2003 Annual Report

End-Stage Renal Disease (ESRD) –12 Network Coordinating Council, Inc. Contract # 500.03.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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Prepared for Centers for Medicare and Medicaid Services
Baltimore, Maryland
June 30, 2004

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Preface

Introductory Statement

The year started off with a very successful and well-attended Annual Business Meeting and Education Conference.

In addition to continued efforts at data collection, patient grievance mediation and quality improvement, a stronger focus on education of the Renal Community as a way to improve the quality of patient care was initiated. The Executive Committee had its first retreat to educate members on what the responsibilities are of a Network 12 Executive Committee Board member. The retreat also served, as a brainstorming session to identify projects the Network could develop to enhance the care of patients with ESRD.

As a direct result of activities at the retreat, an expanded and more informative Network #12 website was designed. This website is in a constant state of expansion under the strong efforts of Dr. Cory Sise and Jeff Arnall, IS Director. The website is now an excellent resource for patients and caregivers alike.

The EC also approved financial support for the Dialysis Patient-Provider Conflict Consensus Project, which was an enormously successful meeting of experts in the field of conflict resolution. Guidelines to assist dialysis staff on the management of such issues will be forthcoming.

The Medical Review Board finished the Vascular Stenosis Project. The year 2003 also saw the initiation of the National Vascular Access Project that is now known as Fistula First. The Medical Review Board has planned a symposium to bring together expert surgeons in the area with practicing physicians to identify the barriers to fistula placement and overcome them. Data collection was improved this year by educating many facilities on the use of Vision software for more efficient data entry.

Finally, I would like to thank the staff of Network #12 for another productive year. I would like to give sincere thanks to Dr. Robert Saylor, who, for three years has been an outstanding EC chairman. His innovative vision, exceptional moral character, and genuine concern for the health and well being of patients with ESRD have undoubtedly resulted in better care for these patients due to the efforts of this Network. It has been my pleasure and honor to work with him during the past few years, and I hope to enjoy his advice in the future.

Mary E. Gellens, M.D.
Chair, Executive Committee

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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 13 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, 2000	12,920,000
July 1, 2003	13,052,000

Overall population increased 0.50% during the past year, up from 0.22% last year. Females make up over half of the area population, 51% with 49% being males. Racially, 88% of the population is White; 7% are Black; less than 1% are American Indian; a little over 1% are Asian or Pacific Islander, and 2% are listed as Other. Sixty-nine percent (69%) of the people live in an urban setting.

Table A

Demographic Characteristics by State July 1, 2003					
	Iowa	Kansas	Missouri	Nebraska	Totals
White	2,789,000	2,428,000	4,850,000	1,594,000	11,661,000
Black	65,000	161,000	650,000	72,000	948,000
American Indian	10,000	26,000	25,000	16,000	77,000
Asian/Pacific Islander	45,000	54,000	71,000	26,000	196,000
Other	70,000	57,000	106,000	72,000	305,000
Male	1,442,000	1,343,000	2,762,000	853,000	6,400,000
Female	1,494,000	1,372,000	2,910,000	876,000	6,652,000
Rural	1,145,000	787,000	1,645,000	519,000	4,096,000
Urban	1,791,000	1,928, 000	4,027,000	1,210,000	8,956,000
State Total	2,936,000	2,715,000	5,672,000	1,729,000	**13,052,000**

U.S. Census Bureau, Population Division, State Population Estimates. Table ST-EST2002-ASRO Release Date: September 18, 2003

"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 as well as bi-racial (two or more races) the other race category. The sum of the five race groups adds to more than the total population because individuals may report more than one race.

Table B

Total Population by State			
	2001	2002	2003
Iowa	2,923,000	2,928,000	2,936,000
Kansas	2,694,000	2,702,000	2,715,000
Missouri	5,629,000	5,637,000	5,672,000
Nebraska	1,713,000	1,720,000	1,729,000
Totals	12,959,000	12,987,000	13,052,000
2003 Total U.S. Population 290,810,000			

U.S. Census Bureau, Population Division, State Population Estimates. Table 8: Annual Estimates of the Population for the United States, Regions, and Divisions: April 1, 2000 to July 1, 2003 (NST-EST2003-08). Release Date: May 11, 2004

ESRD Population Demographics

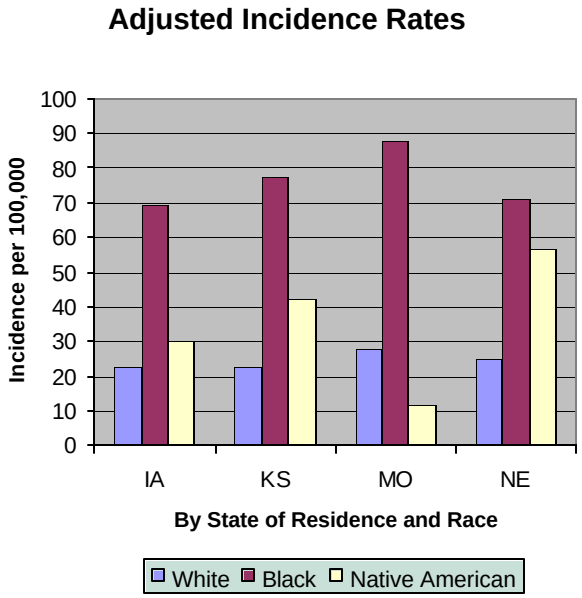
Incidence

Three thousand, nine hundred and fifteen (3,915) persons initiated chronic renal replacement therapy including transplantation at a facility located within the Network 12 region during 2003. Adjusted incidence rates per 100,000 persons for the four-state region are as follows:

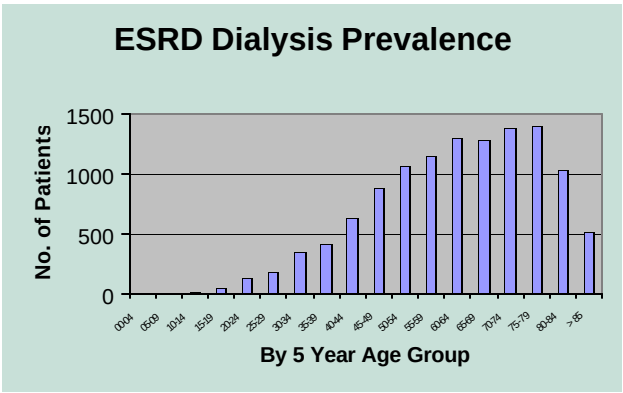
Iowa 26.25
Kansas 32.89
Missouri 31.64
Nebraska 35.86

When analyzed by race, disparities in adjusted incidence rates become quite noticeable with an almost 3-fold difference between white and black (see Figure 1). The adjusted incidence rate for Native Americans varies widely by state. Possible influences include cultural and genetic difference between tribes.

Figure 1



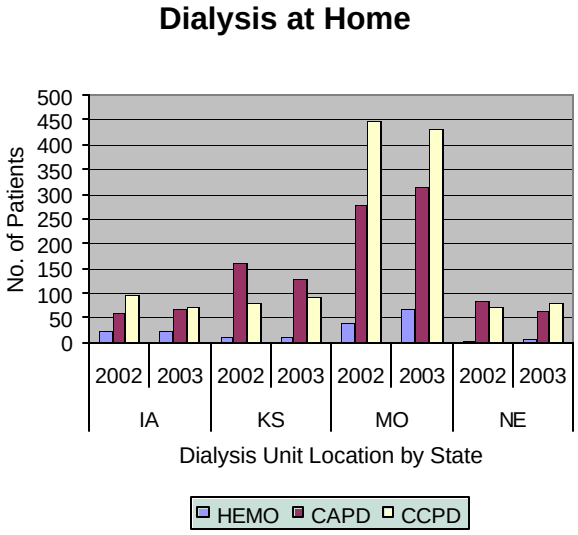
gure 2



Diabetes has eclipsed all other diseases as the primary cause of renal failure. For 41% of the patients starting renal replacement therapy in 2003 it was identified as the primary cause of kidney failure. Hypertension was the second-leading primary diagnosis, accounting for 27% of all new patients. Combined these two diseases accounted for 68% of the renal failure leading to initiation of dialysis or transplantation during 2003. Please refer to Table #1 on page 33 for detailed demographics.

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, 2003, 47% were 65 years of age or older.

Figure 3

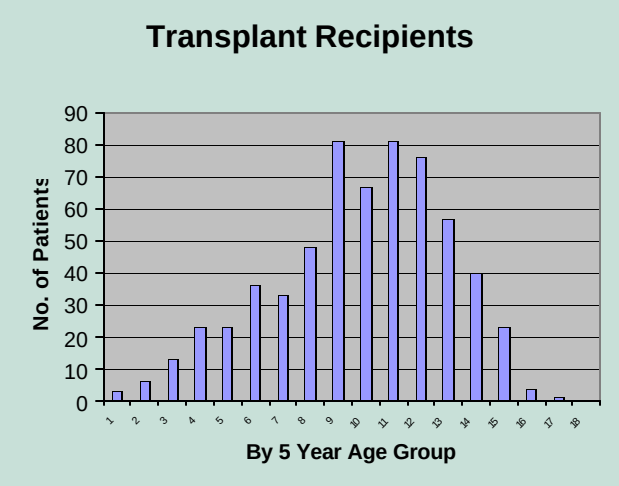


Dialysis Prevalence

At the end of 2003, there were 11,827 patients actively dialyzing at a facility in Network 12. Of the 11,827 persons, 2,035 resided in Iowa, 2,120 in Kansas, 5,891 in Missouri, and 1,313 in Nebraska with 468 patients living in contiguous states while receiving treatment from a Network 12 facility. 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 7.51 to 13.38 % with a Network-wide total of 11.22%. Of the different home modalities, Continuous Cyclic Peritoneal Dialysis (CCPD) is the most common with 678 patients (50% of the home population). Five hundred, seventy-two patients (42% of the home population) were receiving Continuous Ambulatory Peritoneal Dialysis and 107 were on home hemodialysis (8% of the home population). This represents a 34% increase in the number of patients receiving home hemodialysis from 2002.

Figure 4

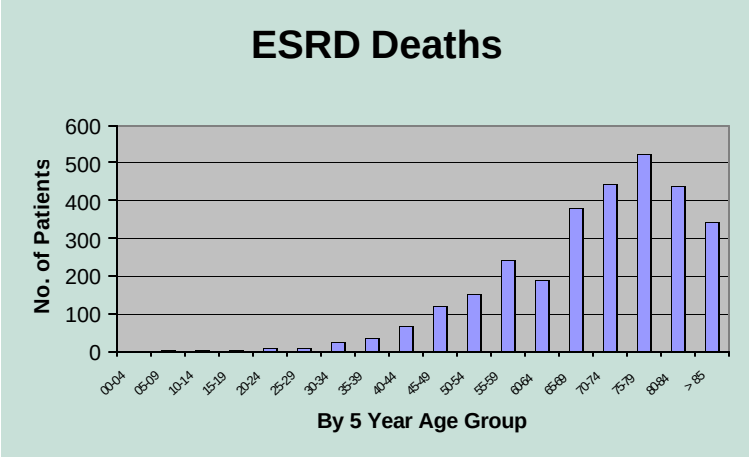


Transplantation

Centers located in the four-state region performed 616 kidney transplants during 2003. 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 2 and 4). Racial distribution of transplants also differs from the ESRD population. A disproportionately high number of

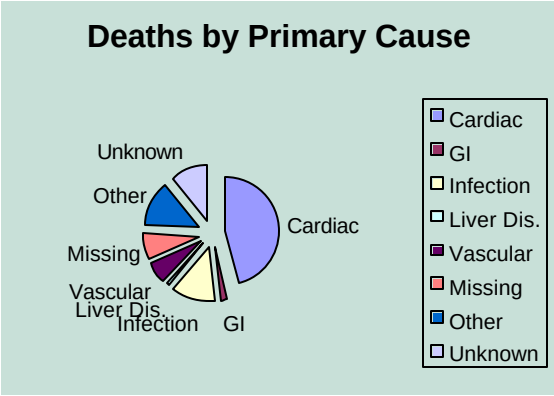
persons in the categories of Whites, Asian/Pacific Islander, and Other/Multiracial are transplant recipients. Many factors including blood type, antigen typing, concomitant disease, and overall health may account for this inequitable distribution.

Figure 5



As of the end of 2003, area transplant centers reported 198 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.)

Figure 6



Deaths

Three thousand and eighty-three patients died while receiving care at a Network 12 facility last year. The age 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 Figures 2 and 5). As in past years, the leading known causes of death were cardiac related accounting for 48% and infection accounting for 13% (see Figure 6).

Please refer to Section 6 Data Tables, beginning on page 32 for specific information on the ESRD population receiving treatment within Network 12.

Network Structure

ESRD Network 12 Staff

December 31, 2003 (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 Director Cathy Long, B.A., R.H.I.T. Quality Improvement Specialist	Fistula First Project Quality Improvement Activities USRDS Studies Coordination Clinical Performance Measures (CPM) Data Collection
Kimberly Thompson, R.N., C.N.N. Patient Services Specialist	Patient Grievances and Concerns Patient Newsletters and Education
Jeff Arnall, M.C.S.E. Information Systems Director	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 Facility Staff Database Maintenance Correspondence and Communications
Katrina Tickles Meetings and Events Specialist	Coordinate Annual Meeting Staff Travel/ Meeting Arrangements

Corporate Description

The organization currently known as End-Stage Renal Disease (ESRD)—12 Network Coordinating Council, Inc., registered 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 2003, the Executive Committee was involved in the following activities:

- Fiscal oversight of the organization
- Planning the educational portion of the Annual Business Meeting and Clinical Care Conference

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 2003, 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 a vascular access stenosis monitoring project

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 2003, the Finance Subcommittee was involved in the following:

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

The Network utilizes four ad hoc committees: the Nominating Committee, appointed by the Executive Committee (EC); the Grievance Committee, appointed by the Medical Review Board (MRB); the National Vascular Access Improvement Initiative (NVAII) Sub-committee, appointed by the MRB; and the Quality Agenda Sub-committee also appointed by the MRB. These committees met on an as-needed basis during 2003.

The Nominating Committee is integral to the Board election process. Nominations are solicited from all listed personnel in the Network 12 facility database. Nominees are contacted and a resume or curriculum vitae is requested. The Nominating Committee, consisting of Executive Committee members, reviews the requested documents of interested nominees and prepares the slate of final candidates. The Nominating Committee members consider geographic composition and professional expertise when selecting the candidates.

The MRB Committees and Sub-committee address issues related to quality of patient care. The Grievance Committee reviews and makes determinations formal grievances. See Section, Grievances, page for more information on grievance investigations and actions. The NVAII Sub-committee formed in the fall. It is responsible for designing and developing Network 12's quality improvement project to increase primary fistula placement and use. The Quality Agenda Sub-committee was charged by the EC and MRB with determining the quality improvement needs of Network 12 and developing resource-appropriate interventions to address these issues.

Executive Committee Membership

December 31, 2003

Mary E. Gellens, M.D., Chair
Nephrologist
St. Louis University Hospital
St. Louis, Missouri

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

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

Lisa A. Weber, M.D.
Nephrologist
Kansas Nephrology Physicians, PA
Wichita, Kansas

Jacqueline S. Carder, M.A., L.M.N.T., RD
Renal Dietician
Dialysis Center of Lincoln
Lincoln, Nebraska

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

Norma. Knowles, M.S.W.
Patient Representative
Dialysis Clinic, Inc
Columbia, Missouri

Stan Langhofer, B.S.N., R.N., C.N.N.
Administrator, Finance Chair
Kansas Dialysis Services
Topeka, Kansas

Theresa M. Lane, R.N., B.S.N., C.N.N.
Registered Nurse
Des Moines, Iowa

John E. Whalen, M.D.
Nephrologist
Tri-State Dialysis
Dubuque, Iowa

Anne L. Voigts, M.D.
Medical Review Board, Chair
Internists, P.C.
Cedar Rapids, Iowa

Thomas Bainbridge, M.D.
Nephrologist
Southeastern. Renal Dialysis
Mount Pleasant, Iowa

Barbara Kabela, B.S.N., MBA, MSN
Administrator
University of Iowa Hospital & Clinics
Iowa City, Iowa

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

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

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

Medical Review Board Membership

December 31, 2003

Ardyth Boucher
Patient Representative
Mercy Medical Center
Des Moines, Iowa

Robert Dickerson
Patient Representative
Research Medical Center
Kansas City, Missouri

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

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

Michael Schwarz, B.M.E.T., C.H.T.
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Lincoln, Nebraska

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

Sheila Kiesey, R.N.
Administrator
Southeastern Renal Dialysis, L.C.
Mount Pleasant, Iowa

Judy Helmer, B.A., M.A., R.D.
Dietitian
East Wichita Dialysis
Wichita, Kansas

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

Patrick Krogman
Patient Representative
Renal Care Group
Wichita, Kansas

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

Sue Donaldson
Patient Representative
Dialysis Center of Lincoln
Lincoln, Nebraska

Craig C. Porter, M.D.
Pediatric Nephrologist
University of Iowa Hospital and Clinics
Iowa City, Iowa

Donovan C. Polack, M.D.
Nephrologist
St. Louis University School of Medicine
St. Louis, Missouri

David Sommerfeld, M.D.
Nephrologist
Springfield Nephrology
Springfield, Missouri

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

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

Anne Greer, B.A., M.S., M.S.W.
Social Worker
Renal Care Group, Inc.
Joplin, Missouri

Michelle L. Carver, R.N., C.N.N.
Registered Nurse
Dialysis Center of Lincoln
Lincoln, Nebraska

Finance Subcommittee
A Sub-committee of the Excutive Committee

Stan Langhofer, B.S.N., R.N., C.N.N, Committee Chair
Mary E. Gellens, M.D., Executive Committee Chair
Cory Sise, M.D.
Norma. Knowles, Patient Representative
Barbara Kabela, B.S.N., M.B.A., Administrator
Lisa Taylor, B.S.N., R.N.

Nominating Subcommittee
An ad-hoc Sub-committee of the Executive Committee

Mary E. Gellens, M.D., Executive Committee Chair
Jacqueline S. Carder, M.A., L.M.N.T., R.D.
Anne L. Voigts, M.D., Medical Review Board Chair
Theresa M. Lane, R.N, B.S.N., C.N.N.
Lisa VanHoose, M.S.W.
Lisa Taylor, B.S.N, R.N.

Grievance Committee
An ad-hoc Subcommittee of the Medical Review Board

Jason Taylor, M.D., Committee Chair
Ardyth Boucher, Patient Representative
Robert Dickerson, Patient Representative
Angie Greer, B.A., M.S., M.S.W.
Michelle Carver, R.N., B.S.N., C.N.N.
Anne Voigts, M.D., MRB Chair
Kimberly Thompson, R.N., C.N.N.
Lisa Taylor, B.S.N., R.N.

Quality Agenda Committee
An ad-hoc Sub-committee of the Medical Review Board

Ardyth Boucher, Patient Representative
Michael Flanigan, M.D.
Judy Helmer, R.D., MEd., C.S.R.
Craig Porter, M.D.
Sarah Yelton, QI Coordinator
Cathy Long, QI Specialist

NVAII Committee
An ad-hoc Sub-committee of the Medical Review Board

Michelle Carver, R.N., B.S.N., C.N.N.
Douglass T. Domoto, M.D., J.D.
Donovan Polack, M.D.
Dennis Ross, M.D.
Traci Simpson, R.N., B.S.N.
Jason Taylor, M.D.
Lisa Weber, M.D.
Andrew Chontos, M.D.
Surendra Shenoy, M.D.

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 three categories and seven subcategories:

- Quality Activities
  - Quality improvement projects (QIPs)
  - Quality of care initiatives
- Education Activities
  - Provider community education
  - Patient education and outreach
  - Resources through the Network 12 website
- Assistance Activities
  - Assistance to facilities and patients related to care issues
  - Mediation of patient grievances

Quality Activities: Quality Improvement Projects

Vascular Access Stenosis Monitoring

Approved by the CMS Region VII Project Officer on February 4, 2002, this project started in February 2002. The final report received approval from CMS on March 26, 2003, concluding the project. This final report can be found in the Network 12 2002 Annual Report. The text contained in this report summarizes the project.

Background

It has been reported that access-related morbidity is responsible for 25% of all hospitalizations for ESRD patients. It is well known that the best form of permanent vascular access is the native arterio-venous fistula (AVF). The AVF is accomplished by directly connecting an artery and vein. The most used alternative to an AVF is an arterio-venous graft (AVG). The artery and vein are connected via a small tube of internally-placed, synthetic, silastic tubing. For reasons well documented in the literature, ESRD patients are more likely to receive an AVG than AVF for permanent hemodialysis access.

Project Goals

The short-term goals (STG) for this project are as follows:

- Decrease the incidence of clotted AVGs
- Increase monitoring of vascular accesses--specifically grafts
- Increase percent of facilities providing stenosis monitoring of AVGs to 100%

Simply stated, the overarching goal of the project is to improve patient care by ensuring that Medicare beneficiaries utilizing grafts as the primary dialysis access will be monitored for stenosis.

The long-term goals and projected impact of the project are as follows:

- Decrease morbidity and mortality associated with access failure
- Preserve the patients remaining vascular access sites for as long as possible
- Improve the quality of life for patients by preventing access loss
- Reduce costs to Medicare, private insurers, and the Medicare beneficiary.

Focus on Opportunity for Improvement

During the month of October 2001, Network 12 conducted a CMS-approved, pre-project survey to assess whether or not the facilities had written policies for stenosis monitoring and which monitoring techniques are used. Of the one hundred, ninety-nine facilities surveyed, one hundred, sixty-nine completed the survey representing

eighty four percent (84.9%) of the facilities. These one hundred sixty-nine (169) facilities account for three thousand six hundred twenty-two (3,622) AVGs.

Questionnaire responses varied from facilities with no written policies and minimal monitoring to elaborate policies and procedures involving many of the preferred monitoring techniques recommended by the Kidney Disease Outcome Quality Initiative (KDOQI) Clinical Practice Guidelines for Hemodialysis. The responses were further distilled into a group of thirty (30) Network12 facilities for which responses indicated patients did not receive venous stenosis monitoring with at least one of the top three KDOQI recommended monitoring techniques.

Of the thirty (30) facilities, responses from thirteen (13) facilities indicated unit policies covering vascular access stenosis monitoring were in place while seventeen (17) had no such policies. These facilities, located in the states of Iowa, Missouri, and Kansas, represent almost nineteen percent of the questionnaire respondents (18.9%), and one thousand one hundred fifty eight (1,158) NW 12 patients with AV grafts.

Interventions

Chosen on the basis of anticipated effectiveness, data collection tools (i.e.: monthly data collection forms and facility questionnaires) were utilized. Only aggregate data were required, easing the completion burden on the part of dialysis staff members. These also served as intervention tools when monthly rapid cycle feedback was added. Monthly rapid cycle feedback serves to reinforce positive outcomes and serves as constant encouragement throughout the project. The participating facilities receive current data feedback that can be used during monthly Quality Improvement meetings at the facility.

A one-day educational seminar was held to familiarize the staff of the thirty select facilities with the project goals and the data gathering process. Dr. Jeffrey Sands—a nationally known and respected expert in stenosis monitoring—gave a complete presentation on stenosis monitoring from its value and the benefits of various monitoring techniques. In efforts to encourage facility buy-in, Julie Smirl, R.N., Facility Manager and Access Coordinator, addressed the group giving insights and real-world solutions to some of the barriers of stenosis monitoring. Additionally, sample monitoring policies and procedures were provided for the participants.

Results

Within the project's intervention group of thirty facilities, there was an increase in stenosis monitoring from a baseline measurement of 31% to a high of 65% in month 10 of the project. Although the initial goal for this project was to be a 5% relative increase from baseline in vascular access surveillance, an increase of 109% was realized. The number of facilities not performing stenosis monitoring decreased by 55.5%. By the conclusion of the project, the number of facilities performing AVG monitoring for stenosis increased from seven (7) at the beginning of the project to sixteen (16) by month 10. This change reflects an increase in monitoring of 128%.

Conclusions

Facility "buy-in" is directly related to the success of any project. It would seem that facilities provide more accurate and timely data when they feel that the study is pertinent to their practice and assists them in improving patient care. Medical Director involvement is important as it further reinforces his/her responsibility in the provision of quality medical care. Reports comparing individual facility achievements and entire project participants serve as gentle peer-pressure to low-performers and encouragement to high-performers.

By including the Medical Directors and, if applicable, the Corporate QI Contacts from the outset of the project we were able to gain additional facility acceptance. Comparative graphs were sent to the facility and also to the Medical Director and the Corporate QI Contact.

The pre-printed educational materials (policies & procedures, flow charts) were well received by the facilities and allowed the management team and Medical Director a variety of options from which to choose. The facility was then encouraged to customize the materials to fit the individual needs of the unit.

The frequency of stenosis monitoring improved clot detection. Further, the frequency of diagnostic evaluation above and beyond stenosis monitoring also improved clot detection. Additionally, the project produced data indicating that stenosis monitoring may be able to identify indicators for stenosis, which had a prognostic value in predicting future incidents of AVG clotting.

Working with a smaller study group (30 facilities) allowed the Network staff more time to concentrate on the individual needs of the participants. Implementing a stenosis-monitoring program requires desire for change on the part of facility stakeholders and the commitment of one key person. The smaller group made supporting of this key person possible given Network 12 resources. Routine monitoring and support led to the project's success. The change in facility staff behavior is directly attributable to Network leadership and intervention.

National Vascular Access Improvement Initiative (NVAII):

NVAII or "Fistula First" is a national CMS initiative whereby each Network works both in concert and independently to increase the placement and use of AVFs in patients who receive care from a dialysis facility within the Network's geographic region. The ESRD Networks working cooperatively with assistance from the Institute for Healthcare Improvement laid the groundwork for the project nationally. The purpose of this groundwork was to collectively produce tools for the Networks to use in developing and implementing the project within its region. One of the first products developed was a list of all potential strategies for increasing fistula placement and use.

The Medical Review Board evaluated these eleven change strategies and determined those that are a top priority for impacting change. The strategies are as follows:

- Routine continuous quality improvement review of vascular access
- Training for the cannulation of AVFs
- Early referral to a surgeon for "AVF only" evaluation and timely placement
- Full range of appropriate surgical approaches to AVF evaluation and placement
- Surgeon selection based on best outcomes, willingness, and ability to provide access services

The Medical Review Board appointed a sub-committee to further develop the project during the summer of 2003. This group has met often during the last half of 2003 and continues to further explore the vascular access placement and use process along with the process of promoting change. The Medical Review Board named two nephrologists and a vascular surgeon to the sub-committee to serve as subject matter experts.

CMS determined that by March 2006 Network 12 must increase the absolute percentage of prevalent patients using AVF by four percent (4%) over the 2002 data from the Centers for Disease Control annual dialysis unit practices survey. In response to concerns brought forward by large, multi-state dialysis corporations, CMS standardized the project's data collection content and tool. CMS and the large corporations have utilized the project as an opportunity to expand electronic data collection. Large, multi-state dialysis organizations provide the requested aggregate data electronically to a central location, which parses the information out to the specific Network. Dialysis units not owned by a large corporation submit the same information on paper forms.

The MRB's Vascular Access Sub-committee continued to develop interventions to affect the desired change throughout the end of the year. It is anticipated that the project plan will be presented to the MRB at the beginning of 2004.

Quality Activities: Quality of Care Initiatives

E-lab

E-lab is a project whereby patient-specific, laboratory data is collected electronically from a facility's clinical laboratory. These data are aggregated and analyzed to produce family-specific outcome profiles. Network 11 in Minneapolis, pioneered the E-lab project, and continues to provide the data aggregation, analysis, and reporting services for all participating networks. Additionally E-lab replaces much of the data collection required for completion of the annual Clinical Performance Measures (CPM) project.

Quality Agenda and CPM Plan

At its retreat, the Executive Committee determined the need for the prioritization of patient care quality issues for our region. As such, they charged the Medical Review Board to develop a quality agenda with implementation plans and outcome goals.

Similarly, the CMS contract begun July 1, 2003, requires a plan of assessment, implementation and goals for monitoring the outcome measured in the CPM data collection. It is anticipated that the plan will be completed by June 2004.

Glomerular Filtration Rate (GFR) Review

The CMS contract begun July 1, 2003, requires Network 12 to review facility-specific and physician-specific calculated GFR profiles. At the end of 2003, this project was still in the planning phases. One of the main issues in this project will be to investigate whether or not the serum creatinine value provided on Medical Evidence Report (the form that enrolls the patient in the ESRD program) was performed before the initiation of any renal replacement therapy. Although not the sole determinant for initiation of therapy, a peak serum creatinine better reflects the patient's physiological state of renal failure than one performed after renal replacement therapy is initiated.

Education Activities: Provider Community Education

Annual Meeting

The 2003 Annual Business Meeting and Clinical Care Conference was held in January. Sessions were held on the following topics:

- Patient Education and Adherence (without adhesives)
- Addressing Issues in Renal Nutrition
- A New Start with New Parts: Transplant Update
- Acute Renal Failure and ICU Management
- Intra-Dialytic Complications: Diffusing the Challenging Run
- A Move to Safety
- The Bone-Heart Connection
- A Good Death: Why We Should Care and End-of-Life Care
- Second Chance St. Louis: A Living Donor Registry

A pre-conference workshop was held for renal administrators addressing a variety of issues including conflict resolution with employees, preparing for a state survey, the ethics of leadership, the day preceding the meeting. Participant evaluations were very positive.

The Business Meeting held on Friday was well attended. The Council reviewed activities for the previous year including financial information and major accomplishments. The Executive Director presented an overview of future goals and activities. The Executive Committee Chair recognized retiring Board members. No new business was brought before the Council and the meeting adjourned.

Staff Newsletter

The Network produced and distributed facility staff newsletters. Printed semi-annually, the newsletter serves to update renal professionals on current issues effecting the facility-Network relationship with articles from each of the Network's functional groups; e.g., quality improvement, data, patient services, meetings, and administration. Additionally, the newsletters are available on the Network 12 website.

Grievance Booklet

In an effort to de-mystify the process, the Network produced a booklet for facilities use in responding to a grievance.

Distribution of Materials

The Network office houses a large variety of materials that it distributes. Recipients of the materials include Medical Directors, Unit Administrators, Corporate QI Personnel, Social Workers, Nephrologists, Head Nurses, Patients and their families. The following provides a listing of many of the materials distributed during the past year:

QI
Comparative displays with facility, state, and NW fistula rates
State Survey Agency Information
Fistula First Project Introduction Letters
Therapeutic Animals Information
Conditions for Coverage
Powerpoints
Difficult Patient Behaviors
Documentation
Network Information
Famous Fistulas
Grievances
"We're Here for You" Network poster
Grievance forms
Behavior Contract Examples
Network 12 Guideline on Threats and Harassment
Grievance Booklet
Patient Outreach and Education
Patient Newsletters
Education Certificates
Patient Safety
OSHA Compliance with Needlestick Safety
Preparing for Emergencies
Emergency Preparedness for Dialysis Facilities, A Guide….Dialysis
Patient Safety Toolkits
FDA Recall Notice—Heparin
Disaster Planning Card Sets
Miscellaneous
2,175 Death Notices
150 Medical Evidence Reports

Education Activities: Patient Education and Outreach

Patient Newsletters

In 2003, Network 12 continued distribution of a quarterly newsletter for patients and family members via facility personnel. "Nephron News and You" focuses on timely topics related to dialysis and transplant care. Newsletters printed during 2003 focused on adult immunization including influenza vaccination, empowerment and participation in healthcare decisions, and end-of-life care. Each newsletter includes a seasonal recipe with a disclaimer for all patients to please consult their dietitian prior to use, other resources available such as web sites, and a puzzle based on words related to the newsletter's overall theme. The purpose of the puzzle is to familiarize the reader with technical terms important to their care.

Patients who work and return (via facility personnel) three of the puzzles receive a patient education certificate of achievement. The three facilities with the most patient certificate participation are presented with a certification of appreciation at the Annual Meeting. All newsletters are available for download at the Network 12 website.

Transplantation Booklet

Distributed to all units and available on the Network website, a new guide for patients on all steps in the process of acquiring a kidney was produced during 2003. The 54-page booklet was developed in conjunction with area transplant centers and addresses many of the concerns held by potential transplant recipients. Every dialysis and transplant unit received at least one copy of the booklet to use as a patient education resource.

Education Activities: Resources Through the Network Website

In March of 2002, ESRD Network 12 launched its new website. As in 2002, 2003 has seen continuous use of the information contained at the site. Located at www.network12.org, content includes information of interest to patients, professionals, corporations, vendors, CMS, and the general public. During 2003, the website received over 16,843 visits[1] with 7,377 pages[2] being requested.

Much time was spent during the last half of 2003 in redesigning the structure of the site. The new structure will differentiate between the different types of users who might visit the site providing direction in navigating the site. The goal is to have all materials and resources available or distributed by the Network available for easy download from the website. The redesigned website will be launched in the spring of 2004.

Consistently, the most downloaded material is the Annual Report. Other popular downloads include Facility Directory, Patient Newsletters, Staff Newsletters, the Transplant Booklet, Prevalence/Incidence Reports, and the Annual Meeting Brochure.

Assistance Activities: Assistance to Facilities and Patients Related to Care Issues

In October 2002, the Centers for Medicare and Medicaid Services (CMS) began distributing a packet of basic information to every new ESRD patient via his/her home address. The packet includes a cover letter from the Network #12 Executive Director that contains the following information:

- An introduction to the Network's grievance process
- Instructions on contacting 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 required by the Medicare regulations to provide new patients with information on contacting the Network. Previously distributed to all existing facilities, the Network provides all new facilities with a poster advertising the Network's toll-free number for display in the patient waiting room or another appropriate area.

[1] Visits are requests for web pages from another PC. Multiple requests are still considered one visit, unless they occur after the 30 minute timeout, at which point it is considered a new visit.
[2] Pages (also known as "page views" or "page impressions") are URLs that would be considered an actual page being requested.

Overview of Activity

Figure 7

Number of Calls by Category, 2003	
Formal Grievance	12
Patient Complaint	15
Patient Inquiry	24
Facility Concerns	53
Facility Inquiry	115
State Agency	23
Other	155

During 2003, the office received almost four hundred calls from patients, family members, facility staff, and others on a variety of issues. As displayed in Figure, 7 168 calls were from facility personnel, of which 40 were requests for information addressing abusive, disruptive or otherwise challenging patient behaviors. These requests have doubled since 2002, 12% compared to 23% this year. Additionally, there were 23 calls from State Survey Agency personnel requesting information related to grievances filed against facilities or questions prior to a site visit. This number increased 150% since last year and reflects joint collaboration efforts. Figure 8 lists the type of questions and concerns related to patient care received during 2003.

In response to calls involving challenging patient behaviors, the Network Patient Services and Quality Improvement Staff review the ESRD Conditions of 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."

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

Figure 8

Type of Complaints and Questions Related to Patient Care, 2003

Care Practices
- Dialysis Adequacy
- Vascular Access QIP
- Cannulation Ability of Staff
- Unit cleanliness
- Unit temperature

Insurance and Billing Problems
- Costs not covered by Medicare
- Billing questions
- Transplant medication coverage

Other Concerns
- Patient Behavior Contracts
- Inappropriate patient behavior
- Transfer policies
- Patient rights
- Transportation
- Respect and dignity issues
- Patient education
- Location of other facilities
- Use of updated DFC site

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?
- Has the Social Worker intervened with community resources and psychosocial interventions?
- 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 the not the patient has been notified in writing, provided education on fluid overload and increased potassium levels, how long the patient has to transfer, and how has 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.

Assistance Activities: Mediation of 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 ascertains what steps the patient has taken previously to resolve the problem and the patient's goal(s).
- Network staff notifies 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 removes 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 drafts 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 9

2003 Grievances Allegations	
Type of Allegation[1]	No.
Professional Ethics	5
Treatment Related/Quality of care[2]	4
Physical Environment	2
Other	1

[1] 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.

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

2003 Grievance Activity

Network #12 investigated seven formal grievances during 2003.Grievances by type are illustrated in Figures 9 and 10. All grievances filed during 2003 were resolved at the end of year. The remaining five grievances were reviewed internally and outside the scope of the ability of the Network. Four of the five were referred to the appropriate state survey agency, with the other submitted to the state quality improvement organization. Of the four submitted to the state surveyors, at a minimum, some if not all of the allegations referred were supported and corrective action plans were submitted to the state. The Network continues to have a supportive collaborative relationship with the state prior to site visits.

Figure 10

2003 Grievances Resolutions	
Type of Resolution	No.
Staff education on facility policies and procedures	4
Facility encouraged to uniformly enforce policies and procedures	5
Patient education on changes in policies, including annual updates	6
Referral to State Survey Agency	1
Referral to State QIO	1

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

Summary of Activities

Efforts to improve the reliability and validity of ESRD data were two-fold. Primarily, data staff participated in several national commities to standardize and improve business rules for data reporting. Secondly, the Network focused on reconciling patient-specific data inconsistencies between Social Security Administration, CMS billing, and previously reported Network data. This large data cleanup effort is part of the preparation for migration to the new national renal registry, REMIS (Renal Management Information System).

Network 12 submitted 6,318 Medical Evidence Reports and 2,837 Death Notices during the past calendar year. The count of Medical Evidence Reports includes duplicate forms submitted for change in modality effecting the eligibility date that occurs within the first 90 days of therapy.

SIMS, VISION, and CROWN: A Meta-integration Project

SIMS is the Standardized Information Management System implemented during 1999-2000. This database and software package standardized patient and facility data collection and management for all ESRD Networks. Implementation included establishing a central repository for the majority of patient and facility records and a wide-area computer network via the internet. Because all Networks use the same software, the Networks maintain a patient's treatment history in one national file that is accessible for viewing and transfer by any other Network. Also, the WAN (wide-area network) is appropriately protected to prevent access by unauthorized users and allows safe exchange of confidential information within the network.

VISION (Vital Information System to Improve Outcomes in Nephrology) is an internet-based software package that allows facilities to file forms and make changes to patient tracking data electronically. The information is delivered to the Network office and is cleaned and verified before uploading to the SIMS database.

CROWN (Consolidated Renal Operations in a Web-enabled Network) is the platform and secure wide-area computer network that allows protected exchange of confidential patient information via the internet.

REBUS (Renal Beneficiary Utilization System) to REMIS (Renal Management Information System) Migration

REBUS is the system used by the government to make decisions regarding whether or not someone enrolled in the ESRD program is entitled to continue Medicare benefits. Medical expenses paid by Medicare post each quarter to the patient's file. The continuous posting of renal replacement therapy charges ensure that the patient's benefits are maintained.

One of the opportunities for improvement identified by the Office of Inspector General's report of 2000 was the inaccuracies with the patient data in REBUS. Due to many different issues including lack of follow-up to the problems created by merging many different databases, the registry contained many inaccurate and invalid records.

Prior to the OIG report, CMS had identified a need for a better system and began planning creation of a new system called REMIS. After much discussion and debate, CMS decided to base REMIS's patient file data on the information maintained by the Networks because of the Networks' proven validity and reliability of patient information.

Regardless of the quality of the Networks' current data, many records remained in REBUS that warranted investigation. As such, the data personnel and facility staff spent countless hours researching and verifying thousands of records during the year. Activities became numerous and intense just prior to the activation of REMIS on July 1, 2003. REBUS has subsequently been retired.

Annual Facility Survey

The first quarter of the year was dedicated to completion and submission of the annual facility survey. This year's facility survey was completed on time with minimal disruption to the facilities or Network personnel.

Standardization of Coding and Reporting

Data personnel participated in several committees consisting of Network personnel nationwide and CMS representatives. These committees are working to standardize the coding of different scenarios to ensure consistency by Networks and facility staff. This is being accomplished by the writing of business rules to be incorporated into instruction manuals and by coding limitations within the software. These limits allow one to enter only those events that are compatible with the stated business rules.

2003 Data Stars	
Cherry County Hospital Dialysis Unit	North Iowa Mercy Dialysis Center
CKC Dialysis	Renal Care Group - Harrisonville
Covenant - MercyCare Dialysis	Renal Treatment Centers - Winfield
Dialysis Center of Fremont	Renal Treatment Centers - Parsons
Dialysis Clinic, Inc. – Onawa	Renal Treatment Centers - Derby
Dialysis Clinics, Inc. West Plains	Renex Dialysis Clinic of Maplewood
Dialysis Specialists of Topeka, Inc.	Ringgold County Hospital
Genesis Medical Center	Saline County Dialysis - Concordia
Hope Again Dialysis	St John's Mercy Medical Center
Iowa Methodist Medical Center	Trinity Regional Hospital
Kennett Dialysis Center	University of Iowa Hospital & Clinics - North Liberty
Lutheran Hospital - La Crosse	Wayne County Hospital ESRD
Milton & Ethel Warner Dialysis Unit	

2003 Data Champs	
Northeast Nebraska Dialysis Center	Dialysis Clinics, Inc. - Jefferson City
Renal Treatment Centers - Crystal City	Dialysis Clinics, Inc. - Mexico
Cape County Regional Dialysis Center	Kansas Dialysis Services - Leavenworth
Great Plains Medical Center	Samaritan Dialysis Unit
Saline County Dialysis - Salina	Kidney Care, P. C.
Blessing Hospital ESRD Center	Dialysis Clinics, Inc. - Kirksville
Bluff City Dialysis	Johnson County Dialysis
BMA of Lee's Summit	Mercy Dialysis Center – Mason City
St. Anthony's Hospital	Renal Care Group - Wichita West
Gambro Healthcare - Wyandotte West	V. A. Medical Center - Iowa City
Advanced Renal Services	East Wichita Dialysis Center
Renal Treatment Centers - Wichita	FMC Midwest Dialysis - Sioux City
Dialysis Center of North Omaha	Mercy Medical Center - Cedar Rapids
Research Medical Center Dialysis Unit	Renal Care Group - Marshall
Farmington Dialysis Center	Renal Center of Storm Lake, LLC
Gambro Health - Platte Woods	RMI Dialysis Center of Chillocothe
Gambro Healthcare - Hospital Hill	Wyandotte County Dialysis, LLC
Gambro Healthcare - Rolla	Dialysis Center of Lincoln Northwest
Mary Greeley Medical Center - Marshalltown	Gambro Healthcare - Washington
Salem Memorial Hospital	Dialysis Clinics, Inc. - West Omaha
Dialysis Center of West Omaha	Siouxland Dialysis
Quality Care Dialysis Centers - Bridgeton	Renex Dialysis Clinic of Creve Coeur
Renal Treatment Centers - St. Louis	Kidney Disease Ctr of the Ozarks - Branson
Renal Treatment Centers - Newton	Renal Services Group - St Louis
Advanced Renal Services - Lincoln	Metro Dialysis Center - Normandy
Dialysis Center of Council Bluffs	Gambro Healthcare - St. Louis
Dialysis Center of South Omaha	Dialysis Clinics, Inc. - Sedalia
Jefferson County Dialysis Center	Gambro Healthcare - Papillion
Renal Care Group - Joplin West	Kidney Care, P. C. - Creston
Gambro Healthcare - Florissant	RMI Dialysis Center of Maryville
V. A. Medical Center - Kansas City	Gambro Healthcare - Northland
Renal Care Group - Arkansas City	Gambro Healthcare - St. Louis West
Saline County Dialysis - Junction City	Dialysis Clinics, Inc. - Osage Beach
Southeastern Renal Dialysis - Lee County	Kidney Care - Newton
Southeastern Renal Dialysis, L.C. - West Burlington	Dialysis Clinics, Inc - Baptist
Dialysis Clinics, Inc.- Jefferson City East	Dialysis Clinics, Inc. - Omaha
Advanced Renal Services - McCook	Blue Springs Dialysis Center
Dialysis Center of Atchison	Kidney Disease Ctr of the Ozarks - Mountain Grove
North Iowa Mercy Dialysis Center - Charles City	Bio-Medical Applications of Leawood
Renal Treatment Centers - Independence	Dialysis Clinics, Inc. - Belton
Penn Valley Dialysis Center	Gambro - Omaha Central
Dialysis Clinics, Inc. - Columbia	Garden City Dialysis Center
Dialysis Center of St. Joseph	NE Wichita Dialysis Center
Dialysis Center of Cameron	St. Louis ConnectCare - Prince Hall
	Warner Dialysis Center

Patient Rosters

As an adjunct to the efforts to standardize the software coding procedures, the Networks endeavored to standardize the process and forms used to update patient information for changes to address, modality, provider, and other data. Participating throughout the process, Network 12 piloted the new form and process with Kansas City area facilities. It is envisioned that use of the new form will implemented at the beginning of 2004. It will require the facility staff responsible for providing the information to be trained in its use. Network 12 plans to offer regional training sessions in March 2004.

Data Champions and Stars

The Network provides facilities with reports on accuracy and timeliness of submitted CMS forms. Distributed semi-annually these compliance reports provide feedback on the facility's 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.

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 have exceeded the CMS compliance goals—and "Data Stars"—facilities that met the CMS compliance guidelines—with certificates.

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

Routine collaborative activities during 2003 include the following:

- Informal exchanges of information between Network staff and state surveyors prior to routine, recertification surveys
- Informal consultations between Network staff and state surveyors in regard to questions arising from grievances or complaint surveys
- Referral of a grievance to the appropriate Quality Improvement Organization for peer review services
- Referral of grievances to the appropriate state survey agency when the matter was directly related to the regulations

Network 12 held quarterly teleconferences throughout the year inviting representatives from each State Survey Agency (SSA) and CMS Region VII office, including the Certification and Survey Division personnel, to attend. Issues discussed included Network QI initiatives and area survey trends. Communication

between the state and Network 12 has continued to improve with sharing of Network projects and survey results.

Network 12 is also active with renal community organizations. We provide support to the local National Kidney Foundation (NKF) affiliate in organizing and holding their annual renal education seminar targeting primary care physicians and nurse practitioners. Network 12 is active with the Missouri Kidney Program attending educational as participants and Advisory Council meetings as a non-voting member. Support in the form of complimentary mailing labels or posting meeting notices in patient and/or staff newsletters is provided when requested by professional or patient organizations. Also, the NKF affiliates and CMS are offered free booth space in the vendor area at the Annual Business Meeting and Clinical Concerns Conference.

CMS Goal #4: Support the Marketing, Deployment, and Maintenance of CMS-Approved software; i.e., CROWN—Consolidated Renal Operations in a Web-Enabled Network

Summary of Activities

As previously defined, VISION is a software program that allows facilities to enter CMS forms and patient event changes into a Network compatible database. CROWN is the secure system that allows the facility staff to securely transmit the data to the Network electronically.

During 2003, CMS added a component in VISION for entry and submission of the CPM data. Other changes included significant infrastructure upgrades to the Network's internet/intranet connection and supporting hardware.

Ultimately, the software will be accessed and housed on the internet instead of having to be installed on the facility's computer.

CMS moved into the facility training and implementation phase of this project during 2002. Exclusive to hospital-based and free-standing, independent facilities, each Network was asked to train twelve percent of its facilities meeting these criteria by December 1, 2002. Network 12 was one of the nation-wide leaders in training and implementing VISION use in facilities. Network staff held a two-day workshop with SIMS personnel providing the presentations on October 15-16, 2002. Personnel from fifteen facilities received training with fourteen units actively using the system at the beginning of the year.

The biggest challenge to maintaining enrollment in VISION has been the exclusion criteria. By the end of 2003, only nine of the original fourteen facilities were participating in the project. All five are affiliated units and discontinued using the system when a large, multi-state dialysis provider corporation purchased the facilities. The purchase made them ineligible for participating.

The facilities report the ability to work with a software data entry program instead of a paper form as a definite advantage. However, they also report having encountered recurring problems with the system that verifies their identity when logging on. The

system of “tokens” relies on additional software that verifies the user’s authorization prior to entry into the software and also when submitting the information to the Network.

Theoretically, VISION should substantially decrease data entry work at the Network office. However, it has proven to require comparatively the same or more time in data cleaning, verification, and communication with the facility staff.

Due to software programming problems, CMS suspended enrollment of new facilities in October and had not resumed at the end of the year. Once, restarted, Network 12 will continue to strive to achieve our demonstrated support for this project.

4

Sanction Recommendations

No sanctions were recommended or imposed by Network #12 during 2003.

5 Recommendations for Additional Facilities

There was much activity in opening and closing dialysis units during 2003. As of December 31, 2003, Network #12 consisted of the following types of facilities:

4 Organ Procurement Agencies

20 Medicare-certified Transplant Centers

228 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 2002, net growth for dialysis units, including veterans and federal prison providers, consisted of two facilities. Figure 27 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 27

Dialysis Facility Counts and Growth by Calendar Year

Year	Facility Count	Average Percent Growth
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%
2002	226	3.20%
2003	228	0.88%

6
Data Tables

2002 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 2003. 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 healthcare 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.

2002 Network #12 Prevalence Data

Prevalence reflects the number of people on chronic maintenance dialysis in the Network on December 31, 2003. 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.

ESRD Network 12
Table #1

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 2003

Age Group	IA	KS	MO	NE	Other	Total
00-04	3	0	3	0	0	6
05-09	0	0	1	1	2	4
10-14	5	2	9	2	0	18
15-19	4	6	9	3	2	24
20-24	6	12	19	5	2	44
25-29	4	16	21	3	0	44
30-34	9	14	45	10	4	82
35-39	11	14	47	14	4	90
40-44	23	26	85	24	1	159
45-49	40	48	109	24	8	229
50-54	47	50	157	31	11	296
55-59	49	70	181	30	14	344
60-64	50	63	221	65	12	411
65-69	72	75	213	37	14	411
70-74	92	89	243	59	11	494
75-79	137	101	266	69	12	585
80-84	82	68	191	48	13	402
>=85	57	45	120	38	12	272
Missing	0	0	0	0	0	0
Total	**691**	**699**	**1940**	**463**	**122**	**3915**
Gender						
Female	305	324	870	187	53	1739
Male	386	375	1070	276	69	2176
Missing	0	0	0	0	0	0
Total	**691**	**699**	**1940**	**463**	**122**	**3915**
Race						
Asian	2	8	9	6	1	26
Black	45	124	569	51	19	808
Indian subcontinent	1	2	4	0	0	7
Mid-East Arabian	0	0	2	0	1	3
Native American	3	11	3	9	2	28
Other/Multiracial	0	2	4	0	1	7
Pacific Islander	1	0	4	1	0	6
White	637	552	1345	396	96	3026
Missing	0	0	0	0	0	0
Unknown	2	0	0	0	2	4
Total	**691**	**699**	**1940**	**463**	**122**	**3915**
Primary Diagnosis						
Cystic Kidney	19	19	32	11	6	87
Diabetes	269	293	845	191	31	1629
Glomerulonephritis	65	82	170	20	13	350
Hypertension	160	157	553	135	35	1040
Other	117	103	221	47	25	513
Other Urologic	19	15	33	8	3	78
Missing	0	0	0	0	0	0
Unknown	42	30	86	51	9	218
Total	**691**	**699**	**1940**	**463**	**122**	**3915**

Source of information: Network SIMS Database

Date of Preparation: June 2004

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 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 88 patients with transplant therapy as an initial treatment.

This table includes 37 patients receiving treatment at VA facilities.

ESRD Network 12
Table #2

Living ESRD Dialysis Patients

(ESRD Dialysis Prevalence)

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2003.

Age Group	IA	KS	MO	NE	Other	Total
00-04	2	1	6	0	0	9
05-09	1	1	5	1	0	8
10-14	3	4	10	1	3	21
15-19	8	5	23	2	6	44
20-24	24	25	57	17	11	134
25-29	24	47	88	13	6	178
30-34	36	68	197	34	14	349
35-39	61	63	226	49	26	425
40-44	93	110	339	72	29	643
45-49	111	175	450	96	49	881
50-54	154	184	590	95	45	1068
55-59	178	227	591	117	42	1155
60-64	191	236	672	153	45	1297
65-69	221	230	629	149	46	1275
70-74	264	260	675	137	45	1381
75-79	313	254	626	161	47	1401
80-84	235	158	470	141	36	1040
>=85	116	72	237	75	18	518
Missing	0	0	0	0	0	0
Total	**2035**	**2120**	**5891**	**1313**	**468**	**11827**
Gender						
Female	934	988	2721	576	188	5407
Male	1101	1132	3170	737	280	6420
Missing	0	0	0	0	0	0
Total	**2035**	**2120**	**5891**	**1313**	**468**	**11827**
Race						
Asian	23	29	34	17	2	105
Black	192	540	2408	214	153	3507
Indian subcontinent	3	4	11	1	0	19
Mid-East Arabian	0	4	7	3	0	14
Native American	15	37	28	49	8	137
Other/Multiracial	4	25	16	4	4	53
Pacific Islander	2	7	9	2	1	21
White	1793	1474	3373	1020	291	7951
Missing	0	0	0	0	0	0
Unknown	3	0	5	3	9	20
Total	**2035**	**2120**	**5891**	**1313**	**468**	**11827**
Primary Diagnosis						
Cystic Kidney	76	76	156	47	12	367
Diabetes	801	927	2362	553	140	4783
Glomerulonephritis	275	331	661	134	60	1461
Hypertension	467	427	1802	325	137	3158
Other	272	224	563	131	61	1251
Other Urologic	60	48	128	34	8	278
Missing	0	0	0	0	0	0
Unknown	84	87	219	89	50	529
Total	**2035**	**2120**	**5891**	**1313**	**468**	**11827**

Source of information: Network SIMS Database

Date of Preparation: June 2004

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 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 105 patients receiving treatment at VA facilities.

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2002 and December 31, 2003

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Provider										
160005	0	0	0	0	0	0	0	0	0	0
160016	0	0	0	1	1	3	0	0	1	4
160030	0	0	2	4	0	0	0	0	2	4
160033	0	0	0	0	0	0	0	0	0	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	22	21	3	1	7	6	0	0	32	28
160064	0	0	0	0	4	4	0	0	4	4
160066	0	0	0	0	0	0	0	0	0	0
160067	0	0	0	0	1	1	0	0	1	1
160079	0	0	5	7	4	8	0	0	9	15
160080	0	0	0	0	0	0	0	0	0	0
160083	1	0	7	15	25	13	0	0	33	28
160089	0	0	0	0	1	1	0	0	1	1
160112	0	0	0	0	0	0	0	0	0	0
160113	0	0	0	0	0	0	0	0	0	0
161329#	0	0	0	0	0	0	0	0	0	0
162500	0	0	8	8	7	6	0	0	15	14
162501	0	0	15	11	25	16	0	0	40	27
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	0	2	2	0	0	0	2	2
162511	0	0	0	1	0	0	0	0	0	1
162512	0	0	0	0	0	0	0	0	0	0
162513	0	0	0	0	0	0	0	0	0	0
162514	0	0	0	0	0	0	0	0	0	0
162515	1	1	19	17	10	10	0	0	30	28
162516	0	0	1	1	5	3	0	0	6	4
162517	0	0	0	0	0	0	0	0	0	0
162518	0	0	0	0	3	1	0	0	3	1
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
162524	0	0	0	0	0	0	0	0	0	0
162525	0	0	0	0	1	0	0	0	1	0
162526#	0	0	0	0	0	0	0	0	0	0
162527#	0	0	0	0	0	0	0	0	0	0
162528#	0	0	0	0	0	1	0	0	0	1
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

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2002 and December 31, 2003

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Provider										
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
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
163513	0	0	0	0	0	0	0	0	0	0
IA Total	**24**	**22**	**61**	**69**	**96**	**73**	**0**	**0**	**181**	**164**
170017	0	0	0	0	0	0	0	0	0	0
170040	4	4	6	4	9	8	0	0	19	16
172501	1	1	4	5	0	0	0	0	5	6
172502	1	0	5	3	5	3	0	0	11	6
172503	0	0	60	49	10	12	0	0	70	61
172504	6	6	49	27	12	25	0	0	67	58
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	22	27	10	14	0	0	33	42
172509	0	0	10	10	27	28	0	0	37	38
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
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	1	0	0	0	1	0
172518	0	0	0	0	0	0	0	0	0	0
172519	0	0	0	0	0	1	0	0	0	1
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	4	2	4	2	0	0	8	4
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
172532	0	0	0	0	0	0	0	0	0	0
172533	0	0	0	0	0	0	0	0	0	0

ESRD Network 12
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2002 and December 31, 2003

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Provider										
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
172540	0	0	0	0	0	1	0	0	0	1
172541	0	0	0	1	0	0	0	0	0	1
172542#	0	0	0	0	0	0	0	0	0	0
KS Total	**13**	**12**	**160**	**128**	**78**	**94**	**0**	**0**	**251**	**234**
260008^	0	0	0	0	0	0	0	0	0	0
260020^	0	0	0	0	0	0	0	0	0	0
260021^	0	0	0	0	0	0	0	0	0	0
260027	0	0	0	0	0	0	0	0	0	0
260040	0	0	2	0	0	0	0	0	2	0
26004f	0	0	3	2	11	12	0	0	14	14
26009F	0	0	3	0	1	4	0	0	4	4
260100	0	0	0	0	0	0	0	0	0	0
260113	0	0	0	1	1	5	0	0	1	6
260141	0	0	0	1	1	5	0	0	1	6
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	1	1	15	11	36	36	0	0	52	48
262502	0	0	2	0	0	0	0	0	2	0
262503	0	0	0	0	0	0	0	0	0	0
262504	0	0	5	5	29	27	0	0	34	32
262505	0	0	0	0	0	0	0	0	0	0
262506	9	7	24	24	4	7	0	0	37	38
262507	0	0	0	2	11	7	0	0	11	9
262508	1	1	24	25	27	24	0	0	52	50
262509	0	0	0	0	0	2	0	0	0	2
262511	0	0	0	0	1	0	0	0	1	0
262513	0	0	0	0	0	0	0	0	0	0
262514	3	2	18	19	16	11	0	0	37	32
262515	0	0	0	0	0	0	0	0	0	0
262516	0	0	0	0	0	0	0	0	0	0
262517	7	12	3	4	18	15	0	0	28	31
262520	0	0	0	0	1	0	0	0	1	0
262521	0	0	0	3	0	4	0	0	0	7
262522	0	0	0	0	0	0	0	0	0	0
262523	0	0	0	0	0	0	0	0	0	0
262524	0	0	1	0	0	1	0	0	1	1
262526	0	0	0	0	0	0	0	0	0	0
262527	0	0	0	0	0	0	0	0	0	0
262528	0	0	3	1	11	8	0	0	14	9

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2002 and December 31, 2003

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Provider										
262530	0	0	0	0	0	0	0	0	0	0
262531	0	0	0	0	1	0	0	0	1	0
262534	1	0	0	0	0	0	0	0	1	0
262535	0	0	0	0	0	0	0	0	0	0
262536	0	0	2	3	12	9	0	0	14	12
262537	0	0	0	0	0	0	0	0	0	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	3	11	5	0	0	12	8
262541	0	0	4	6	21	19	0	0	25	25
262542	0	0	0	0	0	0	0	0	0	0
262543	0	0	4	3	13	11	0	0	17	14
262544	1	1	1	1	1	1	0	0	3	3
262547	0	0	29	32	29	19	0	0	58	51
262548	0	0	0	0	0	0	0	0	0	0
262549	1	1	2	4	23	26	0	0	26	31
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	1	0	0	0	1	0
262554	0	0	0	1	1	4	0	0	1	5
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	0	0	0	0	0
262559	0	0	0	0	0	0	0	0	0	0
262560	1	1	2	4	1	3	0	0	4	8
262561	0	0	3	3	3	3	0	0	6	6
262562	0	0	5	6	5	4	0	0	10	10
262563	1	1	0	0	0	1	0	0	1	2
262564	0	0	8	15	28	24	0	0	36	39
262565	6	6	33	34	16	12	0	0	55	52
262567	0	0	5	2	0	0	0	0	5	2
262568	0	0	0	0	0	0	0	0	0	0
262569	0	0	2	2	2	0	0	0	4	2
262570	0	0	0	0	0	0	0	0	0	0
262572	0	0	4	2	3	8	0	0	7	10
262573	0	0	0	0	1	0	0	0	1	0
262574	0	0	1	2	0	4	0	0	1	6
262575	0	0	0	0	0	0	0	0	0	0
262576	0	0	10	11	9	12	0	0	19	23
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	0	1	0	0	0	1	0
262580	0	0	0	1	0	0	0	0	0	1
262581	0	0	0	0	0	0	0	0	0	0
262582	0	0	0	0	0	0	0	0	0	0

ESRD Network 12
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2002 and December 31, 2003

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Provider										
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	8	9	40	37	0	0	48	46
262586	6	32	0	2	1	0	0	0	7	34
262587	0	0	0	0	1	0	0	0	1	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	1	0	0	0	1
262591	0	0	4	9	5	4	0	0	9	13
262592	0	0	0	0	0	0	0	0	0	0
262593	0	0	5	4	3	3	0	0	8	7
262594	0	0	0	2	0	11	0	0	0	13
262595	0	0	0	0	0	0	0	0	0	0
262596	0	1	0	0	0	0	0	0	0	1
262597	0	0	1	5	8	4	0	0	9	9
262598	0	0	0	0	0	0	0	0	0	0
262599#	0	1	0	1	0	2	0	0	0	4
262600#	0	0	0	0	0	1	0	0	0	1
262601#	0	0	0	4	0	2	0	0	0	6
262602#	0	0	0	0	0	0	0	0	0	0
262603#	0	0	0	0	0	2	0	0	0	2
262604#	0	0	0	0	0	0	0	0	0	0
262605#	0	0	0	0	0	0	0	0	0	0
262606#	0	0	0	0	0	1	0	0	0	1
263300	0	0	1	0	3	2	0	0	4	2
263301	0	0	0	1	9	6	0	0	9	7
263302	1	0	2	0	6	8	0	0	9	8
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	37	42	21	13	0	0	58	55
263508	0	0	1	1	0	0	0	0	1	1
263510	0	0	0	0	1	0	0	0	1	0
NW12#	0	0	0	0	0	0	0	0	0	0
MO Total	**39**	**67**	**278**	**313**	**448**	**430**	**0**	**0**	**765**	**810**
280065	0	0	3	0	2	0	0	0	5	0
28006F	0	0	0	0	0	0	0	0	0	0
280088	2	0	13	0	4	0	0	0	19	0
280118	0	0	0	0	0	0	0	0	0	0
280125	0	0	0	1	0	0	0	0	0	1
281329	0	0	0	0	0	0	0	0	0	0
281341	0	0	0	0	0	0	0	0	0	0
281344	0	0	0	0	0	0	0	0	0	0
282500	0	4	10	15	15	17	0	0	25	36
282501	0	0	16	14	28	24	0	0	44	38

ESRD Network 12
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2002 and December 31, 2003

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Provider										
282502	0	0	0	0	0	0	0	0	0	0
282503	1	1	17	13	16	16	0	0	34	30
282504	0	0	3	1	0	6	0	0	3	7
282505^	0	0	0	0	0	0	0	0	0	0
282506	0	0	0	0	0	0	0	0	0	0
282507	0	0	0	0	0	0	0	0	0	0
282508	0	0	0	0	0	0	0	0	0	0
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	1	1	11	6	5	10	0	0	17	17
282516	0	0	9	8	1	3	0	0	10	11
282517	0	0	0	0	0	0	0	0	0	0
282518#	0	0	0	0	0	0	0	0	0	0
282519#	0	0	0	2	0	5	0	0	0	7
282520#	0	0	0	1	0	0	0	0	0	1
282521#	0	0	0	0	0	0	0	0	0	0
282522#	0	0	0	1	0	0	0	0	0	1
283501	0	0	0	0	0	0	0	0	0	0
283503	0	0	0	0	0	0	0	0	0	0
NE0003^	0	0	0	0	0	0	0	0	0	0
NE Total	**4**	**6**	**82**	**62**	**71**	**81**	**0**	**0**	**157**	**149**
Network Total	**80**	**107**	**581**	**572**	**693**	**678**	**0**	**0**	**1354**	**1357**

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database
Date of Preparation: June 2004
This table includes 19 Veterans Affairs Facility patients for 2002 and 19 Veterans Affairs Facility patients for 2003.
Provider not operational in 2002
^ Provider not operational in 2003

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2002 and December 31, 2003
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2002	2003	2002	2003	2002	2003	2002	2003
Provider								
160005	19	19	0	0	19	19	19	19
160016	48	54	0	0	48	54	49	58
160030	32	32	0	0	32	32	34	36
160033	122	116	0	0	122	116	122	116
160044	25	26	0	0	25	26	25	26
160048	8	14	0	0	8	14	8	14
16004f	6	5	0	0	6	5	7	6
160058	58	58	1	0	59	58	91	86
160064	55	57	0	0	55	57	59	61
160066	12	16	0	0	12	16	12	16
160067	45	56	2	0	47	56	48	57
160079	111	115	0	1	111	116	120	131
160080	62	55	0	0	62	55	62	55
160083	106	92	1	0	107	92	140	120
160089	55	65	0	0	55	65	56	66
160112	27	26	0	0	27	26	27	26
160113	15	15	0	0	15	15	15	15
161329#	0	16	0	0	0	16	0	16
162500	116	123	1	0	117	123	132	137
162501	106	114	3	1	109	115	149	142
162506	36	37	0	0	36	37	36	37
162507	34	41	0	0	34	41	34	41
162508	11	13	0	0	11	13	11	13
162509	31	27	1	0	32	27	34	29
162511	22	24	0	0	22	24	22	25
162512	47	57	0	0	47	57	47	57
162513	53	53	0	0	53	53	53	53
162514	17	18	0	0	17	18	17	18
162515	107	109	2	0	109	109	139	137
162516	107	115	0	1	107	116	113	120
162517	22	24	0	0	22	24	22	24
162518	32	31	0	0	32	31	35	32
162519	11	12	0	0	11	12	11	12
162520	14	12	0	0	14	12	14	12
162521^	0	0	0	0	0	0	0	0
162522	19	16	0	0	19	16	19	16
162523	12	12	0	0	12	12	12	12
162524	24	28	0	0	24	28	24	28
162525	27	30	0	0	27	30	28	30
162526#	0	19	0	0	0	19	0	19
162527#	0	39	0	0	0	39	0	39
162528#	0	17	0	0	0	17	0	18
163500	9	0	0	0	9	0	9	0
163501	41	37	0	0	41	37	41	37
163502	15	19	0	0	15	19	15	19

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2002 and December 31, 2003
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2002	2003	2002	2003	2002	2003	2002	2003
Provider								
163503	15	13	0	0	15	13	15	13
163504	23	23	0	0	23	23	23	23
163505	20	26	0	0	20	26	20	26
163506	19	17	0	0	19	17	19	17
163507	14	10	0	0	14	10	14	10
163508	12	13	0	0	12	13	12	13
163509	24	22	0	0	24	22	24	22
163510	12	12	0	0	12	12	12	12
163511	15	0	0	0	15	0	15	0
163512	43	0	0	0	43	0	43	0
163513	15	18	0	0	15	18	15	18
IA Total	**1931**	**2018**	**11**	**3**	**1942**	**2021**	**2123**	**2185**
170017	24	24	0	0	24	24	24	24
170040	102	99	0	0	102	99	121	115
172501	74	77	0	0	74	77	79	83
172502	73	81	0	0	73	81	84	87
172503	88	87	0	3	88	90	158	151
172504	142	107	0	1	142	108	209	166
172505	28	26	0	0	28	26	28	26
172506	42	33	0	0	42	33	42	33
172507	39	33	0	0	39	33	39	33
172508	127	148	0	1	127	149	160	191
172509	57	47	0	1	57	48	94	86
172510	21	27	0	0	21	27	21	27
172511	35	37	0	0	35	37	35	37
172512	25	24	0	0	25	24	25	24
172514	40	39	0	0	40	39	40	39
172515	28	27	0	0	28	27	28	27
172516	16	17	0	0	16	17	16	17
172517	27	27	0	0	27	27	28	27
172518	31	30	0	0	31	30	31	30
172519	102	93	0	0	102	93	102	94
172520	73	76	0	0	73	76	73	76
172521	47	47	0	0	47	47	47	47
172522	34	42	0	0	34	42	34	42
172523	61	69	0	0	61	69	61	69
172524	45	42	0	0	45	42	45	42
172525	7	14	0	0	7	14	7	14
172526	22	25	0	0	22	25	22	25
172527	35	39	0	0	35	39	43	43
172528	24	28	0	0	24	28	24	28
172529	15	23	0	0	15	23	15	23
172530	25	18	0	0	25	18	25	18
172531	20	22	0	0	20	22	20	22

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2002 and December 31, 2003
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2002	2003	2002	2003	2002	2003	2002	2003
Provider								
172532	28	32	0	0	28	32	28	32
172533	59	62	0	0	59	62	59	62
172534	12	11	0	0	12	11	12	11
172535	29	29	0	0	29	29	29	29
172536	54	54	0	0	54	54	54	54
172537	27	24	0	0	27	24	27	24
172538	17	15	0	0	17	15	17	15
172540	19	33	0	0	19	33	19	34
172541	22	30	0	0	22	30	22	31
172542#	0	24	0	0	0	24	0	24
KS Total	**1796**	**1842**	**0**	**6**	**1796**	**1848**	**2047**	**2082**
260008^	0	0	0	0	0	0	0	0
260020^	1	0	0	0	1	0	1	0
260021^	0	0	0	0	0	0	0	0
260027	37	41	0	0	37	41	37	41
260040	34	26	0	0	34	26	36	26
26004f	21	19	0	0	21	19	35	33
26009F	26	28	2	0	28	28	32	32
260100	26	28	0	0	26	28	26	28
260113	55	71	0	2	55	73	56	79
260141	3	2	0	0	3	2	4	8
260172	11	10	0	0	11	10	11	10
260176^	0	0	0	0	0	0	0	0
260179^	2	0	0	0	2	0	2	0
262501	107	85	2	0	109	85	161	133
262502	159	159	0	0	159	159	161	159
262503	117	103	0	0	117	103	117	103
262504	74	72	0	0	74	72	108	104
262505	26	28	0	0	26	28	26	28
262506	118	117	1	4	119	121	156	159
262507	44	46	0	0	44	46	55	55
262508	116	113	0	0	116	113	168	163
262509	64	75	0	0	64	75	64	77
262511	49	49	0	0	49	49	50	49
262513	37	34	0	0	37	34	37	34
262514	63	60	1	0	64	60	101	92
262515	43	51	0	0	43	51	43	51
262516	30	30	0	0	30	30	30	30
262517	102	103	0	0	102	103	130	134
262520	36	44	0	0	36	44	37	44
262521	54	39	0	0	54	39	54	46
262522	18	18	0	0	18	18	18	18
262523	19	19	0	0	19	19	19	19
262524	27	20	0	0	27	20	28	21

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2002 and December 31, 2003
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2002	2003	2002	2003	2002	2003	2002	2003
Provider								
262526	17	24	0	0	17	24	17	24
262527	147	139	0	0	147	139	147	139
262528	58	50	0	0	58	50	72	59
262530	46	41	0	0	46	41	46	41
262531	68	53	0	0	68	53	69	53
262534	32	43	0	0	32	43	33	43
262535	107	108	0	0	107	108	107	108
262536	47	50	0	0	47	50	61	62
262537	140	135	0	0	140	135	140	135
262538	73	64	0	0	73	64	73	64
262539	103	104	0	0	103	104	103	104
262540	26	27	0	0	26	27	38	35
262541	70	50	0	1	70	51	95	76
262542	53	50	0	0	53	50	53	50
262543	78	84	0	0	78	84	95	98
262544	119	116	0	0	119	116	122	119
262547	90	99	2	3	92	102	150	153
262548	53	59	0	0	53	59	53	59
262549	134	136	2	1	136	137	162	168
262550	52	50	0	0	52	50	52	50
262551	65	68	0	0	65	68	65	68
262552	26	32	0	0	26	32	26	32
262553	68	58	0	0	68	58	69	58
262554	63	60	0	0	63	60	64	65
262555	32	37	0	0	32	37	32	37
262556	65	65	0	0	65	65	65	65
262557	29	24	0	0	29	24	29	24
262559	28	32	0	0	28	32	28	32
262560	58	57	0	0	58	57	62	65
262561	58	55	0	0	58	55	64	61
262562	51	48	0	0	51	48	61	58
262563	55	56	0	0	55	56	56	58
262564	94	103	0	4	94	107	130	146
262565	170	151	3	0	173	151	228	203
262567	27	27	0	0	27	27	32	29
262568	54	40	0	0	54	40	54	40
262569	59	52	0	0	59	52	63	54
262570	25	26	0	0	25	26	25	26
262572	55	61	1	0	56	61	63	71
262573	37	38	0	0	37	38	38	38
262574	92	68	0	0	92	68	93	74
262575	32	33	0	0	32	33	32	33
262576	92	93	1	0	93	93	112	116
262577	42	45	0	0	42	45	42	45
262578	25	22	0	0	25	22	25	22

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2002 and December 31, 2003
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2002	2003	2002	2003	2002	2003	2002	2003
Provider								
262579	49	40	0	0	49	40	50	40
262580	20	24	0	0	20	24	20	25
262581	14	19	0	0	14	19	14	19
262582	14	14	0	0	14	14	14	14
262583	73	68	0	0	73	68	73	68
262584	25	30	0	0	25	30	25	30
262585	0	0	0	0	0	0	48	46
262586	0	3	0	0	0	3	7	37
262587	30	37	0	0	30	37	31	37
262588	19	20	0	0	19	20	19	20
262589	36	40	0	0	36	40	36	40
262590	16	14	0	0	16	14	16	15
262591	13	21	0	0	13	21	22	34
262592	24	26	0	0	24	26	24	26
262593	100	98	0	0	100	98	108	105
262594	20	34	0	2	20	36	20	49
262595	23	25	0	0	23	25	23	25
262596	14	26	0	0	14	26	14	27
262597	49	52	0	0	49	52	58	61
262598	28	26	0	0	28	26	28	26
262599#	0	29	0	0	0	29	0	33
262600#	0	24	0	0	0	24	0	25
262601#	0	2	0	0	0	2	0	8
262602#	0	24	0	0	0	24	0	24
262603#	0	33	0	0	0	33	0	35
262604#	0	24	0	0	0	24	0	24
262605#	0	10	0	0	0	10	0	10
262606#	0	4	0	0	0	4	0	5
263300	7	6	0	0	7	6	11	8
263301	9	8	0	0	9	8	18	15
263302	17	19	1	0	18	19	27	27
263503	20	20	0	0	20	20	20	20
263504^	0	0	0	0	0	0	0	0
263505	8	0	0	0	8	0	8	0
263506	3	3	3	2	6	5	64	60
263508	45	43	0	0	45	43	46	44
263510	32	34	0	0	32	34	33	34
NW12#	0	0	0	0	0	0	0	0
MO Total	**5142**	**5223**	**19**	**19**	**5161**	**5242**	**5926**	**6052**
280065	37	0	0	0	37	0	42	0
28006F	34	31	0	0	34	31	34	31
280088	90	0	0	0	90	0	109	0
280118	12	14	0	0	12	14	12	14
280125	36	39	0	0	36	39	36	40

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2002 and December 31, 2003
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2002	2003	2002	2003	2002	2003	2002	2003
Provider								
281329	9	12	0	0	9	12	9	12
281341	7	9	0	0	7	9	7	9
281344	3	5	0	0	3	5	3	5
282500	103	91	1	1	104	92	129	128
282501	43	42	0	2	43	44	87	82
282502	41	49	0	0	41	49	41	49
282503	67	72	0	1	67	73	101	103
282504	123	130	0	1	123	131	126	138
282505^	0	0	0	0	0	0	0	0
282506	56	44	0	0	56	44	56	44
282507	41	41	0	0	41	41	41	41
282508	17	20	0	0	17	20	17	20
282509	34	34	0	0	34	34	34	34
282510	35	31	0	0	35	31	35	31
282511	53	56	0	0	53	56	53	56
282512	20	21	0	0	20	21	20	21
282513	58	50	0	0	58	50	58	50
282514	37	35	0	0	37	35	37	35
282515	42	47	0	0	42	47	59	64
282516	34	30	0	0	34	30	44	41
282517	7	15	0	0	7	15	7	15
282518#	0	20	0	0	0	20	0	20
282519#	0	38	0	0	0	38	0	45
282520#	0	1	0	0	0	1	0	2
282521#	0	2	0	0	0	2	0	2
282522#	0	37	0	0	0	37	0	38
283501	43	0	0	0	43	0	43	0
283503	59	0	0	0	59	0	59	0
NE0003^	5	0	0	0	5	0	5	0
NE Total	**1146**	**1016**	**1**	**5**	**1147**	**1021**	**1304**	**1170**
Network Total	**10015**	**10099**	**31**	**33**	**10046**	**10132**	**11400**	**11489**

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database
*Total from Table #3 plus total from Table #4 (for last column of report year)
Date of Preparation: June 2004
This table includes 89 Veterans Affairs Facility patients for 2002 and 83 Veterans Affairs Facility patients for 2003.
Provider not operational in 2002
^ Provider not operational in 2003

Renal Transplant by Transplant Center

Number of transplants performed by transplant center calendar year 2002 and calendar year 2003

	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
Transplant Center	**2002**	**2003**	**2002**	**2003**
16004f	13	18	0	0
160058	113	95	200	95
160082	17	16	31	45
160083	17	15	0	0
IA Total	**160**	**144**		
170040	87	67	127	140
170122	31	38	38	32
KS Total	**118**	**105**		
260014	113	101	0	0
260020^	0	0	0	0
260027	30	29	0	0
26004f	0	0	0	0
26009F	0	0	0	0
260105	45	54	278	0
260138	42	35	82	52
260141	29	22	0	62
263300	3	4	0	0
263301	4	8	0	0
263302	14	8	0	0
MO Total	**280**	**261**		
280013	98	106	184	198
280088	0	0	0	0
NE Total	**98**	**106**		
NETWORK TOTAL:	**656**	**616**		

Source of information: Network SIMS Database/CMS-2744
Date of Preparation: June 2004
* 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.
# Provider not operational in 2002
^ Provider not operational in 2003

ESRD Network 12
Table #6

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2003

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
00-04	0	3	0	3
05-09	1	4	1	6
10-14	4	7	2	13
15-19	10	9	4	23
20-24	6	14	3	23
25-29	25	9	2	36
30-34	22	8	3	33
35-39	27	13	8	48
40-44	53	19	9	81
45-49	44	13	10	67
50-54	51	17	13	81
55-59	49	18	9	76
60-64	39	11	7	57
65-69	29	10	1	40
70-74	20	2	1	23
75-79	3	1	0	4
80-84	1	0	0	1
>=85	0	0	0	0
Missing	0	0	0	0
Total	**384**	**158**	**73**	**615**
Gender				
Female	153	66	32	251
Male	231	92	41	364
Missing	0	0	0	0
Total	**384**	**158**	**73**	**615**
Race				
Asian	11	2	2	15
Black	66	16	6	88
Indian subcontinent	0	0	0	0
Mid-East Arabian	2	0	0	2
Native American	2	2	0	4
Other/Multiracial	6	0	0	6
Pacific Islander	1	0	0	1
White	296	138	64	498
Missing	0	0	0	0
Unknown	0	0	1	1
Total	**384**	**158**	**73**	**615**
Primary Diagnosis				
Cystic Kidney	28	5	12	45
Diabetes	116	29	19	164
Glomerulonephritis	91	49	20	160
Hypertension	55	17	5	77
Other	65	38	13	116
Other Urologic	10	6	3	19
Missing	0	0	0	0
Unknown	19	14	1	34
Total	**384**	**158**	**73**	**615**

Source of information: Network SIMS Database

Date of Preparation: June 2004

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 18 patients receiving treatment at VA facilities.

ESRD Network 12
Table #7

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2003

Age Group	IA	KS	MO	NE	Other	Total
00-04	0	0	0	0	0	0
05-09	0	1	0	0	0	1
10-14	0	0	1	0	0	1
15-19	0	0	1	0	2	3
20-24	0	1	4	1	2	8
25-29	1	1	5	1	0	8
30-34	3	5	13	4	1	26
35-39	4	4	23	3	2	36
40-44	9	14	33	9	0	65
45-49	19	14	69	13	7	122
50-54	22	25	85	12	6	150
55-59	24	53	139	19	8	243
60-64	44	53	148	32	12	289
65-69	61	68	193	43	15	380
70-74	75	66	236	47	19	443
75-79	106	94	253	55	15	523
80-84	85	98	190	56	11	440
>=85	86	61	140	48	10	345
Missing	0	0	0	0	0	0
Total	**539**	**558**	**1533**	**343**	**110**	**3083**
Gender						
Female	244	244	770	143	62	1463
Male	295	314	763	200	48	1620
Missing	0	0	0	0	0	0
Total	**539**	**558**	**1533**	**343**	**110**	**3083**
Race						
Asian	3	6	15	3	1	28
Black	36	105	457	32	34	664
Indian subcontinent	0	0	1	0	0	1
Mid-East Arabian	0	1	2	0	0	3
Native American	7	7	11	9	2	36
Other/Multiracial	0	4	2	3	0	9
Pacific Islander	0	2	3	0	0	5
White	493	431	1040	296	73	2333
Missing	0	0	0	0	0	0
Unknown	0	2	2	0	0	4
Total	**539**	**558**	**1533**	**343**	**110**	**3083**
Primary Diagnosis						
Cystic Kidney	6	13	20	4	2	45
Diabetes	223	243	740	140	42	1388
Glomerulonephritis	42	50	81	21	10	204
Hypertension	144	144	423	95	37	843
Other	77	83	165	44	13	382
Other Urologic	18	7	37	9	1	72
Missing	0	0	0	0	0	0
Unknown	29	18	67	30	5	149
Total	**539**	**558**	**1533**	**343**	**110**	**3083**

Primary Cause of Death

Cardiac	248	279	730	189	46	1492
Gastro Intestinal	7	7	12	4	2	32
Infection	75	70	197	38	25	405
Liver Disease	6	11	12	1	1	31
Vascular	41	40	105	22	6	214
Missing	0	0	0	0	0	0
Other	82	78	227	51	11	449
Unknown	80	73	250	38	19	460
Total	**539**	**558**	**1533**	**343**	**110**	**3083**

Source of information: Network SIMS Database
Date of Preparation: June 2004
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 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 24 patients receiving treatment at VA facilities.

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Table 8

Vocational Rehabilitation by Dialysis Facility

Patients Aged 18 through 54 as of December 31, 2003

Provider Number	Number of Dialysis Patients Aged 18-54	Number of Dialysis Patients Receiving Services from Voc Rehab related Services Providers (public or private)	Number of Dialysis Patients Employed Full-time or Part-time	Number of Dialysis Patients Attending School Full-time or Part-time	Offers Dialysis Shift Starting at 5 P.M. or Later (+ equals Yes)
160005	3	2	0	1	
160016	29	2	11	2	
160030	16	4	9	6	
160033	55	2	23	0	+
160044	10	2	3	0	
160048	6	0	0	0	
16004F	5	0	0	0	
160058	58	0	0	0	
160064	20	4	10	4	
160066	4	0	0	0	
160067	29	0	0	0	
160079	2	0	0	0	+
160080	20	1	7	1	+
160083	67	46	28	7	+
160089	30	0	0	0	
160112	5	4	6	1	
160113	7	0	3	0	
161329	3	0	0	0	
162500	36	1	4	0	+
162501	80	3	36	3	
162502	4	0	0	12	
162506	15	3	1	0	
162507	27	4	11	2	
162508	1	0	2	0	
162509	13	0	1	0	
162511	6	0	1	0	
162512	19	0	4	1	
162513	28	6	12	0	
162514	5	0	0	0	

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Vocational Rehabilitation by Dialysis Facility

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162515	73	4	15	3	+
162516	54	2	17	0	
162517	12	0	2	1	
162518	6	0	0	0	
162519	2	0	0	0	
162520	6	0	0	0	
162522	7	0	0	0	
162523	4	0	0	0	
162524	12	5	0	1	
162525	11	0	0	1	
162526	4	0	0	0	
162527	13	1	1	0	
162528	6	2	6	0	
163501	21	5	7	0	
163502	7	0	0	0	
163503	6	2	4	1	
163504	11	2	4	0	
163505	9	0	0	0	
163506	5	0	0	0	
163507	5	0	0	0	
163508	5	0	0	0	
163509	13	0	0	0	
163510	6	0	0	0	
163513	8	0	0	0	
IA0002	40	0	0	0	
IOWA Totals	**949**	**107**	**228**	**47**	**6**
170017	14	0	0	0	
170040	83	0	0	0	+

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172501	44	0	0	3	
172502	41	0	0	0	
172503	94	0	0	5	
172504	109	10	23	0	+
172505	12	0	0	2	
172506	16	0	2	0	
172507	17	0	0	0	
172508	102	1	6	0	
172509	50	18	15	5	
172510	16	1	4	0	
172511	22	0	0	0	
172512	10	0	4	0	
172514	24	2	3	3	
172515	19	0	6	2	
172516	7	0	1	0	
172517	14	2	8	0	
172518	8	0	0	1	
172519	57	0	0	0	
172520	37	1	7	2	
172521	29	0	3	0	
172522	15	0	0	0	
172523	35	0	0	0	
172524	19	0	0	1	
172525	6	0	1	0	
172526	9	0	0	0	
172527	26	0	0	0	
172528	9	0	0	0	
172529	10	0	0	0	
172530	11	0	4	1	

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Vocational Rehabilitation by Dialysis Facility

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172531	12	1	4	0	
172532	17	0	0	2	
172533	33	0	0	0	
172534	4	1	2	0	
172535	14	1	3	0	
172536	23	0	8	1	
172537	11	0	0	0	
172538	5	0	2	0	
172540	19	0	0	0	
172541	20	0	0	0	
172542	11	0	0	0	
KANSAS Totals	**1134**	**38**	**106**	**28**	**2**
260014	2	0	0	0	
260020	1	0	0	0	
260027	26	0	0	0	
260040	10	0	0	0	
26004F	12	0	0	0	
26009F	23	0	0	0	
260100	9	0	1	1	
260113	44	0	0	0	+
260141	4	0	0	0	
260172	4	0	0	11	
260179	1	0	0	0	
262501	94	0	0	0	
262502	96	3	24	1	
262503	84	0	2	4	
262504	54	0	0	3	+
262505	14	21	1	0	

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Vocational Rehabilitation by Dialysis Facility

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262506	96	0	20	3	
262507	30	0	0	0	
262508	85	0	0	0	
262509	57	3	2	0	
262511	27	1	6	1	
262513	18	0	7	2	
262514	56	5	13	0	
262515	26	0	12	5	
262516	17	0	0	3	
262517	71	3	18	0	+
262518	5	0	0	2	
262520	18	0	0	2	
262521	14	0	3	1	
262522	7	0	0	0	
262523	8	0	3	7	
262524	13	0	1	0	
262526	11	0	0	0	
262527	83	10	11	3	
262528	46	6	21	3	
262529	4	2	0	0	
262530	16	2	4	2	
262531	32	2	3	0	
262534	24	0	0	0	
262535	59	3	3	6	
262536	34	0	4	1	
262537	70	12	26	0	+
262538	39	5	14	5	+
262539	64	2	21	5	
262540	17	0	10	2	

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262541	36	0	9	2	
262542	32	0	2	0	
262543	50	0	7	1	
262544	43	0	11	4	
262547	75	0	21	0	
262548	27	0	0	0	
262549	131	15	20	9	+
262550	22	0	2	1	
262551	52	0	0	0	
262552	12	0	0	0	
262553	21	0	5	2	
262554	22	0	2	1	
262555	23	2	2	0	
262556	29	2	3	1	
262557	13	0	1	0	
262559	12	1	2	0	+
262560	34	0	18	0	
262561	34	2	9	0	
262562	27	2	3	0	+
262563	33	1	2	1	
262564	102	19	24	3	
262565	140	14	50	0	
262567	20	1	2	2	
262568	8	0	5	1	
262569	28	2	0	1	
262570	12	0	0	0	
262572	32	2	7	2	
262573	20	1	2	0	
262574	33	0	3	3	

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Vocational Rehabilitation by Dialysis Facility

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262575	15	0	0	0	
262576	50	0	8	3	+
262577	20	3	10	0	
262578	10	0	1	0	
262579	27	0	0	3	
262580	9	0	0	0	
262581	8	2	3	0	
262582	6	0	1	0	+
262583	27	10	10	0	
262584	12	0	0	0	
262585	29	6	17	0	
262586	18	0	0	0	
262587	15	0	2	0	
262588	6	0	2	0	
262589	24	0	1	0	
262590	8	1	5	0	
262591	11	0	3	1	
262592	16	0	0	0	
262593	56	0	0	3	
262594	23	0	0	0	
262595	11	0	0	2	
262596	13	0	0	0	
262597	45	4	2	1	
262598	19	0	0	0	
262599	16	0	0	0	
262600	11	0	0	0	
262601	3	0	0	0	
262602	14	0	0	0	
262603	27	0	0	0	

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Vocational Rehabilitation by Dialysis Facility

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262604	9	0	0	0	
262605	6	0	0	0	
262606	5	0	0	0	
263300	1	1	0	1	
263301	6	0	0	3	
263302	8	10	9	3	
263500	1	0	0	0	
263503	9	0	1	0	
263506	37	0	0	0	
263508	21	0	0	0	
263510	12	0	0	0	
MO0003	1	0	0	0	+
MISSOURI Totals	**3313**	**181**	**517**	**127**	**10**
28006F	14	0	0	0	
280118	3	0	0	0	
280125	16	0	0	0	
281329	5	0	1	0	
281341	6	0	0	0	
281344	1	0	0	0	
282500	59	0	11	4	+
282501	37	3	15	5	
282502	26	0	2	1	
282503	43	4	16	5	+
282504	98	6	15	5	+
282506	24	20	13	4	
282507	21	0	0	0	
282508	6	0	0	0	
282509	10	0	2	1	+

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Vocational Rehabilitation by Dialysis Facility

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282510	12	0	0	0	+
282511	30	10	9	3	
282512	9	0	0	0	
282513	28	0	5	2	+
282514	16	0	0	0	
282515	37	0	0	0	
282516	19	0	0	0	
282517	6	0	0	0	
282518	7	0	1	0	
282519	19	0	0	0	
282520	58	0	0	0	
282521	47	0	0	0	
282522	13	0	0	0	
NEBRASKA Totals	**670**	**43**	**90**	**30**	**6**
Total	**6066**	**369**	**941**	**232**	**24**