
2001 Annual Report



End-Stage Renal Disease
(ESRD) –12 Network
Coordinating Council, Inc.
Contract # 500.00.NW12

Providing data management, quality improvement, and grievance mediation services for kidney dialysis and transplant patients in Iowa, Kansas, Missouri, and Nebraska.

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Section

1

PREFACE

Introductory Statement

The year 2001 will be a sentinel time in the lives of the current generation. Within one day, one hour, the few minutes in which we watched with horror, our lives changed forever. The purpose of this introductory statement is to summarize ESRD Network #12's annual accomplishments. This is difficult in the light of the fateful events observed this past year. However, we must continue with our lives regardless of others' intent to disrupt.

The Network's primary goals continue to be helping facilities to improve the quality of patient care, managing and improving database integrity, and successful mediation of patient grievances. Activities toward fulfilling the goal of improved patient care include completion of the data collection portion of the Hemodialysis Adequacy Improvement Project and origination of the Vascular Access Stenosis Monitoring Project. These projects are developed and overseen by the Medical Review Board, efficiently and effectively headed by Dennis Ross, M.D. Previous projects conducted by the MRB resulted in two posters presented at the American Society of Nephrology and International Society of Nephrology World Congress held last fall in San Francisco.

The data personnel continued to work during the year to incorporate new information into the databases while rectifying issues resulting from the SIMS conversion. As in past years, this report contains the "Data Champions" and "Data Stars," lists of those facilities having achieved excellence in accuracy and timeliness of forms submission.

Still evolving, the Network began publishing a quarterly patient newsletter this year. Each newsletter focuses on an aspect of care related to ESRD treatment and includes associated articles, recipes, and games. Subjects have included anemia treatment, herbs, patient testimonials, and dialysis adequacy. Grievance mediation activity continued steadily throughout the year, although complaint complexity and intensity is increasing.

Finally, I would like to thank the staff of Network #12 for the past year's successes. Coming full circle, I dedicate this report to the emergency health care workers who perished on September 11. Their courage of rushing in while everyone else was rushing out serves as an inspiration to all. May we honor their heroism in our daily care of patients, advocating for their needs in the health care system, with the government, and society in general.

Robert Saylor, M.D.
Chair, Executive Committee

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Section
2

INTRODUCTION

Network Description

ESRD Network #12 encompasses the four states of Iowa, Kansas, Missouri, and Nebraska covering approximately 285,604 square miles with a population base of 12.9 million persons. The geography in the four-state region varies from the bluff terrain bordering the Mississippi River on the eastern borders of Iowa and Missouri to the hardwood forests of the Ozark mountains. In contrast, gentle, rolling farmland is found in central Iowa and Missouri, while prairies and grasslands predominate in Kansas and Nebraska. The Missouri River, which separates Iowa from Nebraska and parts of Missouri from Kansas, and the Mississippi River, which separates Iowa from Illinois, are the natural waterways of the area.

The climate of the area is typical of the Midwest with hot, humid summers and dry, cold winters. Snowfall is moderate to heavy. Heavy ice and snow accumulation in the winter and flooding in the spring and summer can be obstacles to transportation. Although dormant for more than a century, the New Madrid fault runs through the southeast corner of Missouri. Remarkable storms can disrupt dialysis services; e.g., flooding of water treatment plants producing water shortages, tornadoes demolishing the physical dialysis unit, and loss of electrical power or telephone service.

Population Demographics

The population of the Network area reported in the 1990 census was 11.7 million with an increase to 12.9 million reported in the 2000 census. Estimated and actual counts for the four state area are as follows:

July 1, 1999.....	12,657,000
July 1, 2000.....	12,920,000
July 1, 2001.....	12,959,000

Overall population increased 0.3% during the past year. Females make up over half of the area population, 51% with 49% being males. This percentage has shifted since 2000 when 52% of the population was reported to be female. Racially, 89% of the population is White, up 1% from 2000; 7% are Black; less than 1% are American Indian; a little over 1% are Asian or Pacific Islander, and 2% are listed as Other. Just under 68% of the people live in an urban setting, a slight decrease from 2000.

Figure A

Demographic Characteristics by State July 1, 2001					
	Iowa	Kansas	Missouri	Nebraska	Totals
White	2,744,000	2,436,000	4,810,000	1,534,000	11,524,000
Black	62,500	155,000	636,000	69,000	1,485,000
American Indian	9,500	25,000	24,000	16,000	160,000
Asian/Pacific Islander	39,000	50,000	5,000	24,000	118,000
Other	68,000	28,000	94,000	70,000	260,000
Male	1,411,000	1,326,000	2,729,000	839,000	6,305,000
Female	1,512,000	1,368,000	2,900,000	874,000	6,654,000
Rural	1,169,000	805,000	1,691,000	522,000	4,187,000
Urban	1,754,000	1,889,000	3,938,000	1,191,000	8,772,000
State Total	2,923,000	2,694,000	5,629,000	1,713,000	12,959,000

U.S. Census Bureau, Population Division, Time Series of State Population Estimates; April 1, 2000, to July 1, 2001. Release Date: December 27, 2001.

“Other” is included in the Census for respondents who are unable to identify with the five Office of Management and Budget race categories. Respondents who provide write-in entries such as Moroccan, South African, Belizean, or a Hispanic origin (for example, Mexican, Puerto Rican, or Cuban) are included in the other race category.

Figure B

Total Population by State			
	1999	2000	2001
Iowa	2,869,000	2,926,000	2,923,000
Kansas	2,654,000	2,688,000	2,694,000
Missouri	5,468,000	5,595,000	5,629,000
Nebraska	1,666,000	1,711,000	1,713,000
Totals	12,657,000	12,920,000	12,959,000
2001 Total U.S. Population 284,797,000			

U.S. Census Bureau, Population Division, Time Series of State Population Estimates; April 1, 2000, to July 1, 2001. Release Date: December 27, 2001.

Figures A and B present the characteristics of the general population within the Network #12 region.

ESRD Population Demographics

Incidence

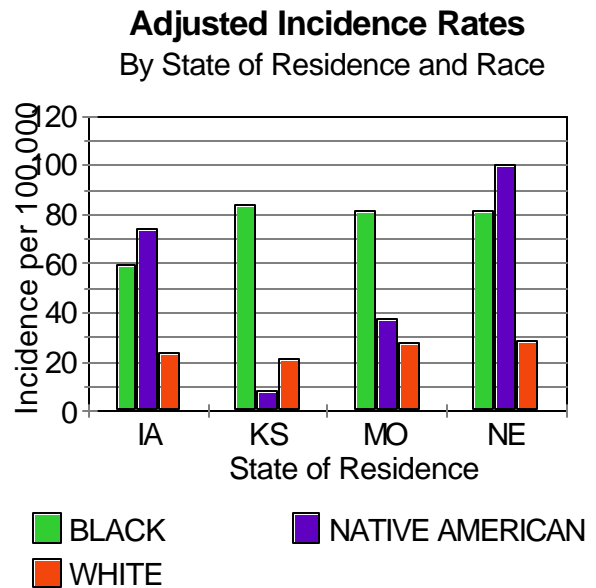
Four thousand thirty (4,030) persons initiated chronic renal replacement therapy including transplantation at a facility located within the Network #12 region during 2001. Adjusted incidence rates per 100,000 persons for the four-state region are as follows:

Iowa.....	24.10
Kansas.....	25.26
Missouri.....	33.80
Nebraska.....	30.61

When analyzed by race, disparities in adjusted incidence rates become quite noticeable with an almost 3-fold difference between white and black (see Figure C). The adjusted incidence rate for Native Americans varies widely by state. Possible influences include cultural and genetic difference between tribes.

Diabetes has eclipsed all other diseases as the primary cause of renal failure. For 43% of the patients starting renal replacement therapy in 2001, it was identified as the primary cause of kidney failure. Hypertension was the second-leading reported primary cause in 27% of all new patients. Combined these two diseases accounted for 70% of the renal failure leading to initiation of dialysis or transplantation during 2001. Please refer to Table #1 on page 29 for detailed demographics.

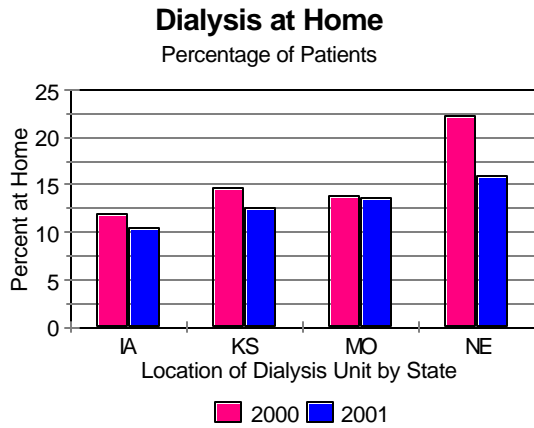
Figure C



As in past years, over half of the newly diagnosed ESRD patients were 65 years of age or older—55%. Of the dialysis patients prevalent on December 31, 2001, 48% were 65 years of age or older.

Prevalence

Figure D



(CCPD) is the most common with 698 patients (48% of the home population). Six-hundred, fifty-four patients (45% of the home population) were receiving Continuous Ambulatory Peritoneal Dialysis and 105 were on home hemodialysis (7% of the home population).

At the end of 2001, there were 11,191 patients actively dialyzing at a facility in Network #12. Of the 11,191 persons, 1,942 resided in Iowa, 2,036 in Kansas, 5,499 in Missouri, and 416 in Nebraska. The heaviest concentration of dialysis patients continues to be around Missouri’s major metropolitan areas, St. Louis and Kansas City.

A relatively high percentage of patients being treated at Network #12 dialysis units continue to choose home therapies. State percentages range from 10.49 to 15.97 % with a Network-wide total of 13.13% (See Figure D). Of the different home modalities, Continuous Cyclic Peritoneal Dialysis

Transplantation

Centers located in the four-state region performed 648 kidney transplants during 2001. Distribution of the recipients is interesting with a relative high occurrence of transplantation in the pediatric population. Proportionally, younger persons are more likely to receive a transplant than older patients (See Figures E and F). Racial distribution of transplants also differs from the ESRD population. A disproportionately high number of persons in the categories of Whites, Asian/Pacific Islander, and Other/Multiracial are transplant recipients. Many factors including blood type, antigen typing, concomitant disease, and overall health may account for this inequitable distribution.

Figure E

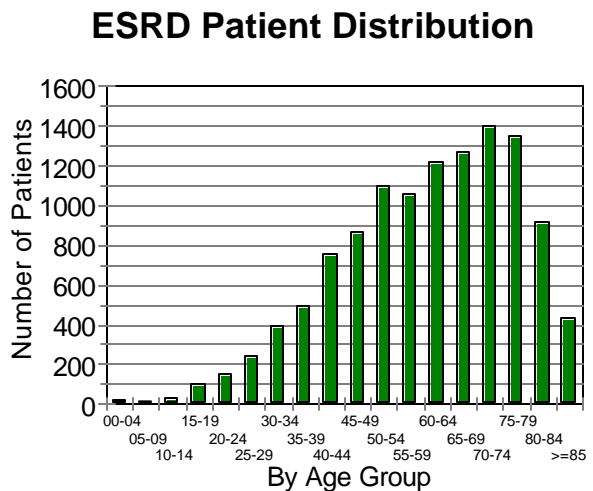
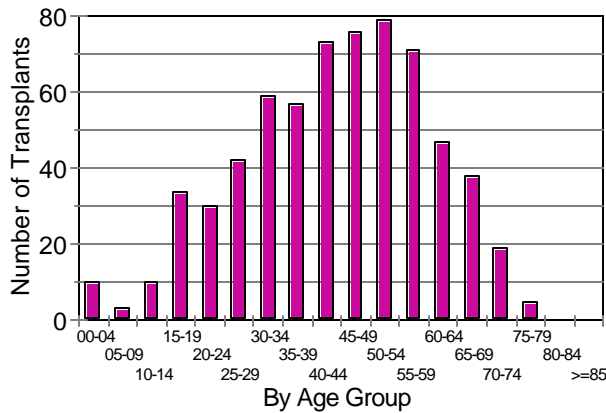


Figure F

Transplant Recipient Distribution



As of the end of 2001, area transplant centers reported 1,497 patients are awaiting transplantation. (Patients may be listed with more than one transplant center located in the four-state region, and the number may represent patients who live and dialyze outside of the area.)

Deaths

Two thousand, nine hundred, and forty-four patients died while receiving care at a Network #12 facility last year. The group in which the largest number of persons died was the 75-79 years old range which is also disproportionate for this age group's population (see figure G). As in past years, the leading cause of death was cardiac related accounting for 49% and infection accounting for 14% (see figure H).

Please refer to Section 6 Data Tables,

Figure G

Distribution of Deaths

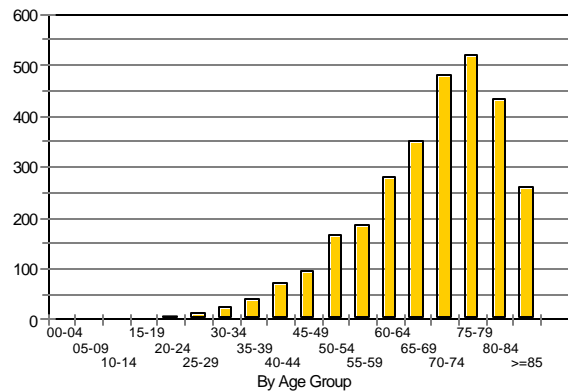
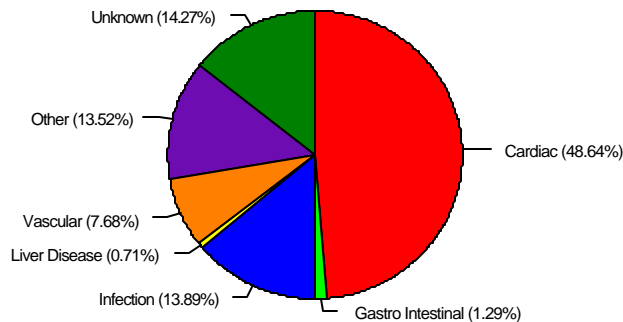


Figure H

Deaths by Primary Cause



beginning on page 28 for specific information on the ESRD population receiving treatment within Network #12.

Network Structure

ESRD NETWORK #12 STAFF

December 31, 2001 (with responsibilities)

Lisa F. Taylor, B.S.N., R.N. Executive Director	Financial Management CMS Liaison Renal Community Liaison Daily Operations Personnel Management
Sarah Yelton, R.N., C.N.N. Quality Improvement Coordinator Cathy Long, B.A., R.H.I.T. Quality Improvement Specialist	Quality Improvement Activities USRDS Studies Coordination Core Indicators Data Collection
Kimberly Thompson, R.N., C.N.N.	Patient Grievances and Concerns Patient Newsletters and Education
Jeff Arnall, M.C.S.E.	SIMS Database Management Computer System Integrity Management CMS Data Contact Data Request Processing
Glenda Whittle, B.S., C.I.S. Data Specialist	Processing of 2728 and 2746 Forms Forms Compliance Reporting Facility Education on Forms
Marilyn K. Graham Data Clerk	Monthly Patient Rosters Annual Survey Facility Education on Rosters
Yolanda Y. Thomas Administrative Assistant	Accounts Payable and Receivable Board Travel Arrangements Office Supplies Management New Facility Information Books
Rosalie Littlejohn Receptionist and Staff Support	Office Equipment Management Correspondence and Communications

Corporate Description

The organization currently known as End-Stage Renal Disease (ESRD) –12 Network Coordinating Council, Inc., incorporated as a not-for-profit corporation in Missouri November 7, 1975. (Please note, the name at that time was Network #9). The original officers of the corporation included Warren P. Sights, M.D.; Fredrick C. Whittier, M.D.; Herschel R. Harter, M.D.; Thomas Crouch, M.D.; Jack Glover, M.D.; Karl D. Nolph, M.D.; Shirley Melton; and Juanita Johnson.

Membership in the Network #12 Council is extended to a representative of every ESRD facility located within the four-state region. Delineated in the bylaws, council representatives have rights and responsibilities similar to shareholders. The Council determines its committee representatives responsible for implementing the corporation's bylaws and overseeing the company's business. The three standing committees of the Council are as follows: the Executive Committee, the Finance Subcommittee (a subcommittee of the Executive Committee), and the Medical Review Board.

The Executive Committee has the full authority of the Council. It manages the business and administrative affairs of the Network. During 2001, the Executive Committee was involved in the following activities:

- Fiscal oversight of the organization
- Planning the educational portion of the Annual Council Meeting

The Medical Review Board is composed of ESRD professionals and patients: nephrologists; a registered nurse; a renal social worker; a renal dietitian; a transplant surgeon; a pediatric nephrologist; a facility administrator; a nephrology technician, and four patient representatives. The Board is responsible for carrying out all functions related to assessing and improving ESRD patient care. During 2001, these activities included the following:

- Patient grievance reviews
- Development of all projects designed to improve the quality of health care delivered to ESRD patients
- Vocational rehabilitation activities
- Oversight of the Clinical Performance Measures data collection (part of a national project)
- Implementation of an adequacy of hemodialysis improvement project
- Development of an initiative to increase stenosis monitoring of arterio-venous (A/V) accesses

ESRD NETWORK #12

The Finance Subcommittee is responsible for detailed oversight of the Network office and finances. These duties include review and development of personnel policies, staffing requirements, job descriptions, salary evaluations, fringe benefits, and oversight of general corporate financial affairs. During 2001, the Finance Subcommittee was involved in the following:

- Continuous monthly oversight of the accounting procedures
- Cash flow management review
- Review and replacement of outdated office equipment

The Network utilizes three ad hoc committees: the Nominating Committee appointed by the Executive Committee; the Grievance Committee, appointed by the Medical Review Board; and the QI Data Committee, appointed by the Medical Review Board. These committees met on an as-needed basis during 2001.

EXECUTIVE COMMITTEE MEMBERSHIP

December 31, 2001

M. Walid Al-Sheikha, M.D.
Nephrologist
Genesis Medical Center
Davenport, Iowa

Jan Dudley, M.S., R.D.
Registered Dietician
Dialysis Clinic, Inc.
Omaha, Nebraska

Jerry L. Fischer, M.D., Ph.D.
Nephrologist
Omaha Nephrology, P.C.
Omaha, Nebraska

Linda Francisco, M.D., F.A.C.P.
Nephrologist
Wichita Nephrology PA
Wichita, Kansas

Mary E. Gellens, M.D., Vice Chair
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Norma Knowles
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Registered Nurse
National Kidney Foundation of
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Dennis Ross, M.D., F.A.C.P. – MRB Chair
Kansas Nephrology Associates
Wichita, Kansas

Robert Saylor, M.D., Chair
Nephrologist
Kidney Disease Center of the Ozarks
Springfield, Missouri

Cory Sise, M.D.
Nephrologist
Cotton O'Neil Clinic
Topeka, Kansas

John L. Smith, M.D.
Transplant Surgeon
Via Christi Regional Medical Center
Wichita, Kansas

Ann Stivers, R.N., Finance Chair
Unit Administrator
Dialysis Center of Lincoln
Lincoln, Nebraska

Lisa F. Taylor, B.S.N., R.N.
Ex-Officio Member
Executive Director, ESRD Network #12

Lisa VanHoose, M.S.W.
Social Worker
Dialysis Clinic, Inc.
Columbia, Missouri

MEDICAL REVIEW BOARD MEMBERSHIP

December 31, 2001

Ardyth Boucher
Patient Representative
Des Moines, Iowa

Robert Dickerson
Patient Representative
Kansas City, Missouri

Douglass T. Domoto, M.D., J.D.
Nephrologist
DaVita, Inc.
St. Louis, Missouri

Robert Dunley, M.D.
Nephrologist
Dialysis Clinic, Inc.
Omaha, Nebraska

Michael Flanigan, M.D.
Nephrologist
University of Iowa Hospital and Clinics
Iowa City, Iowa

Francis Ivanovich, B.S., C.H.T.
Technician
Cape County Regional Dialysis
Cape Girardeau, Missouri

Martin Jendrisak, M.D., F.A.C.P.
Transplant Surgeon
Washington University
St. Louis, Missouri

Sheila Kiesey, R.N.
Unit Administrator
Southeastern Renal Dialysis L.C.
Ottumwa, Iowa

Elaine Mitchell, R.D., L.D., C.D.E.
Dietitian
Tri-State Dialysis
Dubuque, Iowa

Thomas V. Neumann, M.D.
Nephrologist
Omaha Nephrology P.C.
Omaha, Nebraska

Stacy Neumayer
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Spencer, Iowa

Craig C. Porter, M.D.
Pediatric Nephrologist
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Iowa City, Iowa

Dennis Ross, M.D., F.A.C.P.
Nephrologist
Renal Care Group, Inc.,
Wichita, Kansas

Traci Simpson, R.N., B.S.N.
Registered Nurse
Renal Care Group, Inc.
Wichita, Kansas

Jason Taylor, M.D.
Nephrologist
Kansas Nephrology Physicians
Wichita, Kansas

Anne L. Voigts, M.D., Vice Chair
Nephrologist
Internists, P.C.
Cedar Rapids, Iowa

Marie E. Williams
Patient Representative
Omaha, Nebraska

Michelle Womack, B.S.W.
Social Worker
Renal Care Group, Inc.
Joplin, Missouri

FINANCE SUBCOMMITTEE

A Subcommittee of the Executive Committee

Ann Stivers, R.N., Committee Chair
Robert Saylor, M.D., Executive Committee Chair
Stan Langhofer, B.S.N., R.N., C.N.N.
Mary E. Gellens, M.D.
Norma Knowles, Patient Representative
Lisa Taylor, B.S.N., R.N.

NOMINATING SUBCOMMITTEE

An ad-hoc Subcommittee of the Executive Committee

Robert Saylor, M.D., Executive Committee Chair
Jan Dudley M.S., R.D., L.D.
Dennis Ross, M.D., Medical Review Board Chair
Kerry Lavery, R.N., C.N.N.
Lisa VanHoose, M.S.W.
Mary E. Gellens, M.D.
Lisa Taylor, B.S.N., R.N.

GRIEVANCE COMMITTEE

An ad-hoc Subcommittee of the Medical Review Board

Anne Voigts, M.D., Committee Chair
Ardyth Boucher, Patient Representative
Robert Dickerson, Patient Representative
Jason Taylor, M.D.
Michelle Womack, B.S.W.
Tracy Simpson, R.N., B.S.N.
Lisa Taylor, B.S.N., R.N.

QI DATA COMMITTEE

An ad-hoc Subcommittee of the Medical Review Board

Daniel Coyne, M.D., Chair
Andrew Hartley, Dr. P.H., Consultant
Lou Polish, M.D.
John L. Smith, M.D.
Les Spry, M.D.
Sarah Yelton, R.N., C.N.N.
Cathy Long, B.A., R.H.I.T.

Section

3

CMS NATIONAL GOALS AND NETWORK ACTIVITIES

SUMMARY

Network #12's purpose continues to be the provision of data management, quality improvement initiatives, and grievance mediation services to ESRD Medicare beneficiaries and the facilities that serve them in our four-state region. Although CMS has accorded ESRD Networks with quasi-regulatory authority over the facilities, the Network #12 Board and staff are committed to acting in an educational role, supplying information and tools to improve data integrity and patient care. This section will provide an overview of Network #12 activity toward meeting CMS' ESRD Program goals.

CMS Goal #1 Improving the Quality of Health Care Services and Quality of Life for ESRD Beneficiaries

Improving patient care is the overarching goal of all Network #12 activities. Accomplishments toward this are grouped into the following five categories:

- Quality improvement projects
- Quality of care initiatives
- Provider community education
- Patient education
- Assistance to facilities and patients related to care issues

Quality Improvement Projects

Hemodialysis Adequacy

Proposed to CMS on September 1, the project was approved by CMS on March 30, initiated on April 1, and still in progress (study month 9) as of December 31, 2001. The CMS approved time-line has been followed throughout the study. This project focused on improving the effectiveness of hemodialysis treatments received by in-center patients. The measure of interest is the Urea Reduction Ratio (URR), with a 0.65 (or 65%) value being the threshold for appropriate care. Facilities reported monthly the number of patients below and above this threshold.

Network intervention to increase the number and percent of patients whose URR is ≥ 0.65 included the following:

- Providing facility-specific URR run charts and aggregate comparative reports
- Assessing facility compliance in delivering the hemodialysis prescription
- Assessing implementation of applicable DOQI guidelines
- Establishing facility-specific improvement goals—an increase in the percent of patient achieving a URR ≥ 0.65 of 10%
- Providing education on improving hemodialysis adequacy

The facility data collection burden was moderate, consisting of monthly reporting of the number of patients in each of the following categories: (1) number having URR values; (2) number for whom URR testing was not performed; (3) number whose URR values were < 0.65 ; (4) the number whose values were ≥ 0.65 .

The project used a hybrid A-B-A methodology to help assess effectiveness of the project and its intervention. Month 1 data served as the baseline measurement. Facilities were assigned randomly into 2 groups. Intervention began immediately for Group 1 (one-third of the facilities) with a flow sheet audit comparing the delivered hemodialysis treatment against the prescription. The audit results will be provided to the facility. Also, the unit's improvement goals were communicated on the monthly URR run chart. Facilities experiencing difficulty achieving either the 80% threshold or the 10% improvement goal received educational materials on improving hemodialysis adequacy.

Group 2 served as a comparison group to Group 1. Intervention with Group 2 units began upon completion of the first intervention. Intra-group differences will be compared to assess project effectiveness.

The data will be forwarded to the Network Epidemiological Consultant in June 2002 and the final report to CMS in August 2002.

Figure I

HD Adequacy QIP

Project Short and Long Term Goals

Short Term Goals

- Increase the percent of patient receiving adequate dialysis (URR ≥ 0.65)
- Increase compliance with the hemodialysis prescription
- Increase compliance with the BUN sampling procedure set forth in the pertinent Dialysis Outcomes Quality Initiative (DOQI) guideline

Long Term Goals

- Demonstrate that the improvement resulting from the intervention(s) can be repeated in different groups of similar facilities, attributed, at least in part, to the intervention(s), and sustained over a six-month time frame
- Demonstrate that dialysis facility can conduct an internally directed quality improvement project to achieve improved care

Vascular Access Stenosis Monitoring Project

The project was proposed to CMS on November 27, 2001, and revised December 20. At the end of the year, it is awaiting approval from CMS. The anticipated initiation date is February 2002. This project will focus on increasing implementation of the Kidney Dialysis Quality Outcomes Initiative (KDOQI) clinical practice guidelines addressing vascular stenosis monitoring. The Network will work with thirty facilities that either do not have policies or do not perform the recommended stenosis monitoring procedures to increase guideline usage. The data to determine the thirty facilities was obtained from a CMS-approved, pre-project survey distributed in October 2001. Survey measures of interest included, but were not limited to the following:

- Stenosis monitoring of patient utilizing arterio-venous (A/V) grafts
- Barriers to stenosis monitoring effort (survey)
- A/V graft stenosis events
- Promotion of policy and procedure development

Quality of Care Initiatives

Patient Safety

In June 2001, ESRD facilities in Network #12 were asked to share ideas and practices for keeping patients safe and preventing medical errors in the dialysis environment. The submissions were categorized and expanded into a twenty-one page booklet designed to be a resource for facility staff. The booklet will be distributed to the facilities during the Annual Meeting scheduled for January 2002.

Hepatitis B Vaccination Initiative

This initiative is an outgrowth of a quality improvement project conducted during 1998-1999. Upon project completion, 30 facilities had vaccination percentages less than 60%. These facilities were notified of their continued need for improvement with the project's final feedback reports. These units were re-surveyed during 2000 for increased vaccination percentages in . Of the 30 units, all but four had improved beyond the 60% threshold. At the end of 2001, only three facilities remained below the benchmark.

Provider Community Education

Local, Regional, and National Education

The Network was represented at several clinical and scientific forums during 2001 as seen in Figure J.

Figure J

2001 Presentations and Papers	
Audience	Topic or Title
Region VII, Office of the Inspector General	Overview of the ESRD Program
KS Council of Nephrology Social Workers	Network #12 Grievance Process and Patient Education Activities
IA Council of Nephrology Nurses and Technicians	Overview of Network #12 Structure and Activities
IA Council of Nephrology Nurses and Technicians, Fall Symposium	Network #12 Grievance Process and Patient Education Activities
American Society of Nephrology and International Society of Nephrology, World Congress	“Hemodialysis Access in the Midwest: Excessive Dependence on Catheters and Persistent Use of Subclavian Catheters” and “Bacteremia in Hemodialysis Patients: Incidence, Rate of Access Loss, and Optimal Nursing Procedures”
Annual Forum of Networks Meeting	“Vascular Access Infection QIP”

Annual Meeting

The 13th Annual Network Coordinating Council Business and Educational Meeting was scheduled for September 13-14, 2001. Unfortunately it was cancelled on Wednesday, September 12 due to the terrorist attack on New York, Washington, and Pennsylvania of September 11. The meeting has been rescheduled for January 17-18, 2002.

To maximize the number of topics, increase the educational value of the program, and to speak to the needs of all renal disciplines, two new strategies will be employed during the educational portion of the meeting. Concurrent sessions will be offered throughout the meeting with a variety of clinical topics focused on the issues relevant to different disciplines. Also, the educational portion was extended by an additional half-day.

Four-hour sessions will be conducted on each of the following clinical topics:

- Vascular access care and management with a physician breakout session on interventional radiology and a nurse session on access monitoring
- Addressing the nursing shortage
- Water treatment for hemodialysis with a presentation on treating biofilm
- Facilitating patient adjustment to health and life issues
- Pre-ESRD patient care and education including the CMS new patient packet
- Diabetes care update for allied health professionals and a separate session for physicians

Record-breaking attendance is anticipated.

Network #12 plans to display many slide presentations as posters at the meeting. Copies of the slides will be distributed as a booklet to all meeting participants and are available as a slideshow for facility use. Figure K lists these presentations by title.

Distribution of Materials

The following figure lists materials distributed to interested parties during the past year.

Figure K

- Slide Show Presentations Available from Network #12**
- Communicating Bad News
 - Dealing with Disruptive Patient Behaviors
 - Dealing with Workplace Violence
 - Documentation Tips, Tricks, and Helpful Hints
 - ESRD Network #12
 - Following a Formal Grievance
 - Hemodialysis Adequacy Quality Improvement Project
 - Improved Adequacy with Flow Monitoring
 - In Search of Pleasant Workdays
 - Keeping Dialysis Patients Safe
 - Looking at the CQI Team Management Issues
 - Preparing for a State Survey
 - Rapid Cycle Improvement—What is It?
 - Resolving Conflicts: It's As Easy and 1-2-3
 - Statistical Humor
 - Team Conferences
 - Vascular Access Infection Tracking
 - When an Error Occurs
 - Who is Patient Services

Figure L

Materials Distributed During 2001	
Adequacy in a Box (Network #5)	5
Adequate Hemodialysis pamphlet (CMS)	87
Advanced Directives Brochure (NKF)	1
American Indian Kidney Conference Flyer	1
Anemia Management Information	1
Annual Report	12
Annual Report Data Tables	2
APA writing information	1
Bloodborne Pathogens Guidelines (OSHA)	1
"The Bone Book" (Bone Care International)	1
Dialyzer Recall Notice (FDA)	210
Challenging and Disruptive Patient Behavior (set of articles)	15
Emergency Preparedness and Disaster Planning Booklet (CMS)	26
Facility List	17
Facility Responsibilities in Acceptance of Transient Patients (articles)	1
Grievance Forms	15
Group 1 Hemodialysis Adequacy QIP packet	1
"A Handbook of Self-Care for the Dialysis Patient" (Gord manual)	1
HD Adequacy QIP Rapid Cycle Feedback Graphs	662
Hemodialysis Education	1
Hepatitis B Vaccination (Network and vendor pamphlets, Network posters)	456
Home Dialysis (set of information)	1
Interpretive Guidelines for Dialysis Facilities	227
"Know Your Number" Pamphlet (CMS)	86
List of Area Physicians	1
"Living Your Life with Kidney Disease (Network 12 Patient Manual)	903
Long term Program Form	1
Medicare Conditions for Coverage	4
Medicare Coverage of Kidney Dialysis and Kidney Transplant Services (CMS)	5
Medicare Summary Notice	2
Methicillin Resistant Staphylococcus Aureus (MRSA) (set of articles)	1
Patient Behavior Contracts	7
Patient Newsletters	22,632
Patient safety toolbox (loaned out)	1
Peritoneal Adequacy (NKF)	2
Power point Presentations on Intradialytic Complications	5
Preparation for Emergencies	20
Prevalence reports (individual)	23
"Shared Decision-Making in the Appropriate Initiation of and Withdrawal from Dialysis (RPA/ASN)	226
State Regulations on LPN Practice (State Board of Nursing)	1
Unit-Specific Reports (U of MI, KECC)	380
Vancomycin resistant Enterococcus (VRE) (set of articles)	1
We're Here for You (Network Poster)	10
Working with Non-Compliant and Abusive Patients Booklet (Network 17)	2
1999 Facility Directory (Network 12)	13
2000 Annual report ESRD Clinical Performance Measures Project	11

Patient Education

Patient Newsletters

In 2001, Network #12 began a quarterly newsletter for patients and family members distributed to patients via facility personnel. "Nephron News & You" focuses on timely topics related to dialysis and transplant care. Issue I included information on potential side effects of herbal remedies for peritoneal, hemodialysis, and transplant patients, a recipe for southwest chicken and rice, a general crossword puzzle, and patient testimonial. The second issue focused on anemia treatment, picnic alternative recipes, a continuation of the patient testimonial, and a word search with anemia treatment-related terms.

Issue III was twelve pages long and focused on adequacy of dialysis for both peritoneal and hemodialysis patients. The newsletter included portions of the National Kidney Foundation's (NKF) Dialysis Outcomes Quality Initiative (DOQI) Clinical Practice Guideline on adequate dialysis and provided an overview of the Network's Hemodialysis Adequacy QIP. Holiday recipes, a list of internet resources including vocational rehabilitation web sites, local NKF chapters, and a word jumble using terms related to dialysis adequacy were also provided.

The puzzles are a means of educating patients on relevant medical terms. Completed puzzles are returned to the Network office via the facility staff. Persons who complete three puzzles are recognized with a certificate of achievement also presented by the facility staff. Eleven patients received recognition in 2001.

Assistance to Facilities and Patients Related to Care Issues

Outreach to New and Existing Patients and Staff

In October 2000, the Centers for Medicare and Medicaid Services (CMS) began distributing a packet of basic information to every new ESRD patient via their home address. This packet includes a cover letter from the Network #12 Executive Director that includes the following information:

- An introduction to the Network's Grievance Process
- Information on how to contact the Network #12 office including our toll-free number maintained for patient use—**800-444-9965**.
- Complaint intake phone numbers for the four state survey agencies

In addition to this packet, facility personnel are compelled by the regulations governing ESRD Medicare certification to provide new patients with information on contacting the Network. Previously distributed to all existing facilities, there is a poster advertising the Network's toll-free number that is provided to all new facilities for display in the patient waiting room or other appropriate area.

Overview of Activity

Figure M

Number of Calls by Category, 2001	
Formal Grievance	24
Patient Complaint	31
Patient Inquiry	45
Facility Concerns	41
Facility Inquiry	184
State Agency	6
Other	150

During 2001, the office received 781 calls from patients, family members, facility staff, and others on a variety of issues. As displayed in Figure M, 225 calls were from facility personnel, of which 23 were requests for information addressing challenging patient behaviors. Additionally, there were six (6) calls from State Survey Agency personnel requesting information related to grievances filed against facilities. Figure N lists the type of questions and concerns relating to patient care received during 2001.

In response to calls involving challenging patient behaviors, the Network Patient Services and Quality Improvement Staff review the ESRD Conditions for Coverage with the caller, in particular, Condition §405.2138, Patient Rights and Responsibilities. Paragraph 2 under Standard B states that all patients treated in the facility “are transferred or discharged only for medical reasons or for the patient’s welfare or that of other patients, or for nonpayment of fees (except as prohibited by title XVIII of the Social Security Act), and are given advance notice to ensure orderly transfer or discharge.”

Figure N

Type of Complaints and Questions Related to Patient Care, 2001

Care Practices

- Hepatitis B questions
- Vascular Access QIP
- Unit cleanliness
- Unit temperature

Insurance and Billing Problems

- Costs not covered by Medicare
- Billing questions
- Transplant medication coverage

Other Concerns

- Inappropriate patient behavior
- Transfer policies
- Patient rights
- Undocumented residents
- Transportation
- Respect and dignity issues
- Patient education
- Location of other facilities

Second, the Network staff inquires about the process that the facility has undergone to identify the problem with the patients. The following questions are raised:

- Have there been any care planning meetings? If so, who attended? Was the entire renal team present so that the team is able to be consistent in the message presented to the patient?
- Has the patient received a written description of the facility's expectations and the patient's rights?
- What support system does the patient have that might affect the situation?
- Importantly, does the facility have a policy regarding transfer or termination of patients and is that process being followed?
- If there was a situation that involved violence, was a police report filed?
- If there were threats of violence, have appropriate measures been taken to protect other patients' and staff members' safety?
- Have staff acted inappropriately and have steps been taken to rectify the behavior?
- Has the facility's legal representation been notified?

If a dismissal is imminent, the Network staff ascertain whether or not the patient has been notified in writing, how long the patient has to transfer, and how the facility helped the patient in transferring. If necessary, we facilitate a transfer. Unfortunately, an increasing number of patients have been dismissed from different facilities and are relying on hospital emergency rooms to receive care.

CMS Goal #2 Improving Data Reporting, Reliability, and Validity between ESRD Facilities, Network #12, and CMS

Summary of Activities

The year began with a major challenge to Network #12's data reporting abilities. The Network office moved in November 2000 resulting in a four-month Internet connectivity interruption. The Centers for Medicare and Medicaid Services (CMS) was converting from one Internet Service Provider (ISP) to another with a tentative completion date of October 31. Unfortunately, the new ISP was effected by a strike, severely crippling its ability to install hardware at the new Network #12 office location.

The Network's inability to access the Internet effected much more than our ability to send and receive email and "surf" the web. The standardized patient and facility software package (SIMS) recently adopted by all Networks relies on intra-net access via the Internet to update patient records and transmit CMS forms data to the SIMS central repository. (The intra-net has much firewall protection to prevent access to patient information by unauthorized users and allows protected exchange of patient information

between Networks.) The Network data staff had to revert to using older, less reliable software to transmit patient enrollment, and death data to CMS. Connectivity was restored February 5, 2001.

Throughout the first half of 2001, the Network data staff worked to resolve any outlying issues related to the conversion from the Net12 patient and staff software to the Standardized Information Management Software (SIMS). All Networks converted to SIMS as their basis for patient and provider tracking during 2000.

The patient events such as transfer to another unit, receiving a transplant, changing modalities stored in the Net12 software, did not convert well into SIMS. Therefore, the data staff spent considerable time and resources editing these events in each patient's record. Approximately 20,000 records were edited. In June, the monthly patient rosters were printed directly from SIMS and Net12 became an archived program.

In 2001, CMS determined a need for focused workgroups to address current and new issues related to SIMS. The purpose of the workgroups is to continuously evaluate and prioritize software modifications and business rules. Organized in the fall, the Executive Director serves on the Patient Events Taskgroup.

The Network staff handled over 750 inquiries related to data processing during 2001. Questions were related to completing CMS forms, reconciliation of patient activity, facility personnel information, and completion of monthly patient rosters.

As directed by the Network contract with CMS, we provide facilities with routine reports on accuracy and timeliness of submitted CMS forms. Compliance reports, generated quarterly and annually, are distributed providing each facility with feedback on their data reporting performance. The calculation is a simple percentage of forms received divided by the number of forms completed accurately and the number submitted on time.

Figure O

2001 Data Champions	
These facilities achieved 100% timeliness and accuracy in data forms submission.	
Buena Vista County Hospital, Storm Lake IA	North Iowa Mercy Dialysis Center, Algona IA
Covenant Waverly Dialysis Center, Waverly IA	Poplar Bluff Dialysis Center, Poplar Bluff MO
Dialysis Center of Columbus, Columbus NE	Renal Care Group, Dodge City KS
Dialysis Center of Fremont, Fremont NE	Renal Care Group, Liberal KS
Dialysis Clinic, Inc., Red Oak IA	Renal Care Group, Arkansas City KS
Dialysis Clinics, Inc, Omaha NE	Saline County Dialysis, Junction City KS
Dialysis Clinics, Inc. - West Omaha, Omaha NE	Samaritan Memorial Hospital, Macon MO
Kidney Disease Ctr of the Ozarks, Branson MO	V. A. Medical Center, Kansas City MO

Beginning in 1999, we have been distributing certificates of merit for quarterly forms compliance. Additionally, we honor our "Data Champions"—facilities that exceeded the CMS compliance goals—and "Data Stars"—facilities that met the CMS compliance guidelines—with Figures O and P.

Figure P

2001 Data Stars	
These facilities achieved 80% timeliness and accuracy in data forms submission.	
Dialysis Center of Cameron, Cameron MO	Kidney Disease Ctr of the Ozarks, Bolivar MO
Dialysis Center of Lincoln, Lincoln NE	Mercy Hospital Medical Center, Des Moines IA
Dialysis Center of Lincoln Northwest, Lincoln NE	Mercy Medical Center, Cedar Rapids IA
Dialysis Center of South Omaha, Omaha NE	Renal Treatment Centers, Wichita KS
Dialysis Center of St. Joseph, St. Joseph MO	Renal Treatment Centers, Parsons KS
Dialysis Center of West Omaha, Omaha NE	Renex Dialysis Clinic of Bridgeton, Bridgeton MO
Dialysis Clinics, Inc., Moberly MO	Renex Dialysis Clinic of University City, University City MO
Dialysis Clinics, Inc., Macy MO	Saline County Dialysis, Salina KS
Farmington Dialysis Center, Farmington MO	Siouxland Dialysis, Sioux City IA
Gambro Healthcare, Washington MO	Southeastern Renal Dialysis, L.C., Mt. Pleasant IA
Genesis Medical Center, Davenport IA	Wyandotte County Dialysis, L L C, Kansas City KS
Great Plains Medical Center, North Platte NE	
Jefferson County Dialysis Center, Festus MO	
Kidney Care, P. C., Des Moines IA	

CMS Goal #3 Establishing and Improving Partnerships and Cooperative Activities among and between Network #12, Quality Improvement Organizations (QIOs), State Survey Agencies (SSAs), and ESRD Facilities

Summary of Activities

Collaborative activities during 2001 include the following:

- The Patient Services Specialist acting as a consultant to a state survey agency during an inspection related to a complaint.
- The Executive Director attending the “ESRD Data for Surveyors” training held in Denver, Colorado. The purpose of the meeting was to teach state surveyors how to interpret and use facility-specific profiles generated by the United States Renal Data System.
- The Patient Services Specialist coordinating quality of care inquiries related to Network grievances and complaints filed with the state.

Facility Closure

Beginning at the end of September and throughout October, Network #12 became involved with ESRD Network 9/10, a State Survey Agency, CMS Region VII Center for Medicaid and State Operations (CMSO), CMS Central Office CMSO, and CMS Region VII Office of Clinical Standards and Quality (OCSQ) in the closure of a dialysis unit. The unit located in St. Louis, Missouri, was a free-standing, corporate-owned outpatient dialysis unit. Additionally, it was the back-up facility for a Method II supplier that provided staff-assisted home hemodialysis for nursing home residents in a six-state region.

Results from a routine inspection prompted CMS Region VII CMSO to ask for a 10-day resolution to the problems. CMS determined insufficient progress had been made in correcting the problems during a second inspection and gave notice of imminent closure. The Network worked to assure all patients would continue to receive dialysis by providing the following services:

- Notifying in-center hemodialysis and home peritoneal patient of the dialysis unit's impending closure due to quality of care problems.
- Notifying the nephrologist, nursing home staff and Method II patients—all nursing home residents—that their Method II provider would no longer be affiliated with a Medicare-certified back-up facility which was closing involuntarily due to quality of care problems.
- Providing nursing home staff, Method II patients, and nephrologists with the location of alternative dialysis units.
- Contacting nursing home staff to assure patient placement.
- Fielding questions from nursing home staff, nephrologists, dialysis unit staff, family members, and Method II employees.
- Coordinating referral of nursing home staff with Network 9/10 to expedite placement of the Method II patients.
- Contacting dialysis unit staff to assure placement of all in-center hemodialysis and home peritoneal patients.
- Following up with nursing home staff to assure transfer of all Method II patients.
- Continuous contact with all parties as the situation unfolded.

By November, all Method II patients had transferred to another unit and were receiving either in-center or staff-assisted home hemodialysis from another provider, and all facility-based patients had transferred to another unit.

CMS Goal #4 Evaluating and Resolving Patient Grievances

Overview of the Grievance Process

The following is a general overview of the Network #12 Grievance Procedure, steps of which are primarily dictated by the CMS contract:

- A written grievance is received at the Network office.
- Network staff ascertain what steps the patient has taken previously to resolve the problem and the patient's goal(s).
- Network staff notify the ESRD provider or physician's office of the grievance and request a response to the concern that may include a request for specific records.

- Network staff remove all identifiers from information provided by all parties.
- The Grievance Committee reviews the case and either makes a determination regarding patient care, asks for additional information, or refers the case to the Medical Review Board.
- Network staff draft a response to the grievant which is sent to the facility or physician for review and comment.
- The grievant is notified of the Grievance Committee’s decision including facility or physician comments and their appeal rights.

A facility visit may be necessary at any time during this process due to the nature of the complaint. Matters serious enough to be an immediate threat to the patient’s or other patients’ health and safety are referred immediately to the appropriate State Survey Agency.

If care problems are found, the Medical Review Board may request an improvement plan from the facility. If the facility is not successful in correcting the identified problem within the time frame of the improvement plan, the MRB with support of the Executive Committee may recommend that CMS sanction the facility.

A grievant who is not satisfied with the Network’s findings in a case may appeal the decision to CMS Region VII office.

Figure Q

2001 Grievances¹ Allegations	
Type of Allegation ²	No.
Complications during treatment	3
Inability to eat or drink in facility	1
Policy adherence	4
Professionalism of staff	4
Quality of care ³	2
Patient transfer or discharge	2
Physical environment	1

¹ One of the cases reported in this table began in 2000.

² Allegation types are restricted to those available within the Standardized Information Management System software contacts module. Grievances are recorded according to type that best categorizes the complaint of those categories listed.

³ Allegations in these cases involved nurse licensure, patient-to-staff ratios, and overall poor care.

2001 Grievance Activity

Figure R

2001 Grievances Resolutions	
Type of Resolution	No.
Staff education on facility policies and procedures	3
Facility encouraged to uniformly enforce policies and procedures	6
Patient education on changes in policies, including annual updates	2
Referral to State Survey Agency	3

Network #12 investigated ten (10) formal grievances during 2001, nine filed during 2001, with one filed at the end of 2000. Grievances by type are illustrated in Figures Q and R. All grievances filed during 2001 were resolved at the end of year. The Medical Review Board requested and received corrective action plans from two facilities—one addressing patient transfer or discharge and the other regarding adherence to patient care policies and procedures.

Section
4

SANCTION RECOMMENDATIONS

No sanctions were recommended or imposed by Network #12 during 2001.

Section
5

RECOMMENDATIONS FOR ADDITIONAL FACILITIES

There was much activity in opening and closing dialysis units during 2001. As of December 31, 2001, Network #12 consisted of the following types of facilities:

4 Organ Procurement Agencies

20 Medicare-certified Transplant Centers

214 Medicare-certified Dialysis Providers (including units offering outpatient, home training, and acute-only services)

5 Veterans Administration or Federal Prison System Dialysis Providers

Compared to 2000, net growth for dialysis units, including veterans and federal prison providers, consisted of four facilities. Figure S below tracks a decade of facility growth in the four-state region showing fairly conservative growth through 1995 followed by three years of double-digit expansion. Theoretically, the rapid expansion may reflect a delayed market response to increased consumer demand. Relative slowing for the past three years may reflect market saturation.

Figure S

Dialysis Facility Counts and Growth by Calendar Year		
Year	Facility Count	Average Percent Growth
1991	106	6.00%
1992	113	6.60%
1993	123	8.84%
1994	130	5.69%
1995	137	5.38%
1996	159	16.05%
1997	184	15.72%
1998	204	10.87%
1999	205	00.49%
2000	215	4.88%
2001	219	1.86%

Section

6

DATA TABLES

2001 NETWORK #12 INCIDENCE DATA

Incidence reflects the number of persons who were newly diagnosed as having ESRD during a calendar year. The data show the number of newly diagnosed patients who started renal replacement therapy (dialysis or transplant) in 2001. Patients are not included if they are returning to dialysis following rejection of a kidney transplant or if they are existing ESRD patients transferring into the Network #12 area.

Incidence rates, standardized on the same unit of population, are useful for future population projections, long range health care planning and for comparison among regions. Caution is required in interpreting data where there is a small population base. In such areas, a difference of only a small number of patients can make the rates in different years appear to vary considerably. Incidence rates become more analogous as the population base increases in size.

2001 NETWORK #12 PREVALENCE DATA

Prevalence reflects the number of people on chronic maintenance dialysis in the Network on December 31, 2001. Patients are reported as to their geographic residence to determine and compare prevalence rates. These data do not include individuals with functioning renal transplants or those patients who are treated in a contiguous state. A prevalence rate will indicate if a certain disease is significantly more commonplace in some areas than in others. It can be applied to future population projections, used for long-range health care planning.

SPECIAL NOTE ON DATA TABULATION

The data tables and charts include only patients who are dialyzing or received a renal transplant at a facility located within the Network's four-state area. Also, tabulations are exclusive to those patients for whom the necessary documents have been filed; i.e., Medical Evidence Reports (CMS 2728 forms) or ESRD Death Notifications (CMS 2746). Patient modality or status changes are confirmed with the Annual Facility Survey and the Renal Beneficiary and Utilization System (REBUS) database prior to being reported in these tables.

Newly Diagnosed Chronic ESRD Patients (ESRD Incidence)

Newly diagnosed chronic ESRD patients by state of residence, age, gender, race, and primary diagnosis for calendar year 2001

	IA	KS	MO	NE	Other	Total
Age Group						
00-04	0	0	6	1	3	10
05-09	0	1	1	1	1	4
10-14	4	2	3	2	0	11
15-19	11	4	12	4	5	36
20-24	7	7	12	2	4	32
25-29	7	18	22	4	4	55
30-34	16	17	49	12	3	97
35-39	18	22	51	18	5	114
40-44	30	27	80	20	12	169
45-49	36	49	100	24	5	214
50-54	52	52	154	31	17	306
55-59	37	54	179	41	19	330
60-64	72	82	203	42	23	422
65-69	71	93	216	64	24	468
70-74	104	77	277	83	20	561
75-79	116	83	263	85	30	577
80-84	86	59	189	63	27	424
>=85	37	33	84	27	17	198
Missing	0	0	0	0	0	0
Total	704	680	1901	524	219	4028
Gender						
Female	330	318	885	235	96	1864
Male	374	362	1016	289	123	2164
Missing	0	0	0	0	0	0
Total	704	680	1901	524	219	4028
Race						
Asian	8	6	14	7	5	40
Black	37	130	517	56	40	780
Indian subcontinent	1	3	2	0	0	6
Mid-East Arabian	0	4	2	0	0	6
Native American	7	2	9	16	0	34
Other/Multiracial	0	4	4	1	1	10
Pacific Islander	0	3	4	0	0	7
White	651	528	1349	443	173	3144
Missing	0	0	0	0	0	0
Unknown	0	0	0	1	0	1
Total	704	680	1901	524	219	4028
Primary Diagnosis						
Cystic Kidney	17	20	37	12	8	94
Diabetes	290	312	814	231	72	1719
Glomerulonephritis	70	73	138	26	16	323
Hypertension	171	140	555	124	74	1064
Other	111	85	247	82	31	556
Other Urologic	12	10	42	16	3	83
Missing	0	0	0	0	0	0
Unknown	33	40	68	33	15	189
Total	704	680	1901	524	219	4028

Source of Information: Network SIMS Database.

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

Date of Preparation: June 2001

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

This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities. This table includes 83 patients with transplant therapy as an initial treatment. This table includes 54 patients receiving treatment at VA facilities.

Living Dialysis Patients (ESRD Dialysis Prevalence)

All active dialysis patients by state of residence, age, race, gender, and primary diagnosis as of 12/31/2001.

	IA	KS	MO	NE	Other	Total
Age Group						
00-04	1	2	4	2	2	11
05-09	2	0	1	2	3	8
10-14	4	3	10	1	0	18
15-19	12	8	29	9	7	65
20-24	19	19	56	15	10	119
25-29	25	40	103	24	14	206
30-34	44	57	181	38	11	331
35-39	72	76	221	56	15	440
40-44	116	117	332	82	38	685
45-49	98	163	417	87	29	794
50-54	145	193	552	93	40	1023
55-59	139	174	516	129	33	991
60-64	197	247	576	120	34	1174
65-69	212	239	593	154	40	1238
70-74	269	234	702	144	37	1386
75-79	294	237	604	162	50	1347
80-84	201	148	412	118	37	916
>=85	92	79	190	62	16	439
Missing	0	0	0	0	0	0
Total	1942	2036	5499	1298	416	11191
Gender						
Female	878	980	2651	593	184	5286
Male	1064	1056	2848	705	232	5905
Missing	0	0	0	0	0	0
Total	1942	2036	5499	1298	416	11191
Race						
Asian	24	26	37	16	4	107
Black	176	510	2202	203	99	3190
Indian subcontinent	3	2	2	2	0	9
Mid-East Arabian	2	2	7	3	0	14
Native American	14	30	28	51	4	127
Other/Multiracial	8	39	18	12	3	80
Pacific Islander	0	7	12	1	1	21
White	1714	1409	3190	1007	304	7624
Missing	0	0	0	0	0	0
Unknown	1	11	3	3	1	19
Total	1942	2036	5499	1298	416	11191
Primary Diagnosis						
Cystic Kidney	64	89	158	46	12	369
Diabetes	775	876	2213	542	117	4523
Glomerulonephritis	263	319	612	143	67	1404
Hypertension	444	423	1668	295	118	2948
Other	256	209	546	159	69	1239
Other Urologic	72	39	126	42	9	288
Missing	0	0	0	0	0	0
Unknown	68	81	176	71	24	420
Total	1942	2036	5499	1298	416	11191

Source of Information: Network SIMS Database.

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

Date of Preparation: June 2001

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

This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities. The numbers may not reflect the true point prevalence due to different definitions for transient patients. This table includes 115 patients receiving treatment at VA facilities.

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

Self-Care Settings – Home

PROVIDER	HEMO		CAPD		CCPD		IPD		TOTAL	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
160005	0	0	0	0	1	1	0	0	1	1
160016	0	0	0	0	0	0	0	0	0	0
160030	0	0	2	3	2	1	0	0	4	4
160033	0	0	0	0	1	0	0	0	1	0
160044	0	0	0	0	0	0	0	0	0	0
160048#	0	0	0	0	0	0	0	0	0	0
16004F	0	0	1	1	0	0	0	0	1	1
160058	25	24	6	3	12	12	0	0	43	39
160064	0	0	0	0	0	6	0	0	0	6
160066	0	0	0	0	0	0	0	0	0	0
160067	0	0	1	2	3	1	0	0	4	3
160079	0	0	9	5	7	8	0	0	16	13
160080	0	0	0	0	0	0	0	0	0	0
160083	0	1	13	28	21	16	0	0	34	45
160089	0	0	0	0	0	1	0	0	0	1
160112	0	0	0	0	0	0	0	0	0	0
160113	0	0	0	0	0	0	0	0	0	0
162500	0	0	6	9	9	9	0	0	15	18
162501	0	0	24	20	24	23	0	0	48	43
162506	0	0	0	0	0	0	0	0	0	0
162507	0	0	0	0	0	0	0	0	0	0
162508	0	0	0	0	0	0	0	0	0	0
162509	0	0	3	2	1	1	0	0	4	3
162511	0	0	0	0	0	0	0	0	0	0
162512	0	0	0	0	0	0	0	0	0	0
162513	0	0	4	0	2	0	0	0	6	0
162514	0	0	0	0	0	0	0	0	0	0
162515	1	0	20	16	24	14	0	0	45	30
162516	0	0	0	0	6	5	0	0	6	5
162517	0	0	0	0	0	0	0	0	0	0
162518	0	0	0	1	2	2	0	0	2	3
162519	0	0	0	0	0	0	0	0	0	0
162520	0	0	0	0	0	0	0	0	0	0
162521	0	0	0	0	0	0	0	0	0	0
162522	0	0	0	0	0	0	0	0	0	0
162523#	0	0	0	0	0	0	0	0	0	0
163500	0	0	0	0	0	0	0	0	0	0
163501	0	0	0	0	0	0	0	0	0	0
163502	0	0	0	0	0	0	0	0	0	0
163503	0	0	0	0	0	0	0	0	0	0
163504	0	0	0	0	0	0	0	0	0	0
163505	0	0	0	0	0	0	0	0	0	0
163506	0	0	0	0	0	0	0	0	0	0

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

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 4 Veterans Affairs Facility patients for 2000 and 15 Veterans Affairs Facility patients for 2001.

Provider not operational in 2000

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

Self-Care Settings – Home

PROVIDER	HEMO		CAPD		CCPD		IPD		TOTAL	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
163507	0	0	0	0	0	0	0	0	0	0
163508	0	0	0	0	0	0	0	0	0	0
163509	0	0	0	0	0	0	0	0	0	0
163510	0	0	0	0	0	0	0	0	0	0
163511	0	0	0	0	0	0	0	0	0	0
163512	0	0	0	0	0	0	0	0	0	0
IA Total	26	25	89	90	115	100	0	0	230	215

170017	0	0	0	0	0	0	0	0	0	0
170040	6	5	14	12	8	6	0	0	28	23
172501	1	0	8	1	2	0	0	0	11	1
172502	2	2	6	9	6	6	0	0	14	17
172503	0	0	59	57	14	7	0	0	73	64
172504	4	6	51	30	15	35	0	0	70	71
172505	0	0	0	0	0	0	0	0	0	0
172506	0	0	0	0	0	0	0	0	0	0
172507	0	0	0	0	0	0	0	0	0	0
172508	1	1	21	15	13	17	0	0	35	33
172509	0	0	9	9	25	18	0	0	34	27
172510	0	0	0	0	0	0	0	0	0	0
172511	0	0	0	0	0	0	0	0	0	0
172512	0	0	0	0	0	0	0	0	0	0
172513^	0	0	0	0	0	0	0	0	0	0
172514	0	0	0	0	0	0	0	0	0	0
172515	0	0	0	0	0	0	0	0	0	0
172516	0	0	0	0	0	0	0	0	0	0
172517	0	0	0	0	0	0	0	0	0	0
172518	0	0	0	0	0	0	0	0	0	0
172519	0	0	0	0	0	0	0	0	0	0
172520	0	0	0	0	0	0	0	0	0	0
172521	0	0	0	0	0	0	0	0	0	0
172522	0	0	0	0	0	0	0	0	0	0
172523	0	0	0	0	0	0	0	0	0	0
172524	0	0	0	0	0	0	0	0	0	0
172525	0	0	0	0	0	0	0	0	0	0
172526	0	0	0	0	0	0	0	0	0	0
172527	0	0	5	5	12	7	0	0	17	12
172528	0	0	0	0	0	0	0	0	0	0
172529	0	0	0	0	0	0	0	0	0	0
172530	0	0	0	0	0	0	0	0	0	0
172531	0	0	0	0	0	0	0	0	0	0

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

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 4 Veterans Affairs Facility patients for 2000 and 15 Veterans Affairs Facility patients for 2001.

Provider not operational in 2000

32

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

Self-Care Settings – Home

PROVIDER	HEMO		CAPD		CCPD		IPD		TOTAL	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
172532	0	0	0	0	0	0	0	0	0	0
172533	0	0	0	0	0	0	0	0	0	0
172534	0	0	0	0	0	0	0	0	0	0
172535	0	0	0	0	0	0	0	0	0	0
172536	0	0	0	0	0	0	0	0	0	0
172537	0	0	0	0	0	0	0	0	0	0
172538	0	0	0	0	0	0	0	0	0	0
172539^	0	0	0	0	0	0	0	0	0	0
KS Total	14	14	173	138	95	96	0	0	282	248

260008	0	0	0	0	4	5	0	0	4	5
260020	0	0	0	0	0	0	0	0	0	0
260021	0	0	15	11	0	0	0	0	15	11
260027	0	0	0	0	0	0	0	0	0	0
260040	0	0	0	0	0	0	0	0	0	0
26004F	0	0	0	2	0	9	0	0	0	11
26009F	0	0	3	3	0	0	0	0	3	3
260100	0	0	0	0	0	0	0	0	0	0
260105	0	0	0	0	0	0	0	0	0	0
260113	0	0	0	1	2	1	0	0	2	2
260141	0	0	0	0	2	0	0	0	2	0
260172	0	0	0	0	0	0	0	0	0	0
260176	0	0	0	0	0	0	0	0	0	0
260179^	0	0	0	0	0	0	0	0	0	0
262501	3	1	19	17	38	23	0	0	60	41
262502	0	0	0	0	0	0	0	0	0	0
262503	0	0	0	0	2	2	0	0	2	2
262504	0	0	6	4	35	29	0	0	41	33
262505	0	0	0	0	0	0	0	0	0	0
262506	8	11	24	22	11	10	0	0	43	43
262507	0	0	3	2	13	8	0	0	16	10
262508	1	1	31	26	12	23	0	0	44	50
262509	0	0	0	0	0	0	0	0	0	0
262511	0	0	0	0	0	0	0	0	0	0
262513	0	0	0	0	0	0	0	0	0	0
262514	1	4	22	23	11	11	0	0	34	38
262515	0	0	0	0	0	0	0	0	0	0
262516	0	0	0	0	0	0	0	0	0	0
262517	0	5	0	3	0	24	0	0	0	32
262518^	0	0	0	0	0	0	0	0	0	0
262520	0	0	0	0	0	0	0	0	0	0

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

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 4 Veterans Affairs Facility patients for 2000 and 15 Veterans Affairs Facility patients for 2001.

Provider not operational in 2000

33

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

Self-Care Settings – Home

PROVIDER	HEMO		CAPD		CCPD		IPD		TOTAL	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
262521	0	0	0	0	0	0	0	0	0	0
262522	0	0	0	0	0	0	0	0	0	0
262523	0	0	0	0	0	0	0	0	0	0
262524	1	0	0	0	1	0	0	0	2	0
262526	1	0	0	0	0	0	0	0	1	0
262527	0	0	0	0	0	0	0	0	0	0
262528	0	0	2	3	13	14	0	0	15	17
262530	0	0	0	0	0	0	0	0	0	0
262531	0	0	0	0	0	0	0	0	0	0
262534	0	1	0	0	0	2	0	0	0	3
262535	0	0	0	0	0	0	0	0	0	0
262536	0	0	2	5	8	8	0	0	10	13
262537	6	0	0	0	26	0	0	0	32	0
262538	0	0	0	0	0	0	0	0	0	0
262539	0	0	0	0	0	0	0	0	0	0
262540	0	0	1	10	6	15	0	0	7	25
262541	0	0	9	12	6	7	0	0	15	19
262542	0	0	0	0	0	0	0	0	0	0
262543	0	0	0	2	10	15	0	0	10	17
262544	0	0	1	2	2	3	0	0	3	5
262547	0	0	26	34	21	26	0	0	47	60
262548	0	0	0	0	0	0	0	0	0	0
262549	1	1	6	3	10	16	0	0	17	20
262550	0	0	0	0	0	0	0	0	0	0
262551	0	0	0	0	0	0	0	0	0	0
262552	0	0	0	0	0	0	0	0	0	0
262553	0	0	0	0	0	0	0	0	0	0
262554	0	0	3	0	2	1	0	0	5	1
262555	0	0	0	0	0	0	0	0	0	0
262556	0	0	0	0	0	0	0	0	0	0
262557	0	0	0	0	0	1	0	0	0	1
262559	0	0	0	1	0	0	0	0	0	1
262560	50	31	2	5	3	0	0	0	55	36
262561	0	0	5	1	4	2	0	0	9	3
262562	0	0	1	3	6	7	0	0	7	10
262563	1	1	0	1	2	1	0	0	3	3
262564	2	0	18	8	26	37	0	0	46	45
262565	4	5	39	50	14	13	0	0	57	68
262566^	0	0	0	0	0	0	0	0	0	0
262567	0	0	0	2	1	1	0	0	1	3
262568	0	0	0	0	0	0	0	0	0	0
262569	3	0	1	2	0	0	0	0	4	2
262570	0	0	0	0	0	0	0	0	0	0

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

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 4 Veterans Affairs Facility patients for 2000 and 15 Veterans Affairs Facility patients for 2001.

Provider not operational in 2000

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

Self-Care Settings – Home

PROVIDER	HEMO 2000	2001	CAPD 2000	2001	CCPD 2000	2001	IPD 2000	2001	TOTAL 2000	2001
262571	0	0	6	0	9	0	0	0	15	0
262572	0	0	3	5	4	4	0	0	7	9
262573	0	0	0	0	0	0	0	0	0	0
262574	0	0	0	0	0	0	0	0	0	0
262575	0	0	0	0	0	0	0	0	0	0
262576	0	0	7	6	5	7	0	0	12	13
262577	0	0	0	0	0	0	0	0	0	0
262578	0	0	0	0	0	0	0	0	0	0
262579	0	0	0	1	2	5	0	0	2	6
262580	0	0	0	0	0	0	0	0	0	0
262581	0	0	0	0	0	0	0	0	0	0
262582	0	0	0	0	0	0	0	0	0	0
262583	0	0	0	0	0	0	0	0	0	0
262584	0	0	0	0	0	0	0	0	0	0
262585	0	0	7	4	17	36	0	0	24	40
262586	0	0	3	0	0	0	0	0	3	0
262587	0	0	0	0	0	0	0	0	0	0
262588	0	0	0	0	0	0	0	0	0	0
262589#	0	0	0	0	0	0	0	0	0	0
262590#	0	0	0	0	0	0	0	0	0	0
262592#	0	0	0	0	0	0	0	0	0	0
263300	0	0	0	1	2	2	0	0	2	3
263301	0	0	0	0	5	8	0	0	5	8
263302	1	1	0	1	19	9	0	0	20	11
263503	0	0	0	0	0	0	0	0	0	0
263504	0	0	0	0	0	0	0	0	0	0
263505	0	0	0	0	0	0	0	0	0	0
263506	0	0	34	36	16	26	0	0	50	62
263507^	0	0	0	0	0	0	0	0	0	0
263508	0	0	0	0	0	0	0	0	0	0
263510	0	0	0	0	0	0	0	0	0	0
MO Total	83	62	299	312	370	411	0	0	752	785

280065	0	0	2	8	3	6	0	0	5	14
28006F	0	0	0	0	0	0	0	0	0	0
280088	1	1	22	13	6	1	0	0	29	15
280118#	0	0	0	0	0	0	0	0	0	0
280125#	0	0	0	0	0	0	0	0	0	0
281341#	0	0	0	0	0	0	0	0	0	0
282500	1	1	19	10	18	19	0	0	38	30
282501	0	0	30	29	42	29	0	0	72	58

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

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 4 Veterans Affairs Facility patients for 2000 and 15 Veterans Affairs Facility patients for 2001.

Provider not operational in 2000

35

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

Self-Care Settings – Home

PROVIDER	HEMO		CAPD		CCPD		IPD		TOTAL	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
282502	0	0	0	0	0	0	0	0	0	0
282503	0	1	36	15	29	22	0	0	65	38
282504	0	0	15	10	2	3	0	0	17	13
282505	0	0	0	0	0	0	0	0	0	0
282506	0	0	9	0	2	0	0	0	11	0
282507	0	0	0	0	0	0	0	0	0	0
282508	0	0	4	3	1	1	0	0	5	4
282509	0	0	0	0	0	0	0	0	0	0
282510	0	0	0	0	0	0	0	0	0	0
282511	0	0	0	0	0	0	0	0	0	0
282512	0	0	0	0	0	0	0	0	0	0
282513	0	0	0	0	0	0	0	0	0	0
282514	0	0	0	0	0	0	0	0	0	0
282515	0	1	7	9	9	7	0	0	16	17
282516#	0	0	0	17	0	3	0	0	0	20
283501	0	0	0	0	0	0	0	0	0	0
283502^	0	0	0	0	0	0	0	0	0	0
283503	0	0	0	0	0	0	0	0	0	0
NE Total	2	4	144	114	112	91	0	0	258	209

TOTALS										
STATE	HEMO		CAPD		CCPD		IPD		TOTAL	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
IOWA	26	25	89	90	115	100	0	0	230	215
KANSAS	14	14	173	138	95	96	0	0	282	248
MISSOURI	83	62	299	312	370	411	0	0	752	785
NEBRASKA	2	4	144	114	112	91	0	0	258	209
NETWORK TOTALS	125	105	705	654	692	698	0	0	1522	1457

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

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 4 Veterans Affairs Facility patients for 2000 and 15 Veterans Affairs Facility patients for 2001.

Provider not operational in 2000

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

In-Center

PROVIDER	HEMO		PD		TOTAL		TOTAL HOME AND IN-CENTER*	
	2000	2001	2000	2001	2000	2001	2000	2001
160005	16	17	0	0	16	17	17	18
160016	38	39	0	0	38	39	38	39
160030	35	32	0	0	35	32	39	36
160033	118	123	0	0	118	123	119	123
160044	24	24	0	0	24	24	24	24
160048#	0	5	0	0	0	5	0	5
16004F	4	4	0	0	4	4	5	5
160058	37	41	0	0	37	41	80	80
160064	45	58	6	0	51	58	51	64
160066	6	7	0	0	6	7	6	7
160067	42	47	0	0	42	47	46	50
160079	105	108	0	0	105	108	121	121
160080	45	50	0	0	45	50	45	50
160083	95	107	0	1	95	108	129	153
160089	54	48	0	0	54	48	54	49
160112	34	36	0	0	34	36	34	36
160113	8	13	0	0	8	13	8	13
162500	99	114	0	0	99	114	114	132
162501	99	112	1	2	100	114	148	157
162506	61	37	0	0	61	37	61	37
162507	26	30	0	0	26	30	26	30
162508	11	12	0	0	11	12	11	12
162509	27	23	0	0	27	23	31	26
162511	21	23	0	0	21	23	21	23
162512	40	50	0	0	40	50	40	50
162513	46	53	0	0	46	53	52	53
162514	24	19	0	0	24	19	24	19
162515	109	131	0	1	109	132	154	162
162516	95	103	1	0	96	103	102	108
162517	23	26	0	0	23	26	23	26
162518	33	37	0	0	33	37	35	40
162519	7	9	0	0	7	9	7	9
162520	10	11	0	0	10	11	10	11
162521	5	8	0	0	5	8	5	8
162522	17	22	0	0	17	22	17	22
162523#	0	11	0	0	0	11	0	11
163500	10	10	0	0	10	10	10	10
163501	37	36	0	0	37	36	37	36
163502	16	17	0	0	16	17	16	17
163503	11	9	0	0	11	9	11	9
163504	17	23	0	0	17	23	17	23
163505	16	19	0	0	16	19	16	19
163506	17	17	0	0	17	17	17	17
163507	15	12	0	0	15	12	15	12
163508	11	9	0	0	11	9	11	9

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to only Medicare approved facilities. 104 Veterans Affairs Facility patients for 2000 and 98 Veterans Affairs Facility patients for 2001.

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

Provider not operational in 2000

37

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

In-Center

PROVIDER	HEMO		PD		TOTAL		TOTAL HOME AND IN-CENTER*	
	2000	2001	2000	2001	2000	2001	2000	2001
163509	19	22	0	0	19	22	19	22
163510	12	11	0	0	12	11	12	11
163511	17	22	0	0	17	22	17	22
163512	26	33	0	0	26	33	26	33
IA Total	1683	1830	8	4	1691	1834	1921	2049

170017	18	20	0	0	18	20	18	20
170040	80	91	0	0	80	91	108	114
172501	70	81	0	0	70	81	81	82
172502	57	64	0	0	57	64	71	81
172503	100	98	0	0	100	98	173	162
172504	151	150	0	0	151	150	221	221
172505	27	28	0	0	27	28	27	28
172506	31	34	0	0	31	34	31	34
172507	36	32	0	0	36	32	36	32
172508	104	118	0	0	104	118	139	151
172509	60	58	0	1	60	59	94	86
172510	18	18	0	0	18	18	18	18
172511	34	32	0	0	34	32	34	32
172512	19	23	0	0	19	23	19	23
172513^	0	0	0	0	0	0	0	0
172514	43	48	0	0	43	48	43	48
172515	22	23	0	0	22	23	22	23
172516	21	22	0	0	21	22	21	22
172517	29	24	0	0	29	24	29	24
172518	22	26	0	0	22	26	22	26
172519	99	101	0	0	99	101	99	101
172520	67	75	0	0	67	75	67	75
172521	34	40	0	0	34	40	34	40
172522	29	36	0	0	29	36	29	36
172523	59	65	0	0	59	65	59	65
172524	41	49	0	0	41	49	41	49
172525	15	10	0	0	15	10	15	10
172526	25	27	0	0	25	27	25	27
172527	40	38	0	0	40	38	57	50
172528	23	23	0	0	23	23	23	23
172529	20	17	0	0	20	17	20	17
172530	21	25	0	0	21	25	21	25
172531	23	20	0	0	23	20	23	20
172532	30	26	0	0	30	26	30	26
172533	54	47	0	0	54	47	54	47
172534	10	10	0	0	10	10	10	10
172535	20	22	0	0	20	22	20	22

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to only Medicare approved facilities. 104 Veterans Affairs Facility patients for 2000 and 98 Veterans Affairs Facility patients for 2001.

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

Provider not operational in 2000

38

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

In-Center

PROVIDER	HEMO		PD		TOTAL		TOTAL HOME AND IN-CENTER*	
	2000	2001	2000	2001	2000	2001	2000	2001
172536	52	54	0	0	52	54	52	54
172537	19	25	0	0	19	25	19	25
172538	17	19	0	0	17	19	17	19
172539^	0	0	0	0	0	0	0	0

KS Total	1640	1719	0	1	1640	1720	1922	1968
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260008	56	51	0	0	56	51	60	56
260020	0	10	0	0	0	10	0	10
260021	108	108	0	0	108	108	123	119
260027	47	41	0	0	47	41	47	41
260040	25	30	0	0	25	30	25	30
26004F	27	24	0	0	27	24	27	35
26009F	32	30	0	0	32	30	35	33
260100	28	28	0	0	28	28	28	28
260105	0	0	0	0	0	0	0	0
260113	45	58	0	0	45	58	47	60
260141	0	0	0	0	0	0	2	0
260172	19	12	0	0	19	12	19	12
260176	19	23	0	0	19	23	19	23
260179^	1	0	0	0	1	0	1	0
262501	120	123	0	0	120	123	180	164
262502	154	162	0	0	154	162	154	162
262503	109	97	0	0	109	97	111	99
262504	82	70	0	0	82	70	123	103
262505	29	29	0	0	29	29	29	29
262506	96	113	0	0	96	113	139	156
262507	52	51	1	0	53	51	69	61
262508	114	114	0	0	114	114	158	164
262509	71	77	0	0	71	77	71	77
262511	43	46	0	0	43	46	43	46
262513	36	35	0	0	36	35	36	35
262514	59	65	0	0	59	65	93	103
262515	52	42	0	0	52	42	52	42
262516	27	29	0	0	27	29	27	29
262517	89	91	0	0	89	91	89	123
262518^	0	0	0	0	0	0	0	0
262520	42	35	0	0	42	35	42	35
262521	46	52	0	0	46	52	46	52
262522	18	17	0	0	18	17	18	17
262523	18	10	0	0	18	10	18	10
262524	26	31	0	0	26	31	28	31
262526	24	18	0	0	24	18	25	18
262527	127	129	0	0	127	129	127	129

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to only Medicare approved facilities. 104 Veterans Affairs Facility patients for 2000 and 98 Veterans Affairs Facility patients for 2001.

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

Provider not operational in 2000

39

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

In-Center

PROVIDER	HEMO		PD		TOTAL		TOTAL HOME AND IN-CENTER*	
	2000	2001	2000	2001	2000	2001	2000	2001
262528	57	52	0	0	57	52	72	69
262530	46	45	0	0	46	45	46	45
262531	44	60	0	0	44	60	44	60
262534	37	32	0	0	37	32	37	35
262535	86	86	0	0	86	86	86	86
262536	49	46	0	0	49	46	59	59
262537	128	141	0	0	128	141	160	141
262538	94	89	0	0	94	89	94	89
262539	88	91	0	0	88	91	88	91
262540	35	45	0	0	35	45	42	70
262541	56	74	0	0	56	74	71	93
262542	39	45	0	0	39	45	39	45
262543	67	74	0	0	67	74	77	91
262544	98	100	0	0	98	100	101	105
262547	89	97	0	0	89	97	136	157
262548	40	47	0	0	40	47	40	47
262549	140	140	0	0	140	140	157	160
262550	43	51	0	0	43	51	43	51
262551	68	69	0	0	68	69	68	69
262552	30	33	0	0	30	33	30	33
262553	70	68	0	0	70	68	70	68
262554	52	63	0	0	52	63	57	64
262555	31	29	0	0	31	29	31	29
262556	85	74	0	0	85	74	85	74
262557	31	33	0	0	31	33	31	34
262559	26	38	0	0	26	38	26	39
262560	60	66	0	1	60	67	115	103
262561	54	53	0	0	54	53	63	56
262562	40	45	0	0	40	45	47	55
262563	46	48	0	0	46	48	49	51
262564	65	82	0	1	65	83	111	128
262565	157	166	0	0	157	166	214	234
262566^	0	0	0	0	0	0	0	0
262567	16	15	0	0	16	15	17	18
262568	37	46	0	0	37	46	37	46
262569	37	52	0	0	37	52	41	54
262570	29	27	0	0	29	27	29	27
262571	28	0	0	0	28	0	43	0
262572	31	44	0	0	31	44	38	53
262573	30	41	0	0	30	41	30	41
262574	91	95	0	0	91	95	91	95
262575	29	28	0	0	29	28	29	28
262576	93	107	1	0	94	107	106	120
262577	40	33	0	0	40	33	40	33
262578	20	20	0	0	20	20	20	20

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to only Medicare approved facilities. 104 Veterans Affairs Facility patients for 2000 and 98 Veterans Affairs Facility patients for 2001.

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

Provider not operational in 2000

40

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

In-Center

PROVIDER	HEMO		PD		TOTAL		TOTAL HOME AND IN-CENTER*	
	2000	2001	2000	2001	2000	2001	2000	2001
262579	36	46	0	0	36	46	38	52
262580	18	18	0	0	18	18	18	18
262581	12	15	0	0	12	15	12	15
262582	12	15	0	0	12	15	12	15
262583	47	54	0	0	47	54	47	54
262584	15	23	0	0	15	23	15	23
262585	1	0	1	0	2	0	26	40
262586	0	0	0	0	0	0	3	0
262587	28	34	0	0	28	34	28	34
262588	7	15	0	0	7	15	7	15
262589#	0	29	0	0	0	29	0	29
262590#	0	17	0	0	0	17	0	17
262592#	0	19	0	0	0	19	0	19
263300	5	3	0	0	5	3	7	6
263301	4	5	0	0	4	5	9	13
263302	9	8	1	0	10	8	30	19
263503	28	24	0	0	28	24	28	24
263504	26	27	0	0	26	27	26	27
263505	15	12	0	0	15	12	15	12
263506	0	0	0	3	0	3	50	65
263507^	0	0	0	0	0	0	0	0
263508	58	47	0	0	58	47	58	47
263510	24	28	0	0	24	28	24	28
MO Total	4718	4980	4	5	4722	4985	5474	5770

280065	42	48	0	0	42	48	47	62
28006F	41	40	0	0	41	40	41	40
280088	83	81	1	0	84	81	113	96
280118#	0	9	0	0	0	9	0	9
280125#	0	38	0	0	0	38	0	38
281341#	0	5	0	0	0	5	0	5
282500	99	101	0	0	99	101	137	131
282501	0	33	0	1	0	34	72	92
282502	41	42	0	0	41	42	41	42
282503	42	64	5	19	47	83	112	121
282504	116	110	0	0	116	110	133	123
282505	19	19	0	0	19	19	19	19
282506	68	64	0	0	68	64	79	64
282507	31	25	0	0	31	25	31	25
282508	9	14	0	0	9	14	14	18
282509	25	29	0	0	25	29	25	29
282510	18	23	0	0	18	23	18	23
282511	41	55	0	0	41	55	41	55

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to only Medicare approved facilities. 104 Veterans Affairs Facility patients for 2000 and 98 Veterans Affairs Facility patients for 2001.

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

Provider not operational in 2000

41

^ Provider not operational in 2001

Dialysis Modality

Number of living patients by modality by dialysis facility self-care as of December 31, 2000 and December 31, 2001

In-Center

PROVIDER	HEMO		PD		TOTAL		TOTAL HOME AND IN-CENTER*	
	2000	2001	2000	2001	2000	2001	2000	2001
282512	24	25	0	0	24	25	24	25
282513	29	44	0	0	29	44	29	44
282514	43	43	0	0	43	43	43	43
282515	36	39	0	0	36	39	52	56
282516#	0	30	0	0	0	30	0	50
283501	40	44	0	0	40	44	40	44
283502^	0	0	0	0	0	0	0	0
283503	50	55	0	0	50	55	50	55
NE Total	897	1080	6	20	903	1100	1161	1309

STATE	HEMO		PD		TOTAL		TOTAL HEMO AND IN-CENTER	
	2000	2001	2000	2001	2000	2001	2000	2001
IOWA	1683	1830	8	4	1691	1834	1921	2049
KANSAS	1640	1719	0	1	1640	1720	1922	1968
MISSOURI	4718	4980	4	5	4722	4985	5474	5770
NEBRASKA	897	1080	6	20	903	1100	1161	1309
NETWORK TOTALS	8938	9609	18	30	8956	9639	10478	11096

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database Date of Preparation: June 2002

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to only Medicare approved facilities. 104 Veterans Affairs Facility patients for 2000 and 98 Veterans Affairs Facility patients for 2001.

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

Provider not operational in 2000

42

^ Provider not operational in 2001

Renal Transplants by Transplant Center

Number of transplants performed by transplant center calendar year 2000 and calendar year 2001

TRANSPLANT CENTER	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT*	
	2000	2001	2000	2001
16004F	0	0	0	0
160058	114	95	152	189
160082	19	24	57	42
160083	16	18	14	28
IA Total	149	137	N/A*	N/A*
170040	64	60	80	92
170122	30	40	41	40
KS Total	94	100	N/A*	N/A*
260014	88	135	438	447
260020	16	0	0	0
260027	45	37	71	83
26004F	0	0	0	0
26009f	0	0	0	0
260104	13	17	64	55
260105	52	50	212	260
260138	45	30	74	77
260141	44	23	50	59
263300	4	3	2	0
263301	7	3	3	4
263302	10	10	7	3
MO Total	324	308	N/A*	N/A*
280013	100	98	203	195
280030	0	0	0	0
280088	0	5	0	0
NE Total	100	103	N/A*	N/A*
NETWORK TOTALS	667	648	N/A*	N/A*

Source of information: Network SIMS Database/CMS-2744

Date of Preparations: June 2002

* These numbers are not added to State or Network totals because some patients may be placed on more than one waiting list. The numbers are only accurate for each center (VA facilities, if any, are denoted with an "F" at the end of their provider number.)

Provider not operational in 2000

^ Provider not operational in 2001

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2001

	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
Age Group				
00-04	4	6	0	10
05-09	1	2	0	3
10-14	4	4	2	10
15-19	14	17	0	31
20-24	13	15	1	29
25-29	21	15	6	42
30-34	36	16	7	59
35-39	34	16	7	57
40-44	44	17	12	73
45-49	53	18	5	76
50-54	50	22	7	79
55-59	49	17	5	71
60-64	35	6	6	47
65-69	28	8	2	38
70-74	16	1	2	19
75-79	4	1	0	5
80-84	0	0	0	0
>=85	0	0	0	0
Missing	0	0	0	0
Total	406	181	62	649
Gender				
Female	157	63	25	245
Male	249	118	37	404
Missing	0	0	0	0
Total	406	181	62	649
Race				
Asian	5	2	2	9
Black	71	19	3	93
Indian subcontinent	3	1	0	4
Mid-East Arabian	0	0	0	0
Native American	3	0	1	4
Other/Multiracial	6	1	0	7
Pacific Islander	2	1	1	4
White	316	157	55	528
Missing	0	0	0	0
Unknown	0	0	0	0
Total	406	181	62	649
Primary Diagnosis				
Cystic Kidney	34	13	9	56
Diabetes	130	41	8	179
Glomerulonephritis	88	49	23	160
Hypertension	57	19	3	79
Other	70	33	12	115
Other Urologic	5	5	2	12
Missing	0	0	0	0
Unknown	22	21	5	48
Total	406	181	62	649

Source of information: Network SIMS Database

Date of Preparation: June 2002

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

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

This table includes 1 patients receiving treatment at VA facilities.

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2001

	IA	KS	MO	NE	Other	Total
Age Group						
00-04	0	1	2	0	0	3
05-09	0	0	0	0	0	0
10-14	0	0	1	1	0	2
15-19	0	0	1	0	1	2
20-24	1	0	3	0	0	4
25-29	3	2	6	2	1	14
30-34	2	6	13	2	0	23
35-39	5	10	17	9	1	42
40-44	10	7	39	14	3	73
45-49	12	16	49	16	4	97
50-54	25	28	84	23	8	168
55-59	22	37	100	21	7	187
60-64	48	62	126	31	13	280
65-69	48	73	178	41	12	352
70-74	77	70	236	69	28	480
75-79	90	91	261	63	15	520
80-84	88	69	208	53	17	435
>=85	50	52	113	39	8	262
Missing	0	0	0	0	0	0
Total	481	524	1437	384	118	2944
Gender						
Female	226	255	700	188	57	1426
Male	255	269	737	196	61	1518
Missing	0	0	0	0	0	0
Total	481	524	1437	384	118	2944
Race						
Asian	3	3	6	2	0	14
Black	28	80	387	35	28	558
Indian subcontinent	0	0	1	0	0	1
Mid-East Arabian	0	1	1	1	0	3
Native American	4	3	4	12	1	24
Other/Multiracial	3	8	4	2	0	17
Pacific Islander	0	0	2	0	0	2
White	443	428	1031	329	89	2320
Missing	0	0	0	0	0	0
Unknown	0	1	1	3	0	5
Total	481	524	1437	384	118	2944
Primary Diagnosis						
Cystic Kidney	10	7	22	10	1	50
Diabetes	199	252	648	183	53	1335
Glomerulonephritis	44	42	94	29	6	215
Hypertension	132	127	460	94	33	846
Other	69	68	147	35	20	339
Other Urologic	11	11	22	10	2	56
Missing	0	0	0	0	0	0
Unknown	16	17	44	23	3	103
Total	481	524	1437	384	118	2944
Primary Cause of Death						
Cardiac	251	243	662	231	45	1432
Gastro Intestinal	5	11	16	4	2	38
Infection	59	83	213	44	10	409
Liver Disease	4	3	11	3	0	21
Vascular	47	30	110	32	7	226
Missing	0	0	0	0	0	0
Other	69	68	201	45	15	398
Unknown	46	86	224	25	39	420
Total	481	524	1437	384	118	2944

Source of Information: Network SIMS Database.

Date of Preparation: June 2001

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

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

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

This table includes 15 patients receiving treatment at VA facilities.

Vocational Rehabilitation by Dialysis Facility

Patients Aged 18-55 as of December 31, 2001

PROVIDER	Number of Patients Aged 18-55	Referrals to VR ¹	Patients Employed or Students ²	Offered Dialysis Shift After 5 p.m. ³
160005	3	2	0	Y
160016	12	2	11	N
160025	1	0	0	N
160030	10	4	9	N
160033	36	2	23	Y
160044	6	2	3	N
160048	1	0	0	N
160058	47	0	0	N
160064	13	4	10	N
160066	2	0	0	N
160067	12	0	0	N
160079	28	0	0	Y
160080	13	1	7	Y
160083	48	46	28	N
160089	11	0	0	Y
16009F	0	0	3	N
160112	7	4	6	N
160113	5	0	3	N
162500	18	1	4	Y
162501	50	3	36	N
162505	1	0	0	N
162506	8	1	1	N
162507	10	4	11	N
162508	4	0	2	N
162509	9	0	1	N
162511	3	0	1	N
162512	14	0	4	N
162513	15	6	12	N
162514	3	0	0	N
162515	46	4	15	N
162516	29	2	17	N
162517	10	0	1	N
162518	4	0	0	N
162519	2	0	0	N
162520	1	0	0	N
162521	4	0	0	N

Source of Information: Self-reported survey data from Network #12 facilities

Date of Preparation: June 2002

- 1 Number of patients (aged 18-55) who were referred to Vocational Rehabilitation programs sponsored by the state or private agencies (or other programs if applicable)
- 2 Number of patients, aged 18-55, who were employed or attending school full-time or part-time during the reporting year regardless of the patient's state of residence.
- 3 Defined as having a dialysis shift that **starts** after 5 p.m.

Vocational Rehabilitation by Dialysis Facility

Patients Aged 18-55 as of December 31, 2001

PROVIDER	Number of Patients Aged 18-55	Referrals to VR ¹	Patients Employed or Students ²	Offered Dialysis Shift After 5 p.m. ³
162522	1	0	0	N
162524	0	5	0	N
163500	1	0	0	N
163501	11	5	7	N
163502	4	0	0	N
163503	4	2	4	N
163504	7	0	0	N
163505	2	0	0	N
163506	4	0	0	N
163507	6	0	0	N
163508	3	0	0	N
163509	11	0	0	N
163510	2	0	0	N
163511	1	1	1	N
163512	6	2	5	N
IA Total	561	103	225	7

170040	64	0	0	Y
172501	20	0	0	N
172502	31	0	0	N
172503	71	0	0	N
172504	89	10	23	Y
172505	9	0	0	N
172506	11	0	2	N
172507	10	0	0	N
172508	42	1	6	N
172509	25	18	15	N
172510	5	1	4	N
172511	14	0	0	N
172512	6	0	4	N
172514	18	2	3	N
172515	7	0	6	N
172516	4	0	1	N
172517	0	2	8	N
172518	0	0	0	N

Source of Information: Self-reported survey data from Network #12 facilities

Date of Preparation: June 2002

- 1 Number of patients (aged 18-55) who were referred to Vocational Rehabilitation programs sponsored by the state or private agencies (or other programs if applicable)
- 2 Number of patients, aged 18-55, who were employed or attending school full-time or part-time during the reporting year regardless of the patient's state of residence.
- 3 Defined as having a dialysis shift that **starts** after 5 p.m.

Vocational Rehabilitation by Dialysis Facility

Patients Aged 18-55 as of December 31, 2001

PROVIDER	Number of Patients Aged 18-55	Referrals to VR ¹	Patients Employed or Students ²	Offered Dialysis Shift After 5 p.m. ³
172519	0	0	0	N
172520	0	1	7	N
172521	0	0	3	N
172522	0	0	0	N
172523	0	0	0	N
172524	20	0	0	N
172525	3	0	1	N
172526	6	0	0	N
172527	19	0	0	N
172528	4	0	0	N
172529	6	0	0	N
172530	8	0	4	N
172531	7	1	4	N
172532	10	2	4	N
172533	15	0	0	N
172534	1	1	2	N
172535	2	1	3	N
172536	15	0	8	N
172537	9	0	0	N
172538	5	0	2	N
KS Total	716	40	109	2

260008	28	6	5	N
260020	2	0	0	N
260021	41	0	0	N
260027	23	0	0	N
260031	0	0	0	N
260040	5	3	0	N
26004F	6	0	0	N
26009F	16	0	0	N
260100	10	0	1	N
260105	8	0	0	N
260113	20	0	0	Y
260141	3	0	0	N
260172	0	0	0	N

Source of Information: Self-reported survey data from Network #12 facilities

Date of Preparation: June 2002

- 1 Number of patients (aged 18-55) who were referred to Vocational Rehabilitation programs sponsored by the state or private agencies (or other programs if applicable)
- 2 Number of patients, aged 18-55, who were employed or attending school full-time or part-time during the reporting year regardless of the patient's state of residence.
- 3 Defined as having a dialysis shift that **starts** after 5 p.m.

Vocational Rehabilitation by Dialysis Facility

Patients Aged 18-55 as of December 31, 2001

PROVIDER	Number of Patients Aged 18-55	Referrals to VR ¹	Patients Employed or Students ²	Offered Dialysis Shift After 5 p.m. ³
260176	2	0	0	N
260179	0	0	0	N
260180	0	0	0	N
262501	74	0	0	N
262502	58	1	24	N
262503	55	2	11	N
262504	26	0	0	Y
262505	8	1	3	N
262506	60	0	0	N
262507	21	0	0	N
262508	50	0	0	N
262509	32	3	2	N
262511	16	1	6	N
262513	14	0	7	N
262514	26	5	13	N
262515	16	0	12	N
262516	10	0	0	N
262517	39	3	18	N
262518	4	0	0	N
262519	1	0	0	N
262520	11	0	0	N
262521	12	0	3	N
262522	2	0	0	N
262523	0	0	3	N
262524	14	0	1	N
262526	3	0	0	N
262527	60	10	11	N
262528	37	6	21	N
262530	11	2	4	N
262531	29	2	3	N
262534	10	0	0	N
262535	28	3	3	N
262536	13	0	4	N
262537	46	12	26	N
262538	29	5	14	Y
262539	36	2	21	N

Source of Information: Self-reported survey data from Network #12 facilities

Date of Preparation: June 2002

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- 2 Number of patients, aged 18-55, who were employed or attending school full-time or part-time during the reporting year regardless of the patient's state of residence.
- 3 Defined as having a dialysis shift that **starts** after 5 p.m.

Vocational Rehabilitation by Dialysis Facility

Patients Aged 18-55 as of December 31, 2001

PROVIDER	Number of Patients Aged 18-55	Referrals to VR ¹	Patients Employed or Students ²	Offered Dialysis Shift After 5 p.m. ³
262540	22	0	10	N
262541	22	0	9	N
262542	15	0	2	N
262543	27	0	7	N
262544	16	2	11	N
262547	60	3	21	N
262548	16	0	0	N
262549	78	0	0	Y
262550	17	0	0	N
262551	35	0	0	N
262552	12	0	5	N
262553	16	0	0	N
262554	12	0	0	N
262555	10	2	2	N
262556	23	0	0	N
262557	9	0	1	N
262559	6	1	2	Y
262560	26	0	18	N
262561	22	2	9	N
262562	17	0	3	Y
262563	15	1	2	N
262564	72	19	24	N
262565	102	14	50	N
262567	8	1	1	N
262568	11	0	5	N
262569	13	2	0	N
262570	10		0	N
262572	14	2	7	N
262573	9	1	2	N
262574	21	3	13	N
262575	8		0	N
262576	28	0	8	Y
262577	12	0	0	N
262578	6	0	1	N
262579	29	0	0	N
262580	6	0	0	N

Source of Information: Self-reported survey data from Network #12 facilities

Date of Preparation: June 2002

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- 3 Defined as having a dialysis shift that **starts** after 5 p.m.

Vocational Rehabilitation by Dialysis Facility

Patients Aged 18-55 as of December 31, 2001

PROVIDER	Number of Patients Aged 18-55	Referrals to VR ¹	Patients Employed or Students ²	Offered Dialysis Shift After 5 p.m. ³
262581	4	2	3	N
262582	1	0	1	Y
262583	13	10	10	N
262584	5	0	0	N
262585	15	6	17	N
262586	0	0	0	N
262587	8	0	2	N
262588	2	0	2	N
262589	10	0	2	N
262590	6	0	1	N
262591	0	1	5	N
262592	1	0	0	N
263300	2	1	5	N
263301	3	0	3	N
263302	6	6	20	N
263503	9	0	2	N
263504	17	0	0	N
263505	3	0	0	N
263506	22	0	0	N
263508	18	0	0	N
263510	9	0	0	N

MO Total	1971	146	502	8
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280020	0	0	0	N
280030	0	0	0	N
280065	18	2	5	N
28006F	8	1	2	N
280118	1	2	1	N
280088	57	0	0	N
280125	9	0	0	N
281341	1	0	0	N
282500	37	2	12	Y
282501	18	1	16	N
282502	14	1	3	N
282503	34	5	12	Y

Source of Information: Self-reported survey data from Network #12 facilities

Date of Preparation: June 2002

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- 3 Defined as having a dialysis shift that **starts** after 5 p.m.

Vocational Rehabilitation by Dialysis Facility

Patients Aged 18-55 as of December 31, 2001

PROVIDER	Number of Patients Aged 18-55	Referrals to VR ¹	Patients Employed or Students ²	Offered Dialysis Shift After 5 p.m. ³
282504	59	12	19	Y
282505	5	0	0	N
282506	16	0	23	N
282507	3	3	3	N
282508	2	1	1	N
282509	5	0	0	Y
282510	7	0	5	Y
282511	14	3	1	N
282512	8	0	6	N
282513	22	0	9	Y
282514	16	6	9	N
282515	32	0	0	N
282516	21	4	8	N
283501	8	6	4	N
283503	30	5	10	N
NE Total	435	54	148	6

TOTALS				
STATE	Number of Patients Aged 18-55	Referrals to VR ¹	Patients Employed or Students ²	Offered Dialysis Shift After 5 p.m. ³
IOWA	561	103	225	7
KANSAS	716	40	109	2
MISSOURI	1971	146	502	8
NEBRASKA	428	54	148	6
NETWORK TOTALS	3676	343	984	23

Source of Information: Self-reported survey data from Network #12 facilities

Date of Preparation: June 2002

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- 3 Defined as having a dialysis shift that **starts** after 5 p.m.