Black or African American | 388 | 37 | 69 | 0 | 494 |
| Multiracial | 0 | 0 | 1 | 0 | 1 |
| Native Hawaiian or Other Pacific Islander | 6 | 1 | 1 | 0 | 8 |
| White | 309 | 70 | 161 | 0 | 540 |
| Not Specified | 0 | 0 | 0 | 0 | 0 |
| Total | 737 | 115 | 246 | 0 | 1,098 |
| Primary Diagnosis | Transplant Type | | | | Total |
| | Deceased | Living Related | Living Unrelated | Unknown | |
| Acquired obstructive uropathy | 1 | 1 | 1 | 0 | 3 |
| Acute interstitial nephritis | 1 | 1 | 0 | 0 | 2 |
| AIDS nephropathy | 7 | 0 | 1 | 0 | 8 |
| Amyloidosis | 1 | 0 | 1 | 0 | 2 |
| Analgesic abuse | 1 | 0 | 1 | 0 | 2 |

| | | | | | |
|--|-----|----|----|---|------------|
| Cholesterol emboli, renal emboli | 0 | 0 | 0 | 0 | 0 |
| Chronic interstitial nephritis | 6 | 0 | 0 | 0 | 6 |
| Chronic pyelonephritis, reflux nephropathy | 2 | 0 | 0 | 0 | 2 |
| Complications of other specified transplanted organ | 0 | 0 | 0 | 0 | 0 |
| Complications of transplanted bone marrow | 0 | 0 | 0 | 0 | 0 |
| Complications of transplanted heart | 1 | 0 | 0 | 0 | 1 |
| Complications of transplanted intestine | 0 | 0 | 0 | 0 | 0 |
| Complications of transplanted kidney | 14 | 0 | 19 | 0 | 33 |
| Complications of transplanted liver | 3 | 0 | 1 | 0 | 4 |
| Complications of transplanted lung | 0 | 0 | 1 | 0 | 1 |
| Complications of transplanted organ unspecified | 0 | 0 | 0 | 0 | 0 |
| Complications of transplanted pancreas | 0 | 0 | 0 | 0 | 0 |
| Congenital nephrotic syndrome | 0 | 0 | 1 | 0 | 1 |
| Congenital obstruction of ureterpelvic junction | 1 | 0 | 1 | 0 | 2 |
| Congenital obstruction of uretrovesical junction | 3 | 0 | 0 | 0 | 3 |
| Cystinosis | 0 | 0 | 0 | 0 | 0 |
| Dense deposit disease, MPGN type 2 | 1 | 0 | 0 | 0 | 1 |
| Diabetes with renal manifestations Type 1 | 24 | 3 | 10 | 0 | 37 |
| Diabetes with renal manifestations Type 2 | 180 | 10 | 36 | 0 | 226 |
| Drash syndrome, mesangial sclerosis | 1 | 0 | 0 | 0 | 1 |
| Etiology uncertain | 24 | 3 | 4 | 0 | 31 |
| Fabry's disease | 1 | 0 | 0 | 0 | 1 |
| Focal Glomerulonephritis, focal sclerosing GN | 43 | 15 | 19 | 0 | 77 |
| Glomerulonephritis (GN) (histologically not examined) | 24 | 2 | 7 | 0 | 33 |
| Goodpasture's syndrome | 0 | 0 | 0 | 0 | 0 |
| Gouty nephropathy | 0 | 0 | 0 | 0 | 0 |
| Hemolytic uremic syndrome | 2 | 0 | 0 | 0 | 2 |
| Henoch-Schonlein syndrome | 1 | 1 | 0 | 0 | 2 |
| Hepatorenal syndrome | 2 | 0 | 0 | 0 | 2 |
| Hereditary nephritis, Alport's syndrome | 1 | 4 | 4 | 0 | 9 |
| Hypertension: Unspecified with renal failure | 213 | 30 | 48 | 0 | 291 |
| IgA nephropathy, Berger's disease (proven by immunofluorescence) | 17 | 6 | 6 | 0 | 29 |
| IgM nephropathy (proven by immunofluorescence) | 0 | 0 | 0 | 0 | 0 |
| Lead nephropathy | 0 | 0 | 0 | 0 | 0 |
| Lupus erythematosus, (SLE nephritis) | 15 | 2 | 11 | 0 | 28 |
| Lymphoma of kidneys | 0 | 0 | 0 | 0 | 0 |
| Medullary cystic disease, including nephronophthisis | 0 | 2 | 0 | 0 | 2 |
| Membranoproliferative GN type 1, diffuse MPGN | 2 | 1 | 4 | 0 | 7 |
| Membranous nephropathy | 6 | 0 | 2 | 0 | 8 |
| Multiple myeloma | 0 | 0 | 0 | 0 | 0 |
| Nephrolithiasis | 0 | 0 | 0 | 0 | 0 |
| 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) | 2 | 1 | 3 | 0 | 6 |
| Other Congenital obstructive uropathy | 7 | 0 | 1 | 0 | 8 |
| Other disorders of calcium metabolism | 0 | 0 | 0 | 0 | 0 |

| | | | | | |
|--|------------|------------|------------|----------|--------------|
| Other immuno proliferative neoplasms (including light chain nephropathy) | 0 | 0 | 0 | 0 | 0 |
| Other proliferative GN | 2 | 0 | 3 | 0 | 5 |
| Other renal disorders | 11 | 3 | 2 | 0 | 16 |
| Other Vasculitis and its derivatives | 0 | 0 | 2 | 0 | 2 |
| Polyarteritis | 1 | 0 | 0 | 0 | 1 |
| Polycystic kidneys, adult type (dominant) | 40 | 11 | 19 | 0 | 70 |
| Polycystic, infantile (recessive) | 1 | 0 | 0 | 0 | 1 |
| Post infectious GN, SBE | 0 | 0 | 0 | 0 | 0 |
| Post partum renal failure | 0 | 0 | 0 | 0 | 0 |
| Primary oxalosis | 0 | 0 | 0 | 0 | 0 |
| Prune belly syndrome | 1 | 1 | 0 | 0 | 2 |
| Radiation nephritis | 0 | 0 | 0 | 0 | 0 |
| Renal artery occlusion | 1 | 0 | 0 | 0 | 1 |
| Renal artery stenosis | 0 | 0 | 0 | 0 | 0 |
| Renal hypoplasia, dysplasia, oligonephronia | 8 | 2 | 1 | 0 | 11 |
| Renal tumor (benign) | 0 | 0 | 0 | 0 | 0 |
| Renal tumor (malignant) | 4 | 0 | 0 | 0 | 4 |
| Renal tumor (unspecified) | 0 | 0 | 0 | 0 | 0 |
| Scleroderma | 1 | 1 | 0 | 0 | 2 |
| Secondary GN, other | 1 | 1 | 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 | 1 | 0 | 1 |
| Tubular necrosis (no recovery) | 7 | 1 | 1 | 0 | 9 |
| Urinary tract tumor (benign) | 0 | 0 | 0 | 0 | 0 |
| Urinary tract tumor (malignant) | 1 | 0 | 0 | 0 | 1 |
| Urinary tract tumor (unspecified) | 0 | 0 | 0 | 0 | 0 |
| Urolithiasis | 0 | 0 | 0 | 0 | 0 |
| Wegener's granulomatosis | 2 | 0 | 4 | 0 | 6 |
| With lesion of rapidly progressive GN | 2 | 1 | 0 | 0 | 3 |
| Not Specified | 42 | 11 | 31 | 0 | 84 |
| Total | 737 | 115 | 246 | 0 | 1,098 |

**Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.*

**Table 7: Dialysis Deaths
As of 1/1/2014 - 12/31/2014**

| Age Group | DC | MD | VA | WV | Other | Total |
|--------------|------------|--------------|--------------|------------|-----------|--------------|
| 00-04 | 0 | 0 | 2 | 0 | 0 | 2 |
| 05-09 | 2 | 0 | 0 | 0 | 0 | 2 |
| 10-14 | 0 | 1 | 0 | 0 | 0 | 1 |
| 15-19 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20-24 | 0 | 1 | 0 | 0 | 0 | 1 |
| 25-29 | 2 | 8 | 9 | 3 | 0 | 22 |
| 30-34 | 0 | 10 | 10 | 4 | 1 | 25 |
| 35-39 | 6 | 8 | 19 | 4 | 1 | 38 |
| 40-44 | 5 | 23 | 24 | 11 | 1 | 64 |
| 45-49 | 11 | 57 | 53 | 14 | 2 | 137 |
| 50-54 | 13 | 57 | 110 | 31 | 5 | 216 |
| 55-59 | 28 | 108 | 156 | 39 | 4 | 335 |
| 60-64 | 40 | 167 | 227 | 64 | 6 | 504 |
| 65-69 | 31 | 197 | 283 | 67 | 10 | 588 |
| 70-74 | 19 | 194 | 292 | 87 | 10 | 602 |
| 75-79 | 22 | 217 | 257 | 78 | 6 | 580 |
| 80-84 | 22 | 162 | 249 | 63 | 5 | 501 |
| >=85 | 19 | 166 | 166 | 53 | 7 | 411 |
| Total | 220 | 1,376 | 1,857 | 518 | 58 | 4,029 |

| Gender | DC | MD | VA | WV | Other | Total |
|---------------|------------|--------------|--------------|------------|-----------|--------------|
| Female | 102 | 582 | 827 | 226 | 23 | 1,760 |
| Male | 118 | 794 | 1,030 | 292 | 35 | 2,269 |
| Not Specified | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 220 | 1,376 | 1,857 | 518 | 58 | 4,029 |

| Race | DC | MD | VA | WV | Other | Total |
|---|------------|--------------|--------------|------------|-----------|--------------|
| American Indian/Alaska Native | 1 | 2 | 1 | 0 | 0 | 4 |
| Asian | 1 | 31 | 45 | 2 | 0 | 79 |
| Black or African American | 198 | 717 | 819 | 27 | 12 | 1,773 |
| Multiracial | 0 | 2 | 1 | 0 | 0 | 3 |
| Native Hawaiian or Other Pacific Islander | 0 | 1 | 4 | 1 | 2 | 8 |
| White | 20 | 617 | 984 | 488 | 44 | 2,153 |
| Not Specified | 0 | 6 | 3 | 0 | 0 | 9 |
| Total | 220 | 1,376 | 1,857 | 518 | 58 | 4,029 |

| Primary Diagnosis | DC | MD | VA | WV | Other | Total |
|---------------------------------------|----|-----|-----|-----|-------|-------|
| Cystic/Hereditary/Congenital Diseases | 0 | 18 | 24 | 10 | 2 | 54 |
| Diabetes | 83 | 549 | 832 | 266 | 22 | 1,752 |
| Glomerulonephritis | 7 | 57 | 86 | 17 | 4 | 171 |
| Hypertension/Large Vessel Disease | 88 | 487 | 556 | 130 | 24 | 1,285 |
| Interstitial Nephritis/Pyelonephritis | 3 | 30 | 39 | 9 | 0 | 81 |
| Miscellaneous Conditions | 20 | 123 | 166 | 50 | 1 | 360 |
| Neoplasms/Tumors | 7 | 32 | 66 | 17 | 1 | 123 |

| | | | | | | |
|-------------------------|------------|--------------|--------------|------------|-----------|--------------|
| Secondary GN/Vasculitis | 1 | 15 | 23 | 4 | 0 | 43 |
| Not Specified | 11 | 65 | 65 | 15 | 4 | 160 |
| Total | 220 | 1,376 | 1,857 | 518 | 58 | 4,029 |

| Primary Cause of Death | DC | MD | VA | WV | Other | Total |
|-------------------------------|------------|--------------|--------------|------------|--------------|--------------|
| Cardiac | 79 | 406 | 704 | 209 | 22 | 1,420 |
| Endocrine | 0 | 0 | 0 | 0 | 0 | 0 |
| Gastro-Intestinal | 1 | 13 | 10 | 4 | 1 | 29 |
| Infection | 10 | 106 | 167 | 61 | 1 | 345 |
| Liver Disease | 0 | 8 | 16 | 10 | 1 | 35 |
| Metabolic | 4 | 10 | 5 | 3 | 0 | 22 |
| Other | 57 | 601 | 678 | 186 | 22 | 1,544 |
| Vascular | 6 | 29 | 60 | 16 | 3 | 114 |
| Not Specified | 63 | 203 | 217 | 29 | 8 | 520 |
| Total | 220 | 1,376 | 1,857 | 518 | 58 | 4,029 |

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 28 patients receiving treatment at VA facilities.

****Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

**Table 8: Vocational Rehabilitation
As of 1/1/2014 - 12/31/2014**

DC

| 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 |
|-----------------|--------------------|--|--|--|
| 092521 | 81 | 1 | 15 | 1 |
| 092522 | 8 | 0 | 0 | 0 |
| 090011 | 0 | 0 | 0 | 0 |
| 092524 | 15 | 0 | 0 | 0 |
| 092525 | 16 | 0 | 1 | 0 |
| 092526 | 5 | 0 | 2 | 0 |
| 092527 | 14 | 0 | 1 | 0 |
| 090004 | 0 | 0 | 0 | 0 |
| 09002F | 3 | 0 | 1 | 0 |
| 092501 | 37 | 0 | 11 | 0 |
| 092503 | 70 | 0 | 18 | 0 |
| 092505 | 23 | 0 | 1 | 0 |
| 092508 | 26 | 0 | 2 | 0 |
| 092510 | 47 | 0 | 4 | 0 |
| 092513 | 56 | 0 | 3 | 0 |
| 092515 | 30 | 0 | 1 | 0 |
| 092516 | 17 | 0 | 4 | 0 |
| 092517 | 43 | 0 | 6 | 0 |
| 092518 | 80 | 0 | 18 | 0 |
| 092519 | 60 | 0 | 2 | 0 |
| 092520 | 47 | 0 | 5 | 0 |
| 093300 | 2 | 0 | 0 | 0 |
| 090004 | 0 | 0 | 0 | 0 |
| 090011 | 0 | 0 | 0 | 0 |
| 09003F | 0 | 0 | 0 | 0 |
| 093300 | 0 | 0 | 0 | 0 |
| 092528 | 50 | 0 | 7 | 0 |
| 092529 | 0 | 0 | 0 | 0 |
| DC Total | 730 | 1 | 102 | 1 |

MD

| 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 |
|--------------|--------------------|--|--|--|
| 212597 | 3 | 0 | 0 | 0 |
| 212605 | 34 | 0 | 5 | 0 |
| 212609 | 17 | 0 | 2 | 0 |
| 212610 | 24 | 0 | 5 | 0 |
| 212611 | 29 | 0 | 4 | 0 |
| 212612 | 22 | 0 | 7 | 0 |
| 212603 | 12 | 0 | 4 | 0 |
| 212613 | 24 | 0 | 6 | 0 |
| 212614 | 43 | 0 | 8 | 0 |
| 212616 | 22 | 0 | 0 | 0 |

| | | | | |
|--------|----|---|----|---|
| 212615 | 16 | 0 | 0 | 0 |
| 212618 | 4 | 0 | 0 | 0 |
| 212620 | 24 | 0 | 4 | 0 |
| 212621 | 14 | 0 | 1 | 0 |
| 212619 | 1 | 0 | 0 | 0 |
| 212622 | 7 | 0 | 1 | 0 |
| 212626 | 17 | 0 | 3 | 0 |
| 212625 | 13 | 0 | 4 | 0 |
| 212627 | 7 | 0 | 0 | 0 |
| 212629 | 15 | 0 | 2 | 0 |
| 212628 | 10 | 0 | 1 | 0 |
| 212630 | 13 | 0 | 6 | 1 |
| 212632 | 13 | 0 | 0 | 0 |
| 212634 | 24 | 1 | 2 | 0 |
| 212633 | 7 | 0 | 4 | 0 |
| 212631 | 23 | 0 | 5 | 0 |
| 213503 | 14 | 0 | 6 | 0 |
| 212636 | 13 | 0 | 3 | 0 |
| 212637 | 15 | 0 | 1 | 0 |
| 212639 | 16 | 0 | 0 | 0 |
| 212638 | 47 | 0 | 6 | 0 |
| 212640 | 44 | 0 | 3 | 0 |
| 212641 | 4 | 0 | 2 | 0 |
| 212643 | 23 | 0 | 3 | 0 |
| 212646 | 1 | 0 | 0 | 0 |
| 212647 | 17 | 0 | 0 | 0 |
| 212649 | 3 | 0 | 0 | 0 |
| 212650 | 18 | 1 | 0 | 0 |
| 212651 | 4 | 0 | 0 | 0 |
| 212653 | 12 | 0 | 1 | 0 |
| 212654 | 13 | 0 | 1 | 0 |
| 212655 | 32 | 0 | 6 | 0 |
| 212656 | 0 | 0 | 0 | 0 |
| 212657 | 46 | 0 | 7 | 0 |
| 212659 | 51 | 0 | 24 | 0 |
| 212660 | 16 | 0 | 5 | 0 |
| 212663 | 10 | 0 | 2 | 0 |
| 212662 | 30 | 0 | 7 | 0 |
| 210027 | 20 | 0 | 6 | 0 |
| 212664 | 28 | 0 | 5 | 0 |
| 212666 | 21 | 0 | 1 | 0 |
| 212665 | 10 | 0 | 1 | 0 |
| 212668 | 3 | 0 | 1 | 0 |
| 212669 | 10 | 0 | 3 | 0 |
| 212667 | 2 | 0 | 0 | 0 |
| 212670 | 23 | 0 | 12 | 0 |
| 210004 | 41 | 0 | 4 | 0 |

| | | | | |
|--------|----|---|----|---|
| 212598 | 40 | 0 | 8 | 0 |
| 210009 | 2 | 0 | 0 | 0 |
| 210013 | 60 | 0 | 0 | 0 |
| 210024 | 46 | 0 | 2 | 0 |
| 212592 | 62 | 0 | 11 | 0 |
| 210056 | 99 | 0 | 11 | 0 |
| 212003 | 18 | 0 | 2 | 0 |
| 212501 | 36 | 0 | 5 | 0 |
| 212503 | 10 | 0 | 2 | 0 |
| 212504 | 22 | 0 | 2 | 0 |
| 212507 | 5 | 0 | 0 | 0 |
| 212510 | 34 | 1 | 8 | 0 |
| 212511 | 22 | 0 | 5 | 0 |
| 212512 | 33 | 0 | 1 | 0 |
| 212513 | 23 | 0 | 4 | 3 |
| 212515 | 55 | 2 | 5 | 1 |
| 212516 | 29 | 0 | 6 | 0 |
| 212520 | 17 | 0 | 1 | 0 |
| 212522 | 64 | 1 | 11 | 0 |
| 212523 | 33 | 0 | 7 | 0 |
| 212525 | 17 | 1 | 0 | 0 |
| 212528 | 35 | 0 | 8 | 0 |
| 212529 | 15 | 0 | 3 | 0 |
| 212530 | 41 | 0 | 13 | 0 |
| 212531 | 9 | 0 | 3 | 0 |
| 212534 | 33 | 0 | 5 | 0 |
| 212535 | 54 | 0 | 7 | 0 |
| 212536 | 26 | 0 | 7 | 0 |
| 212537 | 10 | 0 | 3 | 0 |
| 212538 | 34 | 0 | 11 | 0 |
| 212539 | 13 | 0 | 4 | 0 |
| 212541 | 17 | 0 | 0 | 0 |
| 212542 | 62 | 0 | 8 | 0 |
| 212543 | 23 | 1 | 3 | 1 |
| 212544 | 18 | 0 | 1 | 0 |
| 212545 | 44 | 0 | 8 | 0 |
| 212546 | 32 | 0 | 5 | 0 |
| 212548 | 2 | 0 | 0 | 0 |
| 212549 | 11 | 0 | 2 | 0 |
| 212551 | 43 | 0 | 3 | 0 |
| 212552 | 73 | 0 | 15 | 0 |
| 212556 | 35 | 0 | 4 | 0 |
| 212557 | 14 | 0 | 3 | 0 |
| 212560 | 15 | 0 | 5 | 0 |
| 212563 | 7 | 0 | 3 | 0 |
| 212564 | 20 | 0 | 4 | 0 |
| 212565 | 4 | 0 | 2 | 0 |

| | | | | |
|-----------------|--------------|-----------|------------|-----------|
| 212566 | 23 | 0 | 4 | 0 |
| 212568 | 23 | 0 | 4 | 0 |
| 212573 | 22 | 0 | 1 | 0 |
| 212574 | 16 | 1 | 2 | 0 |
| 212576 | 33 | 0 | 5 | 0 |
| 212577 | 14 | 0 | 1 | 0 |
| 212578 | 1 | 0 | 0 | 0 |
| 212583 | 11 | 0 | 2 | 0 |
| 212585 | 16 | 0 | 4 | 0 |
| 212586 | 3 | 0 | 0 | 0 |
| 212587 | 16 | 0 | 2 | 0 |
| 212588 | 13 | 0 | 2 | 0 |
| 212590 | 48 | 1 | 8 | 1 |
| 212593 | 31 | 0 | 6 | 0 |
| 212594 | 25 | 0 | 5 | 0 |
| 212595 | 36 | 0 | 1 | 0 |
| 210002 | 0 | 0 | 0 | 0 |
| 210009 | 0 | 0 | 0 | 0 |
| 21007F | 5 | 0 | 2 | 0 |
| 212671 | 0 | 0 | 0 | 0 |
| 212672 | 26 | 0 | 7 | 0 |
| 212675 | 9 | 0 | 0 | 0 |
| 212676 | 17 | 0 | 1 | 0 |
| 212674 | 18 | 0 | 9 | 1 |
| 212673 | 9 | 0 | 3 | 0 |
| 212678 | 18 | 0 | 4 | 2 |
| 212677 | 10 | 0 | 3 | 1 |
| 212679 | 11 | 0 | 0 | 0 |
| 212680 | 1 | 0 | 0 | 0 |
| 212682 | 12 | 0 | 3 | 0 |
| 212684 | 7 | 0 | 6 | 0 |
| 212685 | 5 | 0 | 0 | 0 |
| 212681 | 1 | 0 | 1 | 0 |
| 212683 | 15 | 0 | 2 | 0 |
| 212686 | 6 | 0 | 2 | 0 |
| 212687 | 2 | 0 | 1 | 0 |
| 212688 | 0 | 0 | 0 | 0 |
| 212689 | 0 | 0 | 0 | 0 |
| MD Total | 2,945 | 10 | 496 | 11 |

VA

| 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 |
|--------------|--------------------|--|--|--|
| 493507 | 14 | 0 | 1 | 0 |
| 492599 | 33 | 0 | 3 | 0 |
| 492600 | 47 | 0 | 4 | 1 |
| 492604 | 54 | 0 | 9 | 1 |
| 492603 | 11 | 0 | 2 | 0 |

| | | | | |
|--------|----|---|----|---|
| 492605 | 22 | 0 | 3 | 0 |
| 492608 | 16 | 0 | 2 | 0 |
| 493509 | 20 | 0 | 4 | 0 |
| 492607 | 25 | 0 | 4 | 0 |
| 492530 | 45 | 0 | 7 | 0 |
| 492610 | 15 | 0 | 2 | 0 |
| 492602 | 30 | 0 | 1 | 0 |
| 499996 | 0 | 0 | 0 | 0 |
| 492615 | 21 | 0 | 12 | 0 |
| 492616 | 14 | 0 | 0 | 0 |
| 493511 | 6 | 0 | 0 | 0 |
| 492617 | 27 | 0 | 1 | 0 |
| 492618 | 33 | 0 | 4 | 0 |
| 492619 | 25 | 0 | 1 | 0 |
| 492620 | 17 | 0 | 2 | 0 |
| 492622 | 16 | 0 | 2 | 0 |
| 492623 | 22 | 0 | 4 | 0 |
| 492624 | 5 | 0 | 1 | 0 |
| 492625 | 14 | 0 | 4 | 0 |
| 492626 | 13 | 0 | 3 | 0 |
| 493512 | 24 | 0 | 3 | 0 |
| 493513 | 78 | 0 | 9 | 0 |
| 492627 | 16 | 0 | 1 | 0 |
| 492628 | 11 | 0 | 2 | 0 |
| 492629 | 23 | 0 | 3 | 0 |
| 492630 | 11 | 0 | 0 | 0 |
| 493301 | 0 | 0 | 0 | 0 |
| 492631 | 33 | 0 | 10 | 0 |
| 492632 | 37 | 0 | 4 | 0 |
| 492633 | 10 | 0 | 1 | 0 |
| 492634 | 60 | 0 | 14 | 0 |
| 492635 | 12 | 0 | 1 | 0 |
| 492636 | 9 | 0 | 0 | 0 |
| 492637 | 10 | 0 | 1 | 0 |
| 492638 | 0 | 0 | 0 | 0 |
| 492639 | 9 | 0 | 1 | 0 |
| 492640 | 47 | 0 | 9 | 0 |
| 492641 | 14 | 0 | 1 | 0 |
| 492643 | 15 | 0 | 4 | 0 |
| 492645 | 13 | 0 | 3 | 0 |
| 492646 | 8 | 0 | 0 | 0 |
| 492647 | 28 | 0 | 8 | 0 |
| 492649 | 26 | 0 | 2 | 0 |
| 492648 | 14 | 1 | 0 | 1 |
| 492652 | 7 | 0 | 1 | 0 |
| 492650 | 23 | 0 | 6 | 0 |
| 492651 | 21 | 0 | 5 | 0 |

| | | | | |
|--------|----|---|----|---|
| 492653 | 65 | 0 | 10 | 0 |
| 493514 | 20 | 0 | 1 | 0 |
| 492654 | 12 | 0 | 3 | 0 |
| 492655 | 3 | 0 | 0 | 0 |
| 492656 | 30 | 0 | 4 | 0 |
| 492657 | 10 | 0 | 2 | 0 |
| 492658 | 30 | 0 | 8 | 0 |
| 492660 | 24 | 0 | 2 | 0 |
| 492659 | 35 | 0 | 4 | 0 |
| 492661 | 15 | 0 | 3 | 2 |
| 492662 | 31 | 0 | 2 | 0 |
| 490007 | 0 | 0 | 0 | 0 |
| 490009 | 56 | 2 | 6 | 2 |
| 490032 | 16 | 0 | 3 | 0 |
| 490063 | 0 | 0 | 0 | 0 |
| 490067 | 26 | 0 | 2 | 0 |
| 492598 | 44 | 0 | 8 | 0 |
| 49006F | 9 | 0 | 0 | 0 |
| 49008F | 4 | 0 | 2 | 0 |
| 49010F | 1 | 0 | 0 | 0 |
| 49011F | 4 | 0 | 1 | 0 |
| 492501 | 49 | 0 | 3 | 0 |
| 492502 | 33 | 1 | 6 | 1 |
| 492503 | 26 | 0 | 13 | 0 |
| 492504 | 25 | 0 | 5 | 0 |
| 492505 | 50 | 0 | 6 | 0 |
| 492506 | 28 | 0 | 7 | 0 |
| 492507 | 36 | 0 | 3 | 0 |
| 492508 | 35 | 0 | 2 | 0 |
| 492513 | 19 | 0 | 3 | 0 |
| 492516 | 35 | 0 | 7 | 0 |
| 492517 | 27 | 0 | 6 | 0 |
| 492521 | 64 | 0 | 18 | 0 |
| 492522 | 8 | 0 | 4 | 0 |
| 492523 | 45 | 1 | 7 | 1 |
| 492524 | 31 | 0 | 2 | 0 |
| 492525 | 19 | 0 | 3 | 0 |
| 492526 | 19 | 0 | 1 | 0 |
| 492527 | 30 | 0 | 4 | 0 |
| 492528 | 15 | 0 | 0 | 0 |
| 492529 | 15 | 0 | 1 | 0 |
| 492531 | 6 | 0 | 1 | 0 |
| 492532 | 5 | 0 | 2 | 0 |
| 492533 | 18 | 0 | 0 | 0 |
| 492534 | 20 | 0 | 3 | 0 |
| 492535 | 20 | 0 | 2 | 0 |
| 492536 | 12 | 0 | 2 | 0 |

| | | | | |
|--------|----|---|----|---|
| 492537 | 59 | 0 | 10 | 0 |
| 492538 | 24 | 0 | 5 | 0 |
| 492539 | 4 | 0 | 1 | 0 |
| 492541 | 31 | 0 | 14 | 0 |
| 492543 | 16 | 0 | 1 | 0 |
| 492545 | 22 | 0 | 1 | 0 |
| 492546 | 4 | 0 | 1 | 0 |
| 492548 | 28 | 0 | 3 | 0 |
| 492549 | 31 | 1 | 11 | 1 |
| 492551 | 15 | 0 | 2 | 0 |
| 492552 | 38 | 0 | 8 | 0 |
| 492554 | 28 | 0 | 6 | 1 |
| 492556 | 59 | 0 | 12 | 1 |
| 492558 | 16 | 0 | 0 | 0 |
| 492559 | 23 | 0 | 1 | 0 |
| 492560 | 32 | 0 | 4 | 0 |
| 492561 | 59 | 0 | 7 | 0 |
| 492562 | 22 | 0 | 2 | 0 |
| 492563 | 17 | 0 | 3 | 0 |
| 492564 | 30 | 0 | 8 | 0 |
| 492565 | 8 | 0 | 0 | 0 |
| 492567 | 54 | 0 | 10 | 0 |
| 492570 | 55 | 0 | 17 | 0 |
| 492572 | 6 | 0 | 0 | 0 |
| 492573 | 10 | 0 | 2 | 0 |
| 492574 | 34 | 0 | 4 | 0 |
| 492575 | 25 | 0 | 2 | 0 |
| 492576 | 14 | 0 | 4 | 0 |
| 492578 | 11 | 0 | 1 | 0 |
| 492579 | 14 | 0 | 1 | 0 |
| 492580 | 39 | 1 | 7 | 1 |
| 492581 | 12 | 0 | 1 | 0 |
| 492583 | 7 | 0 | 2 | 0 |
| 492587 | 20 | 0 | 6 | 0 |
| 492588 | 39 | 1 | 4 | 1 |
| 492589 | 35 | 0 | 4 | 0 |
| 492590 | 15 | 0 | 3 | 0 |
| 492591 | 43 | 0 | 10 | 0 |
| 492592 | 31 | 0 | 9 | 0 |
| 492593 | 11 | 0 | 1 | 0 |
| 492594 | 32 | 0 | 3 | 0 |
| 492595 | 12 | 0 | 4 | 0 |
| 492596 | 26 | 1 | 8 | 1 |
| 493301 | 8 | 0 | 2 | 1 |
| 493504 | 0 | 0 | 0 | 0 |
| 493505 | 13 | 0 | 2 | 0 |
| 499997 | 5 | 0 | 0 | 0 |

| | | | | |
|-----------------|--------------|----------|------------|-----------|
| 490007 | 0 | 0 | 0 | 0 |
| 490032 | 0 | 0 | 0 | 0 |
| 490118 | 0 | 0 | 0 | 0 |
| 490009 | 0 | 0 | 0 | 0 |
| 492664 | 22 | 0 | 5 | 0 |
| 492663 | 18 | 0 | 3 | 0 |
| 492665 | 9 | 0 | 0 | 0 |
| 492666 | 17 | 0 | 1 | 0 |
| 492667 | 9 | 0 | 4 | 0 |
| 492668 | 4 | 0 | 0 | 0 |
| 492669 | 34 | 0 | 12 | 0 |
| 492670 | 7 | 0 | 5 | 0 |
| 492671 | 7 | 0 | 0 | 0 |
| 492672 | 25 | 0 | 10 | 0 |
| 492673 | 6 | 0 | 0 | 0 |
| 492674 | 10 | 0 | 1 | 0 |
| 493515 | 7 | 0 | 0 | 0 |
| 492675 | 8 | 0 | 0 | 0 |
| 492676 | 8 | 0 | 0 | 0 |
| 492677 | 0 | 0 | 0 | 0 |
| 492678 | 1 | 0 | 0 | 0 |
| 492679 | 0 | 0 | 0 | 0 |
| VA Total | 3,558 | 9 | 585 | 16 |

WV

| 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 |
|--------------|--------------------|--|--|--|
| 512517 | 10 | 0 | 1 | 0 |
| 512518 | 13 | 0 | 0 | 0 |
| 510001 | 1 | 0 | 1 | 0 |
| 512519 | 41 | 0 | 3 | 0 |
| 512520 | 28 | 0 | 3 | 0 |
| 512521 | 21 | 0 | 4 | 0 |
| 510022 | 0 | 0 | 0 | 0 |
| 512522 | 3 | 0 | 0 | 0 |
| 512523 | 32 | 0 | 2 | 0 |
| 512524 | 16 | 0 | 2 | 0 |
| 512525 | 9 | 0 | 0 | 0 |
| 512527 | 6 | 0 | 1 | 0 |
| 512528 | 12 | 0 | 0 | 0 |
| 512529 | 8 | 0 | 0 | 0 |
| 512531 | 5 | 0 | 0 | 0 |
| 512530 | 7 | 0 | 0 | 0 |
| 512532 | 36 | 0 | 4 | 0 |
| 512533 | 24 | 0 | 0 | 0 |
| 512534 | 10 | 0 | 0 | 0 |
| 512535 | 17 | 0 | 1 | 0 |
| 512536 | 5 | 0 | 0 | 0 |

| | | | | |
|---------------------|------------|----------|-----------|----------|
| 512537 | 7 | 0 | 0 | 0 |
| 510022 | 1 | 0 | 0 | 0 |
| 512502 | 41 | 0 | 2 | 0 |
| 512503 | 41 | 0 | 2 | 0 |
| 512505 | 17 | 0 | 1 | 0 |
| 512506 | 28 | 0 | 2 | 0 |
| 512507 | 7 | 0 | 0 | 0 |
| 512508 | 12 | 0 | 2 | 0 |
| 512509 | 8 | 0 | 0 | 0 |
| 512511 | 16 | 0 | 1 | 0 |
| 512513 | 23 | 0 | 4 | 0 |
| 512514 | 6 | 0 | 0 | 0 |
| 512515 | 23 | 0 | 4 | 0 |
| 512516 | 7 | 0 | 0 | 0 |
| 512539 | 8 | 0 | 0 | 0 |
| 512538 | 9 | 0 | 0 | 0 |
| WV Total | 558 | 0 | 40 | 0 |

**Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.*

Appendix. Network Staffing and Structure

The management staff of Network 5 consists of:

- **EXECUTIVE DIRECTOR: NANCY ARMISTEAD, MPA**, has a Master of Public Administration Degree from Virginia Commonwealth University. She has 38 years of experience working in the federal ESRD program with in-depth knowledge of the dialysis and transplantation delivery systems, experience in working on supportive and palliative care for renal patients, expertise in non-profit management, including board governance and strategic planning, and expertise in developing coalitions, technical expert panels, and consensus groups. She has numerous publications in peer-reviewed journals and has served in multiple leadership roles. The executive director provides advice to the Board of Directors and Network Council on goals, objectives, workplans, policies, and procedures; identifies and assists in the establishment of relationships with ESRD providers and other health-related organizations; administers the operational and financial aspects of the corporation and contract requirements; and makes reports to the Council and committees and is responsible for their activities. The executive director serves as the project director and as such is responsible for adherence to all contract provisions and is the primary source of information between the Network organization and CMS.
- **PATIENT SERVICES DIRECTOR: RENEE BOVA-COLLIS, MSW, LCSW**, has a Master of Social Work Degree from Virginia Commonwealth University and is a licensed clinical social worker. She has 15 years of quality improvement experience in a clinical setting, 10 years of experience managing patient grievances, and has published in the field and presented extensively. She served as the lead for the Network PSDs in 2010, and currently chairs the Virginia Chapter of the Council of Nephrology Social Workers. The PSD is responsible for directing the patient-related activities, including those of the Patient Advisory Committee and the PE LAN. She is also responsible for investigating, resolving, and summarizing patient grievances; identifying correct mailing address information for returned New ESRD Patient Orientation Packets (NEPOP); developing a rehabilitation approach and educational materials to increase awareness of treatment options; and, conducting facility staff training. The PSD maintains a liaison role with unit social workers and proposes special studies to the QID as appropriate.
- **QUALITY IMPROVEMENT DIRECTOR: BRANDY VINSON** has a Bachelor of Business Administration Degree, Marketing, from Radford University. She has more than 15 years of healthcare experience, including project management and education, and designing, measuring, and implementing quality improvement projects. She served as the project manager for CMS' Fistula First Breakthrough Initiative and provides leadership by chairing the Network QIDs. The QID assists in the development of a quality improvement approach to include evaluating the quality of patient care; encouraging patient rehabilitation; conducting quality improvement projects and trend analysis; assuring achievement of Fistula First goals; writing reports for the MRB and Network Council; assisting in data collection, display, and analysis for the MRB; serving as a resource for providers and facility quality

improvement personnel; and, assisting with the Network's internal quality improvement program.

- **DATA MANAGER: JASON ROBINS, MS-IS**, has a Master of Science Degree in Information Systems Management from Virginia Commonwealth University. He has more than 18 years of information technology and information systems administration experience and 10 years of data management experience in a healthcare environment. He is experienced in internal systems and security auditing, FISMA assessment methodologies, and NIST system security guidelines. The Information Management Director is responsible for identifying and resolving data system issues; assuring the confidentiality of patient data; assuring office security; developing programs to produce special reports; generating reports in response to internal and external data requests; managing and maintaining the Network's information technology infrastructure; and, serving as a resource to providers and Network staff.

Overall, the Network employed 12 full-time staff and four part-time staff in 2014.

There were no internal developments in 2014.

Network Boards and Committees

Board of Directors

Network 5 activities are under the direction of the Mid-Atlantic Renal Coalition Board of Directors. This 15-member group manages the business affairs of the corporation and is responsible for accomplishing the contract deliverables and providing contract oversight. The Board of Directors also establishes goals and policies for Council consideration and assesses facility progress in meeting the goals. During 2014, the Board of Directors met four times: twice face-to-face and two times by conference call. The Board receives updates from the executive director via progress reports, financial statements, and a summary of important issues being addressed by the Network staff and committees.

The Board receives reports from the MRB about oversight activities and quality improvement initiatives. The Board also monitors achievement of goals and recommendations for the contract period and works with the staff to propose and develop any special projects. The Board is also responsible for responding to any sanction recommendations brought forward by the MRB.

Medical Review Board

The Medical Review Board (MRB) represents all geographic areas within the Network, as well as the following disciplines from the renal care team: nephrology (6), interventional nephrology (1), vascular surgery (1), nursing (3), social work (1), dietary (1), administration (1), and consumer (2). The MRB met four times during 2014.

The MRB is charged with overseeing the Network's quality program, which includes measuring, evaluating, implementing, and monitoring improvement activities. The MRB operates in accordance with established procedures and observes strict conflict of interest guidelines as defined in Section 1126(a)(1) of the Social Security Act.

The MRB identifies Network-wide and facility-specific opportunities for improvement through routine monitoring of data profiles and pattern analysis; designs and implements activities to address areas needing improvement and/or further examination; assists units in correcting identified problems; and, makes recommendations to facilities to assist in correcting problems and improving care. The MRB conducts on-site visits to facilities as necessary per established procedures. The Board reviews and updates the Network's goals and recommendations to provide best practice criteria for facilities. The Board also identifies facilities that are not providing quality care, are negligent in correcting identified problems, or are not meeting Network goals; conducts educational activities to heighten awareness regarding alternative treatment modalities, technical advances, or identified problem areas; assists in the resolution of patient grievances as necessary; and, assists facilities in establishing and maintaining effective internal quality programs. In addition to quality oversight activities, the MRB identifies high-performing facilities, recognizes their success through an annual awards program, and works with the units to identify benchmark practices to share with other facilities.

The subcommittees that report to the MRB include vascular access and infection prevention.

Network Council

The Council for Network 5 consists of representatives from Medicare-certified ESRD facilities and is responsible for providing advice and assistance to the Board of Directors regarding the general direction of the Network organization. The Council provides the mechanism for information exchange between the Network and the facility membership. All ESRD-certified facilities are responsible for adhering to Network goals and recommendations, as well as following recommendations from the MRB.

Each of the Medicare-approved ESRD outpatient providers is offered the opportunity to appoint a representative and an alternate to serve on the Council. There are no restrictions placed on the qualifications of individuals appointed or the disciplines they represent. Presently, all operational outpatient dialysis programs have appointed representatives to serve on the Council, and all of the 13 transplant programs have appointed representatives. The Patient Advisory Committee has also appointed a patient representative in each facility to ensure that patient concerns are addressed.

The Council meets once per year, and the 2014 program is described on page 19. In addition to the face-to-face meeting, the Council met virtually in February 2014 to discuss the Statement of Work. The webinar focused on patient- and family-centered care, the three aims of the contract, and how the facilities can collaboratively work with the Network.

Patient Advisory Committee

The Network currently has an 11-person Patient Advisory Committee (PAC). The Committee represents all treatment modalities, including transplant. Members are recruited from each of the Network's states and the District of Columbia. In 2014, membership included representation from the District of Columbia (1), Maryland (5), Virginia (3), and West Virginia (2). The majority have experience with more than one modality. Many have AVFs, and several self-cannulate. During 2014, the PAC met four times via conference call and once face-to-face. The

PAC serves as an extension of the Network to keep it abreast of current patient issues and to provide a patient perspective for Network projects and tasks. It also provides feedback and suggestions for reaching beneficiaries.

The PAC also serves as a focus group and assists in the development of patient resources. Members assist with the development of the patient-focused educational materials, as well as the patient section of the Network's website. In 2014, the PAC formed a workgroup to develop a plan for its patient education series. A virtual educational opportunity was offered to patients monthly with topics suggested by patients throughout the Network.

The PAC assisted in planning the Network's annual Council meeting, where individual members participated as "arm models" in an access assessment session and staffed a table with patient education materials and promotion of AVFs, self-cannulation, and SME recruitment.

The PAC also updated its own policy and procedures, eliminating term limits and striving to maintain a mix of valued veteran and new members, some of whom also serve as SMEs for the LANs.

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