
2004 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.

Prepared by ESRD Network #12
7505 NW Tiffany Springs Parkway, Suite 230
Kansas City, Missouri 64154

Prepared for Centers for Medicare and Medicaid Services
Baltimore, Maryland
June 30, 2005



NETWORK 12

MISSION

ESRD Network 12 assures and improves ESRD patient care through high-quality data management, quality improvement initiatives, grievance mediation activities, and educational services for the customer in a four-state region.

VISION

ESRD Network 12 is and will continue to be the organization of choice for assuring and improving ESRD patient care through adoption of a quality agenda, designing, and enacting activities and projects to achieve the goals of the quality agenda. Concurrently, Network 12 is the organization of choice for providing comprehensive renal team education within the region.

This report was prepared under contract 500-03-NW12 to the Centers for Medicare and Medicaid Services (CMS), under the Department of Health and Human Services (HHS). The content of this publication does not necessarily reflect the views or policies of HHS or CMS, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. As the authors, End-Stage Renal Disease (ESRD) –12 Network Coordinating Council, Inc., assumes full responsibility for the accuracy and completeness of this report.

Section

1

Preface

Introductory Statement

The year began with a successful and well attended Annual Business Meeting and Clinical Care Conference. Held for the first time at the Westin Hotel, part of the remarkable Crown Center complex, the meeting's highlight was a keynote address by Brady Augustine, Special Advisor to the Administrator, Centers for Medicare and Medicaid Services.

Education of the renal community continued to be a main focus of the Network. Exemplary workshops were held in St. Louis and Kansas City providing vascular surgeons and interventional radiologists with a unique opportunity to learn more about all aspects of arterio-venous fistula creation. Developed by the Fistula First Subcommittee and guided by the Medical Review Board, the workshops have become the core of our initiative to increase the placement and use of AV fistulae for hemodialysis access.

Patient education flourished during 2004. Educational newsletters, distributed via facility staff, addressed topics that were increasingly timely, complex, and important from the patient's perspective such as understanding the hemodialysis machine and self-care. This resource and other materials became available to a widening variety of consumers with the launch of the redesigned Network 12 website in March.

In 2003, Network 12 underwrote a national consensus conference bringing together disparate individuals to speak for the concerns and perceptions of all persons of interest to conflicts that arise in dialysis units. After two days of intense work, the group produced a comprehensive discussion of root causes and action steps for impacting and preventing patient and provider conflicts. Galvanized by Network 12's leadership, CMS funded the formation of an expert panel working to address the issue with a facility-level toolkit and other educational resources.

The year provided the Executive Committee with unique oversight opportunities during the summer when the corporate officers made a commitment to participate every other week at a Network 12 staff meeting. Cory Sise, M.D., Executive Committee Chair-Elect, Stan Langhofer, R.N., B.S.N., C.N.N., Treasurer, and David Backus, C.P.A., Network 12 Accountant became much more familiar with the Network 12 office, the staff, and their day-to-day functions. Speaking for the group, we came away with greater respect and enthusiasm for the organization's potential and individual staff member's considerable skill, knowledge and passion for their work. Individually and as a group, they turn the ideas and wishes of the EC and Medical Review Board into realities with their daily dedication to the patients we all serve.

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

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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, 2004	13,191,785

Overall population increased 1.1% during the past year. Females make up over half of the area population, 51% with 49% being males. Racially, 89% of the population is White (Alone); 7% are Black (Alone); less than 1% are American Indian (Alone); a little over 1.5% are Asian or Pacific Islander (Alone), and 2% are listed as Two or More. In addition, 6% of the total population reported being Hispanic, an ethnic classification possible in every racial category.

Table A

Demographic Characteristics by State July 1, 2004					
	Iowa	Kansas	Missouri	Nebraska	Totals
White	2,804,879	2,440,722	4,932,884	1,611,409	11,789,893
Black	66,987	163,705	668,149	73,468	972,309
American Indian	10,232	26,111	26,175	16,375	78,893
Asian/Pacific Islander	48,228	59,235	80,471	29,211	217,145
Two or More	26,101	44,355	72,104	18,567	161,128
Male	1,454,107	1,358,381	2,810,852	863,628	6,486,968
Female	1,500,344	1,377,121	2,943,766	883,586	6,704,817
State Total	2,954,451	2,735,502	5,754,618	1,747,214	13,191,785

U.S. Census Bureau, Population Division, State Population Estimates . Table ST-EST2002-ASRO
Release Date: May 2005

The sum of the five race groups adds to more than the total population because they are estimates calculated on overall population growth, and rely on previous tables where individuals may have reported more than one race.

Table B

Total Population by State			
	2002	2003	2004
Iowa	2,928,000	2,936,000	2,954,451
Kansas	2,702,000	2,715,000	2,735,502
Missouri	5,637,000	5,672,000	5,754,618
Nebraska	1,720,000	1,729,000	1,747,214
Totals	12,987,000	13,052,000	13,191,785
2004 Total U.S. Population 293,655,404			

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, 2004 (NST-EST2003-08). Release Date: June 9, 2005.

ESRD Population Demographics

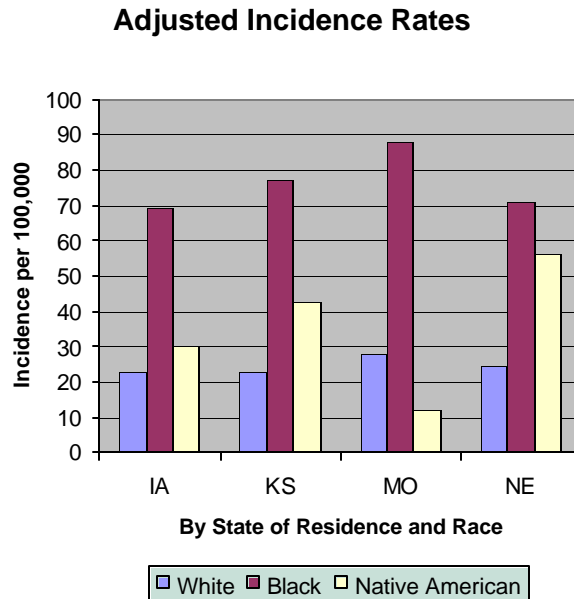
Incidence

Four thousand, sixteen (4,016) persons initiated chronic renal replacement therapy including transplantation at a facility located within the Network 12 region during 2004. 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

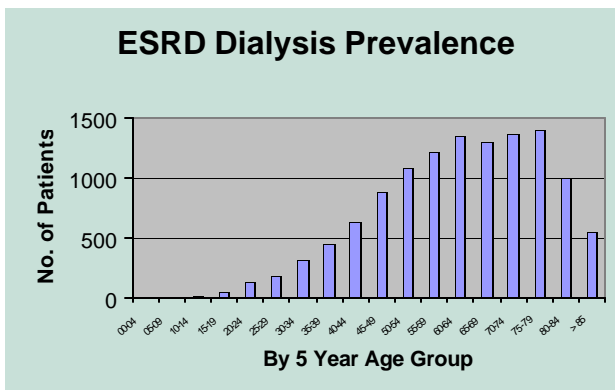
When analyzed by race, disparities in adjusted incidence rates become quite noticeable with an almost 3-fold difference between white and black (see Figure 1). The adjusted incidence rate for Native Americans varies widely by state. Possible influences include cultural and genetic difference between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

Figure 1



Diabetes has eclipsed all other diseases as the primary cause of renal failure. For 43% of the patients starting renal replacement therapy in 2004 it was identified as the primary cause of kidney failure, an increase of 2% from 2003. Hypertension was the second-leading primary diagnosis, accounting for 27% of all new patients. Combined these two diseases accounted for 70% of the renal failure leading to initiation of dialysis or transplantation during 2004. Please refer to Table #1 on page 42 for detailed demographics.

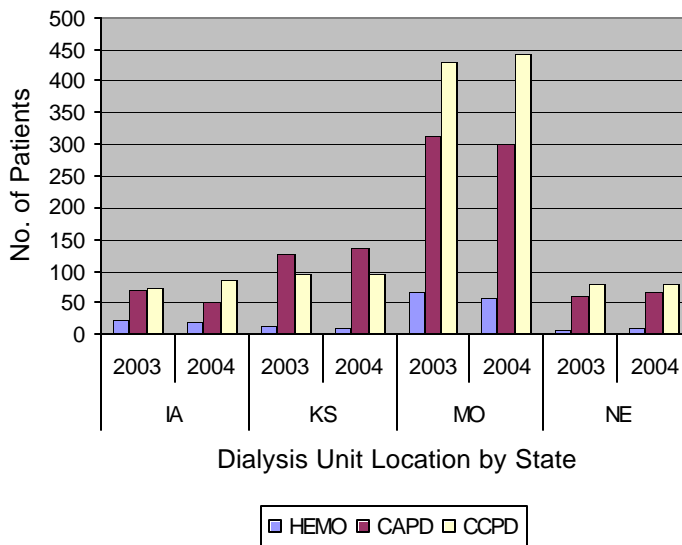
Figure 2



As in past years, over half of the newly diagnosed ESRD patients were 65 years of age or older—53%. Of the dialysis patients prevalent on December 31, 2004, 47% were 65 years of age or older.

Figure 3

Dialysis at Home



Dialysis Prevalence by Modality

At the end of 2004, there were 11,995 patients actively dialyzing at a facility in Network 12. Of the 11,995 persons, 2,058 resided in Iowa, 2,108 in Kansas, 5,932 in Missouri, and 1,306 in Nebraska with 591 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 7.60 to 14.53 % with a Network-wide total of 12.11%. Network-wide, Continuous Cyclic Peritoneal Dialysis (CCPD) is the most common with 703 patients (52% of the home population).

Five hundred, fifty-two patients (41% of the home population) were receiving Continuous Ambulatory Peritoneal Dialysis and 98 were on home hemodialysis (8% of the home population).

Figure 4

Practice Patterns for Home Therapies by State

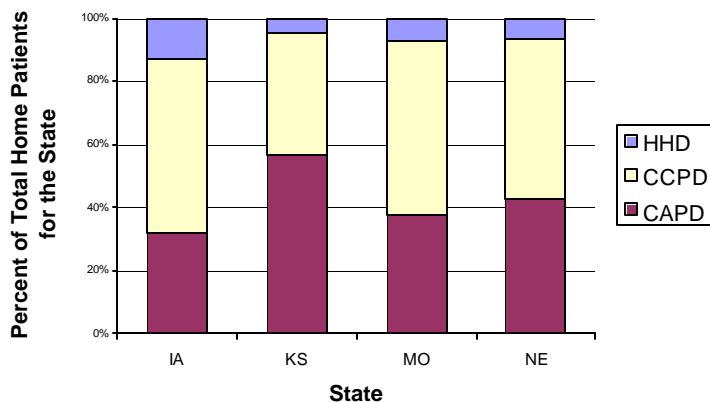


Figure 5

Number and Percent of Patients by Setting and Modality								
	Iowa		Kansas		Missouri		Nebraska	
	Number	Prcnt of All Dlys	Number	Prcnt of All Dlys	Number	Prcnt of All Dlys	Number	Prcnt of All Dlys
HEMO	20	0.90%	11	0.52%	57	0.91%	10	0.75%
CAPD	50	2.25%	137	6.51%	298	4.74%	67	5.02%
CCPD	87	3.91%	94	4.47%	442	7.03%	80	5.99%
In-Center (HD and PD)	2066	92.94%	1861	88.49%	5486	87.31%	1178	88.24%
Totals	2223		2103		6283		1335	

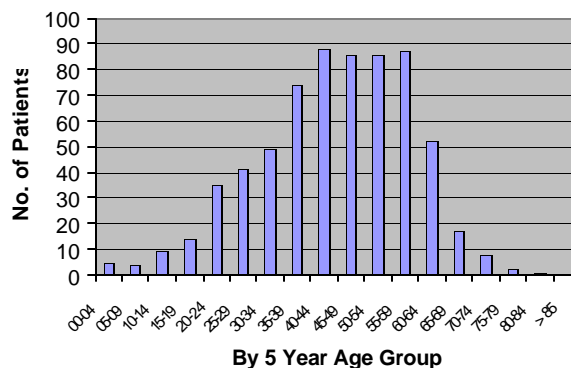
Transplantation

Centers located in the four-state region performed 685 kidney transplants during 2004. 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 (Compare Figures 2 and 6).

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 6

Transplant Recipients



As of the end of 2004, area transplant centers reported 182 patients are awaiting transplantation. (Patients may be listed with more than one transplant center located in the four-state region, and the number may represent patients who live and dialyze outside of the area.)

Deaths

Three thousand, one hundred and eighty-two patients died 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 Figure 7).

As in past years, the leading known causes of death were cardiac related accounting for 43% and infection accounting for 11% (see Figure 6).

Please refer to Section 6 Data Tables, beginning on page 42 for specific information on the ESRD population receiving treatment within Network 12.

Figure 7

ESRD Deaths

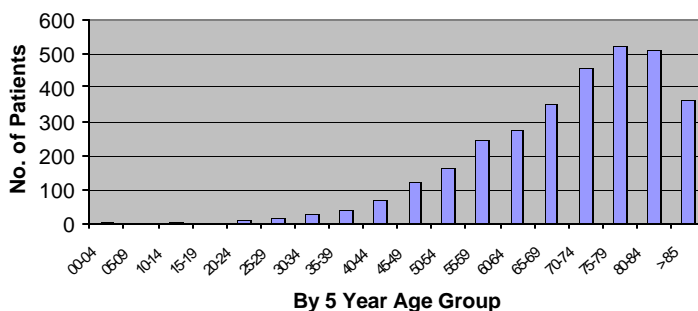
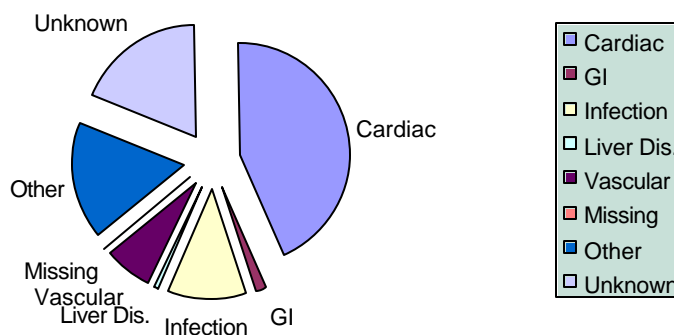


Figure 8

Deaths by Primary Cause



Network Structure

ESRD Network 12 Staff

December 31, 2004 (with responsibilities)

Lisa F. Taylor 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 Analyst	Processing of 2728 and 2746 Forms Forms Compliance Reporting Facility Education on Forms
Marilyn K. Graham Data Analyst	VISION Training and Management 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 M. Dinkel Meetings and Events Specialist	Coordinate Annual Meeting Staff Travel/ Meeting Arrangements

Corporate Description

End-Stage Renal Disease (ESRD)—12 Network Coordinating Council, Inc., is a not-for-profit corporation founded in Missouri on November 7, 1975. Then as now, the primary business is fulfillment of a federal contract as part of the ESRD Program within Medicare. Network 12's leaders and the evolution of the ESRD Program have driven the organization's development.

HISTORY:

The Social Security Amendments of 1972 extended Medicare coverage to individuals who are unable to live without receiving dialysis or a kidney transplant. This unprecedented legislation created the first, and to date, only federal medical insurance program for persons with a specific disease. Individuals could now apply for and if eligible receive insurance coverage for the majority of costs associated with dialysis, a kidney transplant, hospitalizations, and other medical care even unrelated kidney disease. The federal ESRD program is the only one that allows application for Medicare coverage regardless of age or disability status.

At the time of the legislation, the broad array of professionals and facilities involved in the treatment of such individuals indicated the need for a system to promote effective coordination of services and access to care. The supporters of the legislation believed that the integration of hospitals and other health care facilities into organized networks was the most effective way to assure the delivery of needed ESRD care. Therefore, regulations were published on June 3, 1976, that included provisions for implementing ESRD Networks.

Subsequent federal legislation has continued to mold the ESRD program into the current Network contracts. Network 12 holds the contract to provide service to the dialysis and transplant facilities in the four-state region of Iowa, Kansas, Missouri, and Nebraska. Sections 9335(d) through (h) of the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) amended section 1881 c(2) of the Social Security Act delineating Network functions as listed below:

- Encourage participation in vocational rehabilitation programs and develop criteria and standards relating to this participation.
- Evaluate the procedures used by facilities and providers in the Network in assessing patients for placement in appropriate treatment modalities.
- Implement a procedure for evaluating and resolving patient grievances.
- Conduct onsite reviews of facilities and providers using standards of care established by the Network Organization to ensure proper medical care, as determined by a Medical Review Board or the Secretary [of Health and Human Services]
- Collect, analyze, and validate the data as are necessary to prepare the required annual report to the Secretary and to ensure the maintenance of a national ESRD registry.

- Identify facilities and providers that are consistently not cooperating toward meeting Network goals and assist the facilities and providers in developing plans for correction as well as report to the Centers for Medicare and Medicaid Services (CMS) on those facilities and providers that are not providing appropriate care.
- Submit an annual report to the Secretary by July 1 each year.

From these legislative requirements, CMS developed the Network contracts that are rewritten every three years. The contract has evolved from including utilization review, medical care studies, case review with CMS-defined care statements to embracing clinically-important advances in technology and science, basing projects on nationally-developed clinical practice guidelines, and inclusion of beneficial new paradigms in health care.

NETWORK COORDINATING COUNCIL

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.

Members of the Executive Committee, Medical Review Board, Council representatives, and the Network 12 staff are a select group of individuals passionate about the care of persons with chronic kidney disease. This mutual interest is served by working together to fulfill not only the products and services required by the CMS contract, but to implement our corporate mission.

MISSION AND VISION

Guided by the leadership of the Executive Committee, Network 12's ultimate goal is to assure and improve the quality of care renal patients receive at facilities within our four-state region. The organization's Mission and Vision statements are listed below:

Mission:

ESRD Network 12 assures and improves ESRD patient care through high-quality data management, quality improvement initiatives, grievance mediation activities, and educational services for its customers in a four-state region.

Vision

ESRD Network 12 is and will continue to be the organization of choice for assuring and improving ESRD patient care through adoption of a quality agenda, designing and enacting activities and projects to achieve the goals of the quality agenda. Concurrently, Network 12 is the organization of choice for providing comprehensive renal team education within the region.

STANDING COMMITTEES AND RESPONSIBILITIES

The Executive Committee has the full authority of the Council. It manages the business and administrative affairs of the Network. During 2004, the Executive Committee was involved in the following activities:

- Fiscal oversight of the organization
- Entering into a co-employer agreement with Administaff© to manage and administer employee benefits and provide human resources support
- 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 2004, these activities included the following:

- Patient grievance reviews
- Development of all projects designed to improve the quality of health care delivered to ESRD patients; e.g., the Quality Agenda
- Vocational rehabilitation activities
- Oversight of the Clinical Performance Measures data collection (part of a national project)
- Implementation of the National Vascular Access Improvement Initiative (NVAII); i.e., Fistula First

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 2004, the Finance Subcommittee was involved in the following:

- Continuous monthly oversight of the accounting procedures
- Cash flow management review
- Review and replacement of outdated office equipment
- Moving to an adjacent suite of offices

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. Formed in the fall of 2003, the NVAII Sub-committee guided in the Network in designing Network 12's Fistula First Project. This included development of a continuing medical education effort focused on vascular surgeons and interventional radiologists. 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, 2004

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
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Lisa A. Weber, M.D.
Nephrologist
Kansas Nephrology Physicians, PA
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Kansas Dialysis Services
Topeka, Kansas

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Registered Nurse
Des Moines, Iowa

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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
Ex-Officio Member
Executive Director, ESRD Network 12

Medical Review Board Membership

December 31, 2004

Ardyth Boucher
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Des Moines, Iowa

Robert Dickerson
Patient Representative
Research Medical Center
Kansas City, Missouri

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St. Louis, Missouri

Michael Flanigan, M.D.
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Social Worker
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Joplin, Missouri

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

<p style="text-align: center;">FINANCE SUBCOMMITTEE</p>	<p style="text-align: center;">GRIEVANCE COMMITTEE</p>
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<p><i>A Subcommittee of the Executive Committee</i></p> <ul style="list-style-type: none"> • Mary E. Gellens, MD, EC Chair • Anne L. Voigts, MD, MRB Chair • Theresa Lane, RN, CNN • Lisa VanHoose, MSW • Jacqueline Carder, BA, MA, LMNT, RD 	<p><i>A Subcommittee of the Medical Review Board</i></p> <ul style="list-style-type: none"> • Anne L. Voigts, MD MRB Chair • Sheila Kiesey, RN • Sarah Yelton, RN, CNN, • Cathy Long, BA, RHIT
<p style="text-align: center;">QUALITY AGENDA COMMITTEE</p>	<p style="text-align: center;">FISTULA FIRST COMMITTEE</p>
<p><i>A Subcommittee of the Medical Review Board</i></p> <ul style="list-style-type: none"> • Ardy Boucher, Patient Rep • Judy Helmer, BA, MA, RD • Michael Flanigan, MD • Craig Porter, MD • Sarah Yelton, RN, CNN • Cathy Long, BA, RHIT 	<p><i>A Subcommittee of the Medical Review Board</i></p> <ul style="list-style-type: none"> • Michelle Carver, RN, BSN, CNN • Douglass T. Domoto, MD, JD • Donovan Polack, MD • Dennis Ross, MD, FACP • Traci Simpson, RN, BSN • Jason Taylor, MD • Lisa Weber, MD • Andrew Chontos, MD • Surendra Shenoy, MD

3

CMS National Goals and Network Activities Summary

Rewritten every three years in the federal contract, the current goals for the ESRD Network program are as follows:

- Improve the quality of health care service and quality of life for ESRD beneficiaries
- Improve data reliability, validity, and reporting among ESRD providers/facilities, Networks, and CMS (or other appropriate agency)
- Establish and improve partnerships and cooperative activities. These activities may include ESRD Networks, Quality Improvement Organizations (QIOs), State Survey Agencies (SAs), ESRD provider/facilities, Medicare + Choice (M+C) Organizations, ESRD facility owners, professional groups, and patient organizations
- Support the marketing, deployment, and maintenance of CMS approved software; i.e., CROWN—Consolidated Renal Operations in a Web-enabled Network
- Evaluate and resolve patient grievance as categorized in the Standard Information Management System (SIMS)

Section 3 addresses how Network 12 actively worked to fulfill these goals during 2004.

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 Agenda
 - Glomerular Filtration Review
- Community Information and Resources
 - Provider community education
 - Patient education and outreach
 - Resources through the Network 12 website

- Assistance Activities
 - Assistance to facilities and patients related to care issues

Quality Activities: Quality Improvement Projects

National Vascular Access Improvement Initiative (NVAII)



Background

In 2002, CMS asked the Institute for Healthcare Improvement (IHI) to assist in the development and implementation of an ESRD Network-based improvement project on increasing arteriovenous fistula (AVF) rates in the United States. The National Vascular Access Improvement Initiative (NVAII) was officially launched in January 2003. NVAII or “Fistula First” is a national CMS initiative whereby each Network works both independently and in concert with other organizations to increase the placement and use of AVFs in patients who receive hemodialysis care from a facility within the Network’s geographical region. The ESRD Networks working cooperatively with assistance from the Institute for Healthcare Improvement (IHI) laid the groundwork for the project nationally.

Since this was to be a multi-year national project, the Medical Review Board (MRB) of Network 12 established a subcommittee to work exclusively on the Fistula First Project. The membership includes volunteers from the MRB and subject matter experts from the medical community. The committee members are listed in the adjacent display.

Purpose and Goals

The purpose of the national groundwork by IHI and the workgroups 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 by the national workgroup was a list of all potential

Fistula First Subcommittee

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strategies, called a change package, for increasing fistula placement and use. As in 2003, the Medical Review Board NVAII sub-committee reviewed the eleven change strategies. The five that were reaffirmed as top priorities for impacting change in Network 12 during 2004 are listed below:

- 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

National Goals:

- The United States renal care system as a whole will make significant progress toward attaining clinical performance measures (CPM) and Kidney Disease Outcomes Quality Initiative (K/DOQI) goals for AVF use (50% incidence; 40% prevalence) by the end of the upcoming ESRD Network contract period (July 1, 2003 to June 30, 2006).
- Several Networks will meet or exceed the goal of 50% AVFs for incident patients by the end of the upcoming contractual period. (July 1, 2003 to June 30, 2006).
- Several Networks will meet or exceed the goal of 40% AVFs for prevalent patients by the end of the upcoming contractual period. (July 1, 2003 to June 30, 2006).
- Networks that are currently operating at, or close to, the minimum standard for AVF use will establish stretch goals based on assessment of maximum feasible use of AVFs in their patient populations, and will make significant progress in meeting those stretch goals by the end of the upcoming contractual period. (July 1, 2003 to June 30, 2006).
- All networks will reduce to zero the number of patients with catheters or grafts who have not been appropriately assessed for possible AVF placement.
- As noted on the website www.cms.hhs.gov/quality/esrd/FFFAQs.pdf “CMS would like to see the percentage of patients with fistulas as their access increase to 66% over the next 5 years.”

Network 12 Goals:

- Network 12 will meet or exceed the CMS goal of 35.1% AVFs for prevalent patients by the end of the upcoming contractual period (July 1, 2003 – June 30, 2006).
- 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 (31.1%).
- Stretch goal: Network 12 will meet or exceed the K/DOQI goal of 50% AVFs for incident patients by the end of the upcoming contractual period (July 1, 2003 – June 30, 2006).

- Stretch goal: Network 12 will meet or exceed the K/DOQI goal of 40% AVFs for prevalent patients by the end of the upcoming contractual period (July 1, 2003 – June 30, 2006).

Methodology

Although the Board deemed each of the five change strategies noted above in the Purpose/Goals section very important, special emphasis was placed on the three strategies relating to vascular access surgeons. Because the surgeons impacted the success of the vascular access so greatly, the committee chose to target them as the primary recipients of intervention.

Data Collection

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

Figure 9

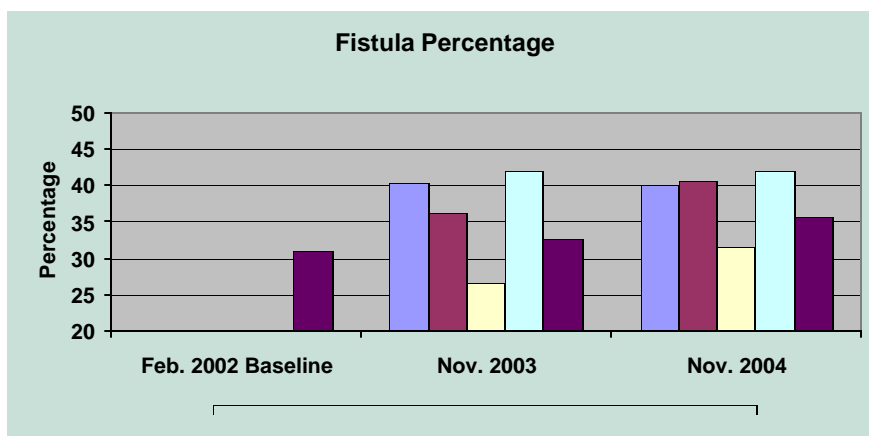
specific Network. Independent units submit the same information on paper forms.

Interventions

As noted above, five strategic change strategies were used to drive the Networks interventions. In order to increase the awareness of the renal community about the superiority of AVFs and to inform them about the National Vascular Access Improvement Initiative (NVAII), a variety of information distribution methods were utilized. These include but were not limited to, letters from the MRB chairman to Medical Directors, packets of surgery related materials for vascular access surgeons, lectures at the Network Annual Meeting for facility staff personnel and physicians, and patient education materials located on the Network website. Additionally, the Network website contains vascular access information for all disciplines. This type of activity is referred to as spread initiatives or getting the needed information into the hands of those the stakeholders.

Dialysis Facility/State Data

Prior to November 2003, only Network wide vascular access data abstracted from the CDC survey was available. Using the facility-specific data collection tool from all four states, it became possible to determine AVF percentages by state in November 2003. Because Missouri had the lowest AVF percentage at that time (26.71%), the



Medical Review Board required monthly aggregate vascular access data from dialysis facilities in that state. Quarterly data was required of facilities located in Iowa (40.46%), Nebraska (41.98%), and Kansas (36.33%), as their AVF percentages were higher.

In November 2004, the Network AVF percentage had increased to 35.7% thereby meeting and surpassing the 2006 CMS goal of 35.1%. During the fourth quarter of 2004, the state AVF percentages were as follows: Iowa (40.03%), Nebraska (42.03%), Kansas (40.72%), and Missouri (31.50%)

Vascular Access Surgeons

At the direction of the Medical Review Board (MRB) and Executive Committee (EC), Network 12 focused its resources toward vascular access surgeon education. Because the state of Missouri had the lowest AVF percentage and the largest hemodialysis patient population, St. Louis and Kansas City were chosen as prime meeting locations. Educational meetings tailored specifically for surgeons were held in April in St. Louis and September in Kansas City, Missouri. The format for both meetings was identical. The audience was mainly local vascular access surgeons and the presenters were well known vascular access surgeons and/or nephrologists. The Network staff acted as meeting coordinators.

Follow-up feedback from the attendees was positive. During the third quarter, compact disks were developed containing a variety of educational materials for surgeons. These were distributed to all surgeons in the state of Missouri. This was an intentional Network marketing strategy and outreach to keep the door of communication open between the surgeons and the Network to pave the way for future interventions. The joint boards intend to evaluate the cost/benefit aspects of the meetings and determine whether future meetings will be planned.

Dialysis Patients

The Medicare beneficiary is the most important member of the care team. Providing the patients with creative and accurate information about their treatment and care options must remain a priority. The Network 12 Patient Newsletters contain vital information in an easy to understand format. Each dialysis facility was provided with a supply and they remain available at the Network website for easy download.

Dialysis Facility Staff: Identification of Best Practices

During the second quarter of 2004, high performing dialysis facilities (defined as those facilities that were achieving the K/DOQI goal of 40% AVF) were asked to identify best practices relating to vascular access. These practices were then compiled and shared with each dialysis facility in Network 12. They included:

- Having standing orders for referral to vascular access surgeon for permanent access or access problems
- Having routine vascular access discussions during CQI meetings
- Having an individual assume the role of the Vascular Access Coordinator

Some of the Unit Administrators from the high performing facilities volunteered to act as Gold Standard Mentors. They agreed to be informal volunteer telephone resources for dialysis facilities that were struggling to meet the K/DOQI guidelines for vascular access (defined as those facilities having an AFV percentage at or below 20% as of the second quarter 2004). Mentoring activities were voluntary facility-to-facility communications and were not tracked by the Network.

Dialysis Facility Staff: Identification of Barriers

During a Network hosted conference call held in the second quarter, low performing dialysis facilities (as defined above) were asked to identify barriers that prevented them from utilizing more AVFs. During the call, the panel of Gold Standard Mentors and guest nephrologist, Lisa Weber, M.D., were particularly creative in assisting the facility administrators to strategize ways to overcome the barriers that were noted.


Maintaining Momentum

Creating a feedback loop, or continuous communication mechanism by which the dialysis facilities received data was an instrumental component of this project. Without it, the facility could lose sight of the project goal and progress that had been made. Timely feedback was provided to the facilities on a quarterly basis via the use of facility-specific graphs provided by CMS. Additionally, the Network provided colorful state-specific information (by county) to the dialysis Unit Administrators and Medical Directors.



In an effort to promote project momentum and enthusiasm, a contest including all of the Missouri facilities was initiated during the third quarter of 2004 that was titled “The I70 Series”. (The title was taken from the 1985 World Series in which the Kansas City Royals played the St. Louis Cardinals in baseball.) The dialysis facilities were enlisted to play either for the Royals (31 facilities) or the Cardinals (68 facilities) as determined by their geographical location in relation to Interstate 70. The self-reported monthly arteriovenous fistulae percentages were averaged and then posted to the Network website to provide the facilities with team progress updates.

Figure 10 I-70 FF Series

	August (Baseline)	September	October	November	December
2004					
Royals	36.37%	36.56%	37.37%	37.76%	37.97%
Cardinals	27.54%	27.30%	28.40%	28.90%	30.14%

At the end of 2004, the Cardinals had made significant progress from their baseline level and the Royals were getting closer to attaining the K/DOQI AVF goal of 40%. The winning team will be declared at the end of the second quarter 2005.

Summary/Findings

During the fourth quarter of 2004, Network 12 both reached and sustained the CMS goal of 35% prevalent AVFs.

As of November 30, 2004, there were ninety-three (93) dialysis facilities located in Network 12 that achieved or exceeded the K/DOQI goal of 40% AVFs. They are listed on the following page.

Although much work lies ahead in order for Network 12 to reach the stretch goals, the benchmarks that were attained in 2004 have laid the groundwork for the realization of broader improvements in the future.

Recommendations

Collaborations and partnerships have become important and will play an even more vital part in future Network activities. The lessons learned during the project this year were shared with other ESRD Networks during conference calls, Quality

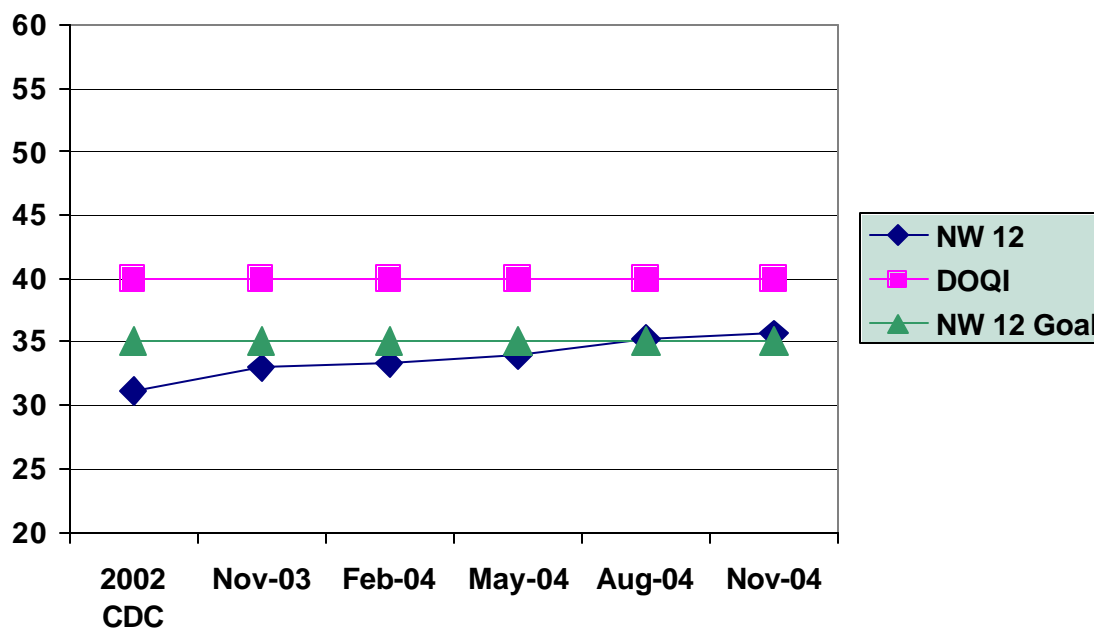
Improvement Director meetings, and email communications. The State Survey Agency (SA) personnel were provided with a quarterly update on the project during regularly scheduled conference calls. Quality Improvement Organizations (QIOs) received packets of project information during the fourth quarter. Representatives from the Missouri QIO (Primaris) visited the Network office on December 10, 2004, to discuss this and other quality improvement initiatives.

Fistula First Breakthrough Initiative

It is probable that the Fistula First Project will become the first in a series of quality breakthrough initiatives that the Centers for Medicare & Medicaid Services (CMS) will launch in the near future that will have a significant impact on the quality of care provided for Medicare beneficiaries while at the same time lowering the costs for the Medicare program. The success of this initiative will require collaboration between CMS, ESRD Networks, health professionals, patients, and other stakeholders.

Figure 11

AV Fistula Percentage - 2002-2004



Congratulations **Fistula First Gemstone Achievers**

DIAMOND LEVEL (90-100% AVF PERCENTAGE)

Veterans Administration Med. Cntr. – Iowa City Brown County Hospital Dialysis Centers

RUBY LEVEL (80-89% AVF PERCENTAGE)

University of Iowa – Washington

SAPPHIRE LEVEL (70-79% AVF PERCENTAGE)

Warner Dialysis Center

EMERALD LEVEL (60-69% AVF PERCENTAGE)

<p>University of Iowa Hospital & Clinics - Grinnell Cedar Valley Dialysis - West Union North Iowa Mercy Dialysis Center - Algona Milton & Ethel Warner Dialysis Unit – Spencer Chadron Community Hospital Dialysis</p>	<p>Renal Care Group – Hays Newton Dialysis Center Kansas Dialysis Services - Topeka Bio-Medical Applications of Lees Summit Renal Treatment Centers – Scottsbluff</p>
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AMETHYST LEVEL (50-59% AVF PERCENTAGE)

<p>Univ. of Iowa Hospital & Clinics - North Liberty Jackson County Public Hospital Tri- State Dialysis - Guttenberg Atlantic Dialysis Southeastern Renal Dialysis, L.C. - Lee County Covenant Waverly Dialysis Center Mercy Dialysis Center - Mason City Mary Greeley Medical Center - Iowa Falls University of Iowa Hospital & Clinics - Muscatine North Iowa Mercy Dialysis Center - Charles City Renal Center of Storm Lake, LLC University of Iowa Hospital & Clinics Shenandoah Dialysis Nebraska Health System - Shenandoah Renal Care Group - North Platte Box Butte Dialysis Unit</p>	<p>Renal Care Group - Emporia Kansas Dialysis Services - Sabetha Renal Treatment Centers - Winfield Kansas Dialysis Services - Manhattan Dialysis Specialists of Topeka, Inc. Renal Treatment Centers - Wichita Kansas Dialysis Services - Lawrence Kansas Dialysis Services - Ottawa Salem Memorial Hospital Penn Valley Dialysis Center Blue Springs Dialysis Center Gambro Healthcare - Washington Jefferson County Dialysis Center FMC Dialysis Services of Raytown Overland Trails Renal Care Group, LLC Gambro Healthcare - Omaha South</p>
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TOPAZ LEVEL (40-49% AVF PERCENTAGE)

<p>Gambro Healthcare – Council Bluffs Mercy Medical Center - Clinton Ringgold County Hospital Dialysis Unit Pella Regional Health Center Tri- State Dialysis - Dubuque Mary Greeley Medical Center - Marshalltown Mary Greeley Medical Center - Ames Dialysis Clinics, Inc – Moberly Dialysis Clinics, Inc - Belton Blessing Hospital ESRD Center Dialysis Clinics, Inc - Lees Summit Gambro Healthcare - Hospital Hill Research Medical Center Dialysis Unit Dialysis Clinics, Inc - Baptist Dialysis Clinics, Inc - Saint Joseph Renal Care Group - Harrisonville Dialysis Clinic, Inc - Clinton Veterans Administration Med. Cntr. Saint Louis Renal Care Group - Joplin East Dialysis Clinics, Inc - West Omaha Dialysis Center of Lincoln Gambro Healthcare - Fremont Dialysis Clinics, Inc - Omaha Gambro Healthcare – Omaha North</p>	<p>Renal Treatment Centers - Derby Susan B. Allen Dialysis Center Pratt Dialysis Center Renal Care Group - Arkansas City Bio-Medical Applications of Leawood Renal Care Group - Newton Hutchinson Dialysis, L L C NE Wichita Dialysis Center Renal Care Group- Wichita East Renal Care Group - Liberal Renal Care Group - Dodge City Garden City Dialysis Center Ozarks Dialysis Services - South Dialysis Clinics, Inc - Mexico Gambro Healthcare - Hazelwood Metro St Louis Dialysis Center, LLC Gambro Healthcare - Rolla Kansas City Dialysis & Transplant Center Northeast Nebraska Dialysis Center Grand Island Dialysis Kidney Dialysis Center of Grand Island, LLC Baker Place Dialysis CKC Dialysis</p>
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Quality Activities: Quality of Care Initiatives
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QUALITY AGENDA

Clinical Performance Measures (CPM) Plan

The Quality Agenda MRB Sub-Committee met per conference call on June 21, 2004. Network-specific Clinical Performance Measures (CPM) goals were approved by the MRB on July 9, 2004. The Network CPM Plan was forwarded to the CMS Project Officer on July 15, 2004.

Figure 12

Clinical Indicator	NW 12 CPM 2003 (2002 data)	US CPM 2003 (2002 data)	NW 12 Goal 2004
Adequacy of Hemodialysis			
% Patients with mean sp Kt/V \geq 1.2	91	89	95%
% Patients with mean URR \geq 65%	87	86	95%
Vascular Access			
% Prevalent pts with AVF	33	33	40%
% Incident pts with AVF	34	27	50%
% Patients with AVG & Stenosis monitoring	70	61	Encourage 100% Stenosis monitoring weekly
% Prevalent patients with catheter	30	27	10%
% Prevalent patients with catheter \geq 90 days	26	21	Be lower than the national average.
Anemia Management			
% Patients with Median Hgb > 11g/dL	78	79	85%
% Patients with Median Hgb > 11 – 12.0 g/dL	44	36	Meet or exceed the national average
% Patients with Median Hgb < 10g/dL	7	7	
Serum Albumin			
% Patients with Mean serum albumin > 4.0/3.7 g/dL (BCG/BCP)	30	35	Meet or exceed the national average
% Patients with Mean serum albumin > 3.5/3.2 g/dL (BCG/BCP)	81	81	

Bulletin Board Kits for Patient Education

The MRB Quality Agenda subcommittee recognized that patient education is of vital importance and that time constraints, staffing issues, and finances often limit the ability of the unit to provide information to the patients. The committee identified the opportunity to assist the facilities by providing them with ready-made bulletin board kits at no cost to the facility. Each set of bulletin boards kits included eight (8) two-sided 8 ½ x 11-inch colorful laminated sheets. Each of the two sides addressed a specific topic pertaining to the dialysis treatment. The initial mailing also included reusable large lettering and an attractive decorative border that could be used for all future kits or other facility educational initiatives. The graphic displays work as a springboard for further education supplied by facility personnel. The topics that were distributed during 2004 included: nutrition (albumin), and an overview of the ESRD Network and the services that it provides.

2003 Clinical Performance Measures Project (CPM) Data Collection

The ESRD Clinical Performance Measures Project (CPM) is a national effort led by the Centers for Medicare & Medicaid Services (CMS), and the eighteen ESRD Networks to assist dialysis providers to improve patient care and clinical outcomes. Since 1994, the project has documented continued improvements in the areas of adequacy of dialysis, anemia management, vascular access, and nutrition.

Randomly sampled adult and pediatric patients (hemodialysis and peritoneal dialysis) were included in the study. One hundred percent of the pediatric hemodialysis patients aged 12-18 years were included in the sample. CMS also required that the entire Veterans Administration dialysis patient population be included in the study.

In 2004, five hundred twenty one (521) hemodialysis and sixty-nine (69) peritoneal dialysis patients were selected for inclusion in the project. Three hundred twenty two (322) of the selected patients dialyze at large dialysis organization (LDO) facilities, and two hundred sixty eight (268) dialyze at smaller facilities. The approved CMS timeline for completion was followed during the project.

Influenza Vaccination

Due to a serious nationwide influenza vaccine shortage caused by manufacturing difficulties, the ESRD Networks worked with the Centers for Disease Control and Prevention (CDC) to ascertain information from the dialysis facilities, via survey, regarding vaccine availability (which included the number of doses ordered vs. received, manufacturer, and secondary sources.) Network 12 sent out ninety-two (92) surveys and received back forty-six (46).

On November 11, 2004, additional information about the distribution of influenza vaccine was faxed to all dialysis facilities. The Network website was utilized as an additional means of spreading vaccine information to the renal community.

Glomerular Filtration Rate (GFR) Review

Reported by June 30 for the preceding calendar year, the review conducted during 2004 did not find any facility or provider care problems related to initiation of dialysis. The main trigger for review continued to be the reporting of a serum creatinine value obtained after the first renal replacement therapy treatment.

Education Activities: Provider Community Education

Annual Meeting

The 15th Annual Business Meeting and Clinical Care Conference was held January 15-16 at the Westin Crown Center in Kansas City, Missouri. The meeting was preceded by an administrator workshop. Three hundred, eighty-four renal professionals and interested individuals attended with concurrent sessions being offered on the following topics:

- Inflammation in ESRD
- Renal Osteodystrophy Management
- Boundaries, Ethics, and Dual Relationships
- Anemia Management
- Vascular Access Creation and Monitoring
- Dialysis Patient-Provider Conflict Consensus Project
- Home Nocturnal Hemodialysis
- Preventing and Managing Infection

As a special highlight, Brady Augustine, Special Advisor to the Administrator, CMS, gave a keynote address on the future of the ESRD Medicare Program at the lunch on Friday.

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 two facility staff newsletters during the year. Printed semi-annually, the newsletter printed in April 2004 followed the usual format including general information to update renal professionals on current issues effecting the facility-Network relationship with articles from each of the Network's functional groups.

The second newsletter for the year was designed with a new format focusing on a specific topic of clinical relevance to the majority of dialysis facility staff. Distributed in October 2004, this newsletter focused on establishing and maintaining healthy,

professional boundaries with patients. Current and previous staff newsletters are available for download at the Network 12 website.

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, Dietitians, 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 Interventional Materials
Therapeutic Animals Information
Conditions for Coverage
Influenza Vaccination Survey and Information

Bulletin Board Kits

Basic Kit with alphabet and borders
Albumin Materials
“Who is the Network” Materials

“We’re Here for You” Network poster
Grievance forms and FAQs
Behavior Contract Examples
Network 12 Guideline on Threats and Harassment
Grievance Booklet for Professionals
Grievance Booklet for Beneficiaries
Patient Outreach and Education
Patient Newsletters
Education Certificates
Patient Safety
Emergencies Preparedness for Patients
Emergency Preparedness for Dialysis Facilities, A Guide....Dialysis

Figure 13

Powerpoints

Difficult Patient Behaviors
Documentation
Network Information

Patient Safety Toolkits
FDA Recall Notice—Heparin
Disaster Planning Card Sets

Grievances

Network Promotional Campaign: “Name Branding”

Network 12 implemented a campaign to increase name recognition by facility employees and dialysis patients. The initiative included distribution of the following items:

- Reprinting of the Network 12 poster with a new background graphic and a small change to the limited wording of the poster
- Distribution of plastic postcards advertising the redesigned website that included a removable rolodex card with Network office information
- Dissemination of “What is an ESRD Network?” a two-page flyer describing the Network and listing each staff member by job responsibility and direct phone number
- Inclusion of the Network logo on the bulletin board materials distributed as part of the Network 12 Quality Agenda

All of the items echoed the color scheme of the poster background graphic. This name branding was extended into the brochures for the annual business meeting, and patient and staff newsletters.

An effectiveness survey was distributed to 50 random facilities with responses received from 26 (53%). The survey asked the Unit Administrator to identify which of the marketing materials they had received during the last 60 days. Also, respondents were asked to rate usefulness and satisfaction questions on a 1-5 scale. The following table reflects the survey results:

Figure 14

Impact Survey of Name Branding/Educational Activities				
Respondents indicated they had received the following materials:				
Bulleting Board Materials (Albumin and Who's the Network)				77%
Website Announcement and Rolodex Card				58%
Network Poster				81%
"What is an ESRD Network" brochure				88%
Respondents indicated the following responses to the listed question				
Strongly Agree (1) to Neutral (3) to Strongly Disagree (5)				
1	2	3	4	5
We have used the Bulleting Board Materials as a source of patient or facility education.				
44%	30%	13%	9%	4%
The Rolodex Card has been useful as a quick reference for contacting the Network.				
14%	59%	18%	9%	0
The new Network Poster is currently hanging in a patient/public area.				
71%	21%	4%	4%	0
"What is an ESRD Network?" piece answered questions I had about what the Network does and the resources that are available.				
36%	36%	20%	4%	4%
There has been heightened awareness of the Network among facility staff and patients as a result of the materials received.				
9%	68%	23%	0	0

The survey included open-ended questions soliciting additional feedback. This information will be used to direct the next phase of the project and other initiatives.

Future activities will include "open door" teleconferences during the first quarter of 2005. These meetings will function similarly to CMS Open Door meetings whereby callers can ask questions and comment through a moderator.

Education Activities: Patient Education and Outreach

Patient Newsletters

In 2004, 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 2004 focused on adult immunization including influenza vaccination, hepaptitis, empowerment and participation in healthcare decisions, and understanding the dialysis machine. Newsletters contain some dietary information, along with a disclaimer to consult the dietitian prior to the utilization of any recipe or advice.

The newsletter continues to have a perforated last page to allow the beneficiary to remove the “take home” message, while leaving the newsletter intact. Previous “take home” messages include: questions to ask the facility staff, information on machine alarms, dialysis access stenosis tracking graph, and immunization information. All newsletters present and past are available for download at the Network 12 website, www.network12.org.

Education Activities: Resources Through the Network Website

As in 2003, 2004 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 2004, the website received over 27,120 visits¹ with 15,852 pages² being requested. This is a 61% increase in visits and 115% increase in the number of pages being requested compared to last year.

Much time was spent during the last half of 2003 in redesigning the structure of the site. Launched in the spring of 2004, the new structure differentiates between the different types of users who visit the site providing navigational direction by interest. The organization’s goal continues to be making all materials and resources distributed by the Network available for easy download from the website.

Download of patient educational newsletters eclipsed the former popular Annual Reports and Facility Directories for the first time in 2004. The table below lists each document, its subject and the number of times it was downloaded (pages requested) during 2004.

Anemia Management (Summer 2001).....	316
Adequacy of Dialysis (Fall 2001)	232
General Vascular Access Care (Spring 2002)	441
Nutrition for Energy (Summer 2002).....	449
Thirst Control (Fall 2002)	300
Self-Care and Empowerment (Winter 2002)	131

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

Outreach to New and Existing Patients and Staff

In October 2002, the Centers for Medicare and Medicaid Services (CMS) began distributing a packet of basic information to every new ESRD patient via their 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**

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.

- 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 facility, 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.

Lastly, during the third and fourth quarter of 2004, a brochure was designed and distributed to all new patients. The brochure contained grievance, contact, and basic information regarding the Network. Over 1,000 brochures were distributed.

Overview of Activity

During 2004, the office received over seven hundred calls from patients, family members, facility staff, and others on a variety of issues. As displayed in Figure, 23 139 calls were from facility personnel, of which 38 were requests for information addressing abusive, disruptive or otherwise challenging patient behaviors. These requests have increased since 2003 to 27%, a 4% increase. Additionally, there were 35 calls from State Survey Agency personnel requesting information related to grievances filed against facilities or questions prior to a site visit. This number increased 152% since last year and reflects joint collaboration efforts. Figure 24 lists the type of questions and concerns related to patient care received during 2004.

In response to calls involving challenging patient behaviors, the Network Patient Services Coordinator and the Quality Improvement Director review patient rights and responsibilities posted on Medicare’s Dialysis Facility Compare’s Website, in addition to 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.”

Figure 15

Number of Calls by Category, 2003	
Formal Grievance	10
Patient Complaint	33
Patient Inquiry	34
Facility Concerns	44
Facility Inquiry	95
State Agency	35
Other	136

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

- Have there been any care planning meetings? If so, who attended? Was the entire renal team present so that the team is able to be consistent in the message presented to the patient?
- Was the patient encouraged to bring a support person to the meeting?
- 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, psychosocial interventions, and conducted an updated psychosocial assessment?
- 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, were the police contacted and a report filed?
- If there were threats of violence, have appropriate measures been taken to insure the safety and security of other patients and staff members?
- Have staff acted inappropriately and have steps been taken to rectify the behavior?
- Has the facility's legal representation been notified?

If a dismissal is imminent, the Network staff ascertain whether or not the patient has been notified in writing, provided education on fluid overload and increased potassium levels, how long the patient has to locate another unit, and how the facility helped the patient in transferring. If necessary, Network 12 assists in facilitating a transfer. Unfortunately, an increasing number of patients have been dismissed from different facilities and are relying on hospital emergency rooms to receive care.

Figure 16
Type of Complaints and Questions
Related to Patient Care, 2004

Care Practices

- Emergency Preparedness
- Vascular Access
- Cannulation Ability of Staff
- Hepatitis B Requirements
- Unit Cleanliness
- Unit Temperature

Insurance and Billing Problems

- Transient Costs
- Requests For Replacement Medicare Cards
- Billing questions
- Transplant medication coverage

Other Concerns

- Patient Behavior Contracts
- Inappropriate Staff Behaviors
- Immunizations
- Transient Rights
- Patient Rights
- Transportation
- Respect and Dignity Issues
- Patient Education
- Use of Dialysis Facility Compare

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

There are several acronyms used in this section. They are defined as follows:

- SIMS (Standardized Information Management System): The software program the Networks use to track patient demographic and treatment information as submitted by the facilities.
- VISION (Vital Information System to Improve Outcomes in Nephrology): The software program that when installed on a local computer allows facility staff to enter patient information required for the CMS forms and Network tracking.
- QNET: (Quality Net Exchange) The software and website through which patient data is securely transmitted from a VISION facility to the Network.
- REMIS (Renal Management Information System): A national database accessible only by Network or appropriate federal personnel that contains minimal patient identifiers and summary information on claims processed by Medicare for the individual.
- CROWN (Consolidated Renal Operations in a Web-enabled Network) the platform and secure wide-area computer network that allows protected exchange of confidential patient information via the Internet between Networks and REMIS. Eventually, CROWN will replace VISION as a web-based software program for entry of forms and events data.
- 2728: The Medical-Evidence Form required by CMS for enrollment in the ESRD Medicare Program.
- 2746: The Death Notice required by CMS and submitted by the dialysis and transplant facilities.
- 2744: Annual Facility Survey that accounts for changes in patient census at a dialysis or transplant facility throughout a calendar year.

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.

Summary of Activities

Efforts to improve the reliability and validity of ESRD data focused on implementation of the following national and regional projects:

- VISION—Recruitment and training in use of the software program for local forms and patient events entry (Discussed in the CMS Goal #4 section of this report.)
- SIMS Patient Activity Report (PAR) and revised Quarterly Roster—Training for Network 12 facilities in use of the nation-wide forms
- Revised 2746—Providing educational materials and technical support

- Annual Facility Survey—Generation and distribution of lists noting all patient activity during the previous calendar year.
- Forms Compliance Reports—Generation and distribution of feedback reports to facilities on the timeliness and accuracy of data submitted on the 2728 and 2746 forms during a specified time period.

SIMS PAR and Quarterly Roster Implementation

Beginning in 2003, CMS and its software contractor eSource began guiding the Networks in developing business rules for the use of SIMS and VISION. These business rules, developed by consensus among the Networks, were standardized in a series of software program edits. Network 12 personnel participated in the development of these rules throughout 2004.

A natural extension of this effort led to the standardization of facility reporting to the Networks nation-wide for those units not using VISION. Previously, each Network had devised various forms and timelines required for facilities to use in updating changes in patient events; i.e. a change in modality or provider. Network 12 routinely printed and distributed a roster listing all patients known to be at the facility at the beginning of each month. The facility staff would write in any changes to the roster and return it to the Network 12 office by the middle of the month. The changes as entered into SIMS would be reflected in the roster provided by the Network at the beginning of the next month.

A national process replaced the Network 12 roster cycle. Beginning the spring of 2004, facilities began supplying changes in patient census or modality as soon as possible via a Patient Activity Record (PAR). Once received, Network staff enters the data into SIMS. Rosters are generated and distributed to the facilities at the end of each quarter to verify all needed changes have been submitted and entered.

Network 12 data staff provided training on completion and submission of the forms used in this new process. Six workshops were held in St. Louis, Columbia, and Kansas City, Missouri; Lincoln, Nebraska; Des Moines, Iowa; and Wichita, Kansas.

Revised 2746 Death Notice Rollout

A five-year process, a revised Death Notice Form (2746) was introduced in the fourth quarter of 2004. Network 12 distributed advance educational materials to all non-VISION facilities. Additionally, information was posted on the Network 12 website. The data staff provided a great deal of technical support by phone while facility personnel adjusted to using the new form.

Annual Facility Survey (2744)

The first quarter of the year was dedicated to completion and submission of the annual facility survey. The Network staff work with each facility to balance the beginning and ending census and account for the changes in modality or provider for every patient throughout the previous year. This year's facility survey was completed on time with minimal disruption to the facilities or Network personnel.

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.

We honor our "Data Champions"—facilities that exceeded the CMS compliance goals—and "Data Stars"—facilities that met the CMS compliance guidelines—with publication of the facility's name in this report and at the Annual Business Meeting.

2004 DATA CHAMPIONS

Box Butte Dialysis Unit	Nebraska Health Services Kearney
Brown County Hospital Dialysis Centers	Renal Care Group- Mercy Des Moines LLC
Cherry County Hospital Dialysis Unit	Renal Care Group - Liberal
Covenant - MercyCare, Inc.	Saline County Dialysis - Concordia
Dialysis Clinic, Inc - Bellevue	Saline County Dialysis - Junction City
Dialysis Specialists of Topeka, Inc.	Southeastern Renal Dialysis, L.C. - Lee County
Gambro Healthcare – Cameron	Southeastern Renal Dialysis, L.C. - Mount Pleasant
Gambro Healthcare – Washington	Southeastern Renal Dialysis, L.C. - W Burlington
Jackson County Public Hospital	University of Iowa Hospital & Clinics
Mercy Hospital Medical Center	University of Iowa Hospital & Clinics – N. Liberty
Mercy Medical Center - Cedar Rapids	University of Iowa Hospital & Clinics - Washington

2004 DATA STARS

Blue Springs Dialysis Center	Hasting Dialysis Center
Bluff City Dialysis	Hope Again Dialysis
Branson Dialysis, LLC	Hutchinson Dialysis, L L C
Branson Dialysis, LLC	Jefferson County Dialysis Center
Buena Vista County Hospital	Kansas Dialysis Services - Sabetha
Cape County Regional Dialysis Center	Kennett Dialysis Center
Cedar Valley Dialysis Center	McCook Dialysis Center
Covenant Medical Center	Mercy Medical Center - Clinton
Covenant Waverly Dialysis Center	Mercy Medical Center Dialysis - Mercy Plaza
Covenant-Mercycare Dialysis - Independence	Metro Dialysis Center - Normandy
Creston Dialysis	Milton & Ethel Warner Dialysis Unit - Spencer
Dialysis Clinics, Inc - Baptist	NE Wichita Dialysis Center
Dialysis Clinics, Inc - Jefferson City West	Pella Regional Health Center
Dialysis Clinics, Inc - Kirksville	Perry County Dialysis Centers
Dialysis Clinics, Inc - Lees Summit	Poplar Bluff Dialysis Center
Dialysis Clinics, Inc - Omaha	Quad Cities Kidney Center - Davenport
Dialysis Clinics, Inc – Osage Beach	Renal Care Group - Harrisonville
Dialysis Clinics, Inc - West Plains	Renal Care Group - Newton
Farmington Dialysis Center	Renal Care Group - North Platte
FMC Dialysis Services of Raytown	Renal Care Group- Wichita East
Freeman Nephrology & Dialysis Center	Renal Treatment Centers - Derby
Gambro Healthcare – Atchison	Renal Treatment Centers - Independence
Gambro Healthcare – Chillicothe	Renal Treatment Centers - Parsons
Gambro Healthcare – Fremont	Renal Treatment Centers - Saint Louis
GAMBRO Healthcare - Hospital Hill	Renal Treatment Centers - Wichita
Gambro Healthcare – Maryville	Renal Treatment Centers - Winfield
Gambro Healthcare – Olathe	Renex Dialysis Clinic of Creve Coeur
Gambro Healthcare - Omaha Central	Renex Dialysis Clinic of Maplewood
Gambro Healthcare - Omaha North	Saint Anthonys Regional Hospital
Gambro Healthcare - Overland Park	Saline County Dialysis - Salina
Gambro Healthcare – Papillion	Samaritan Memorial Hospital
GAMBRO Healthcare – Rolla	Siouxland Dialysis
Gambro Healthcare - Saint Louis West PD	Tri- State Dialysis - Manchester
Gambro Healthcare - St. Joseph	Trinity Regional Medical Center
GAMBRO Healthcare - Wyandotte West	V. A. Medical Center - Iowa City
Garden City Dialysis Center	V. A. Medical Center - Kansas City
Genesis Medical Center	Wayne County Hospital ESRD
	Wyandotte County Dialysis, L L C

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 2004 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 (SA) 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 SAs 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.

VISION eligibility is exclusive to hospital-based and free-standing, independent facilities. Network 12 demonstrated its leadership in training and implementing VISION use in facilities having trained more eligible facilities during 2003 than any other Network. The biggest challenge to maintaining enrollment in VISION has proven to be the exclusion criteria. By the end of 2003, only nine of the original fourteen facilities were participating in the project. All five that discontinued using VISION are affiliated units and were purchased by a large, multi-state dialysis provider corporation. Their new status as part of a large dialysis organization made them ineligible to participate.

Due to software problems, the year began with CMS having suspended all VISION training in October 2003. However, Network staff recruited eligible facilities during the Annual Meeting in January and throughout the year. When allowed to resume training in the summer of 2004, interest was already established. The data staff conducted regional training in Salina, Kansas; Lincoln, Nebraska; Des Moines, Iowa; and St. Louis, Missouri. Of the 91 eligible facilities, 33% were submitting data using VISION at the end of 2004.

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. Installation of new QNET and VISION software is expected during 2005.

CMS Goal #5 Evaluate and Resolve Patient Grievances as Categorized in the Standard Information Management System (SIMS)

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.
- The Network staff notifies the grievant through certified mail acknowledging receipt of grievance.
- 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. Notification is sent via certified, return receipt requested mailing.
- Network staff reviews documents and 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.

Figure 17

2004 Grievances Allegations	
Type of Allegation ¹	No.
Professional Ethics	1
Treatment Related/Quality of care ²	4
Physical Environment	1
Staff Related	2
Other	2

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.

- 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 not satisfied with the Network's findings in a case may appeal the decision to CMS Region VII office.

2004 Grievance Activity

Network 12 investigated ten formal grievances during 2004. Grievances by type and resolution are illustrated in Figures 17 and 18. Two grievances filed during 2004 were carried into 2005. The Medical Review Board continues to work with these two facilities. The remaining eight grievances were reviewed internally, two were resolved, three were closed by the grievant or lacked quality of care issues, and three fell outside the scope of the ability of the Network and were referred to the appropriate state agency. All three referred to the state agencies underwent site visits which reflected, at a minimum, some if not all of the allegations were supported and corrective action plans required by the state agency. The Network continues to have a supportive collaborative relationship with the state prior to site visits.

Figure 18

2004 Grievances Resolutions	
Type of Resolution	No.
Staff education on facility policies and procedures	2
Facility encouraged to uniformly enforce policies and procedures	4
Patient education on changes in policies, including annual updates	2
Referral to State Survey Agency	3



Sanction Recommendations

No sanctions were recommended or imposed by Network 12 during 2004.

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Recommendations for Additional Facilities

There was much activity in opening and closing dialysis units during 2003. As of December 31, 2004, Network 12 consisted of the following types of facilities:

4 Organ Procurement Agencies

20 Medicare-certified Transplant Centers

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

5 Veterans Administration or Federal Prison System Dialysis Providers

Net growth for dialysis units, including veterans and federal prison providers, consisted of three facilities. Figure 19 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 19

Dialysis Facility Counts and Growth by Calendar Year		
Year	Facility Count	Average Percent Growth
1994	130	5.69%
1995	137	5.38%
1996	159	16.05%
1997	184	15.72%
1998	204	10.87%
1999	205	0.49%
2000	215	4.88%
2001	219	1.86%
2002	226	3.20%
2003	228	0.88%
2004	231	1.31%

6

Data Tables

2004 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 2004. 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 meaningful as the population base increases in size.

2004 Network 12 Prevalence Data

Prevalence reflects the number of people on chronic maintenance dialysis in the Network on December 31, 2004. 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 REMIS (Renal Management Information System).

**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 2004

Age Group	IA	KS	MO	NE	Other	Total
00-04	2	3	2	2	2	11
05-09	0	0	1	1	0	2
10-14	0	0	6	1	3	10
15-19	5	3	13	9	4	34
20-24	6	6	21	8	0	41
25-29	10	9	27	10	3	59
30-34	9	14	38	6	3	70
35-39	19	18	64	14	3	118
40-44	30	32	92	18	4	176
45-49	36	49	119	26	6	236
50-54	34	53	158	34	12	291
55-59	47	82	177	53	22	381
60-64	75	84	220	53	22	454
65-69	85	82	202	52	15	436
70-74	85	79	248	68	17	497
75-79	104	83	271	77	14	549
80-84	88	64	192	55	10	409
>=85	54	34	119	25	10	242
Missing	0	0	0	0	0	0
Total	689	695	1970	512	150	4016
Gender						
Female	307	327	914	225	60	1833
Male	382	368	1056	287	90	2183
Missing	0	0	0	0	0	0
Total	689	695	1970	512	150	4016
Race						
Asian	6	4	8	2	1	21
Black	43	115	555	47	36	796
Indian subcontinent	0	1	3	1	0	5
Mid-East Arabian	1	4	9	1	1	16
Native American	4	5	0	14	0	23
Other/Multiracial	2	4	2	1	0	9
Pacific Islander	3	2	3	2	0	10
White	630	559	1390	443	112	3134
Missing	0	0	0	0	0	0
Unknown	0	1	0	1	0	2
Total	689	695	1970	512	150	4016
Primary Diagnosis						
Cystic Kidney	17	21	45	14	4	101
Diabetes	294	318	834	236	62	1744
Glomerulonephritis	65	63	145	55	4	332
Hypertension	177	165	603	108	44	1097
Other	101	89	224	60	21	495
Other Urologic	19	16	44	11	3	93
Missing	0	0	0	0	0	0
Unknown	16	23	75	28	12	154
Total	689	695	1970	512	150	4016

Source of information: Network SIMS Database
Date of Preparation: June 2005
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 106 patients with transplant therapy as an initial treatment.
This table includes 48 patients receiving treatment at VA facilities.

**Living ESRD Dialysis Patients
(ESRD Dialysis Prevalence)**

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2004.

Age Group	IA	KS	MO	NE	Other	Total
00-04	2	3	1	2	0	8
05-09	0	1	2	3	1	7
10-14	3	2	11	5	5	26
15-19	5	5	29	4	6	49
20-24	20	21	59	16	12	128
25-29	28	34	91	15	12	180
30-34	33	65	166	30	27	321
35-39	59	77	252	46	24	458
40-44	93	108	323	71	43	638
45-49	115	168	453	95	53	884
50-54	142	186	606	95	59	1088
55-59	189	225	617	131	53	1215
60-64	202	258	672	156	66	1354
65-69	227	243	654	134	48	1306
70-74	276	241	645	152	62	1376
75-79	291	235	644	168	59	1397
80-84	241	165	446	112	36	1000
>=85	132	71	261	71	25	560
Missing	0	0	0	0	0	0
Total	2058	2108	5932	1306	591	11995
Gender						
Female	947	1000	2727	553	234	5461
Male	1111	1108	3205	753	357	6534
Missing	0	0	0	0	0	0
Total	2058	2108	5932	1306	591	11995
Race						
Asian	26	26	35	11	4	102
Black	189	524	2406	208	197	3524
Indian subcontinent	3	6	11	0	2	22
Mid-East Arabian	1	6	11	3	0	21
Native American	15	33	26	52	9	135
Other/Multiracial	5	23	17	5	5	55
Pacific Islander	4	8	10	2	1	25
White	1813	1481	3415	1023	367	8099
Missing	0	0	0	0	0	0
Unknown	2	1	1	2	6	12
Total	2058	2108	5932	1306	591	11995
Primary Diagnosis						
Cystic Kidney	75	75	161	46	14	371
Diabetes	821	924	2370	574	190	4879
Glomerulonephritis	262	305	658	148	73	1446
Hypertension	485	439	1828	295	174	3221
Other	278	225	564	134	68	1269
Other Urologic	65	53	127	31	11	287
Missing	0	0	0	0	0	0
Unknown	72	87	224	78	61	522
Total	2058	2108	5932	1306	591	11995

Source of information: Network SIMS Database
Date of Preparation: June 2005
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 102 patients receiving treatment at VA facilities.

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004
160005	0	0	0	0	0	0	0	0	0	0
160016	0	0	1	0	3	2	0	0	4	2
160030	0	0	4	3	0	0	0	0	4	3
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	0	0	0	0	0	1	0
160058	21	18	1	0	6	7	0	0	28	25
160064	0	0	0	0	4	2	0	0	4	2
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	7	0	8	0	0	0	15	0
160080	0	0	0	0	0	0	0	0	0	0
160083	0	0	15	0	13	0	0	0	28	0
160089	0	0	0	0	1	0	0	0	1	0
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	6	2	0	0	14	10
162501	0	0	11	10	16	15	0	0	27	25
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	2	4	0	4	0	0	2	8
162511	0	0	1	0	0	0	0	0	1	0
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	2	17	7	10	14	0	0	28	23
162516	0	0	1	0	3	6	0	0	4	6
162517	0	0	0	0	0	0	0	0	0	0
162518	0	0	0	0	1	1	0	0	1	1
162519	0	0	0	0	0	0	0	0	0	0
162520	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	0	0	0	0	0	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	1	0	0	0	1	0
162529#	0	0	0	6	0	5	0	0	0	11
162530#	0	0	0	0	0	0	0	0	0	0
162532#	0	0	0	8	0	16	0	0	0	24
163500^	0	0	0	0	0	0	0	0	0	0
163501	0	0	0	0	0	0	0	0	0	0

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004
163502	0	0	0	0	0	0	0	0	0	0
163503	0	0	0	0	0	0	0	0	0	0
163504	0	0	0	0	0	0	0	0	0	0
163505	0	0	0	0	0	0	0	0	0	0
163506	0	0	0	0	0	0	0	0	0	0
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
163514#	0	0	0	4	0	12	0	0	0	16
IA Total	22	20	69	50	73	87	0	0	164	157
170017	0	0	0	0	0	0	0	0	0	0
170040	4	4	4	6	8	11	0	0	16	21
172501	1	0	5	3	0	1	0	0	6	4
172502	0	0	3	3	3	4	0	0	6	7
172503	0	0	49	63	12	7	0	0	61	70
172504	6	5	27	32	25	13	0	0	58	50
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	0	27	15	14	29	0	0	42	44
172509	0	0	10	13	28	29	0	0	38	42
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	0	0	0	0	0	0
172518	0	0	0	0	0	0	0	0	0	0
172519	0	0	0	0	1	0	0	0	1	0
172520	0	0	0	0	0	0	0	0	0	0
172521	0	0	0	0	0	0	0	0	0	0
172522	0	0	0	0	0	0	0	0	0	0
172523	0	0	0	0	0	0	0	0	0	0
172524	0	1	0	0	0	0	0	0	0	1
172525	0	0	0	0	0	0	0	0	0	0
172526	0	0	0	0	0	0	0	0	0	0
172527	0	1	2	2	2	0	0	0	4	3
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
172530	0	0	0	0	46	0	0	0	0	0

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004
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
172534	0	0	0	0	0	0	0	0	0	0
172535	0	0	0	0	0	0	0	0	0	0
172536	0	0	0	0	0	0	0	0	0	0
172537	0	0	0	0	0	0	0	0	0	0
172538	0	0	0	0	0	0	0	0	0	0
172539#	0	0	0	0	0	0	0	0	0	0
172540	0	0	0	0	1	0	0	0	1	0
172541	0	0	1	0	0	0	0	0	1	0
172542	0	0	0	0	0	0	0	0	0	0
172543#	0	0	0	0	0	0	0	0	0	0
KS Total	12	11	128	137	94	94	0	0	234	242
260020#	0	0	0	0	0	0	0	0	0	0
260027	0	0	0	0	0	0	0	0	0	0
260031#	0	0	0	0	0	0	0	0	0	0
260040	0	0	0	0	0	0	0	0	0	0
26004f	0	0	2	3	12	9	0	0	14	12
26008F#	0	0	0	2	0	0	0	0	0	2
26009F	0	0	0	0	4	4	0	0	4	4
260100	0	0	0	0	0	0	0	0	0	0
260113	0	0	1	1	5	3	0	0	6	4
260137#	0	0	0	1	0	0	0	0	0	1
260141	0	0	1	1	5	0	0	0	6	1
260172	0	0	0	0	0	0	0	0	0	0
260179#	0	0	0	0	0	0	0	0	0	0
260180#	0	0	0	0	0	0	0	0	0	0
262501	1	1	11	10	36	30	0	0	48	41
262502	0	0	0	0	0	0	0	0	0	0
262503	0	0	0	1	0	0	0	0	0	1
262504	0	0	5	3	27	29	0	0	32	32
262505	0	0	0	0	0	0	0	0	0	0
262506	7	6	24	32	7	15	0	0	38	53
262507	0	0	2	3	7	5	0	0	9	8
262508	1	1	25	23	24	22	0	0	50	46
262509	0	0	0	0	2	0	0	0	2	0
262511	0	0	0	0	0	0	0	0	0	0
262513	0	0	0	0	0	0	0	0	0	0
262514	2	3	19	16	11	16	0	0	32	35
262515	0	0	0	0	0	0	0	0	0	0
262516	0	0	0	0	0	0	0	0	0	0
262517	12	10	4	2	15	13	0	0	31	25
262520	0	0	0	0	0	0	0	0	0	0
262521	0	1	3	2	47	4	6	0	7	9

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004
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	0	0	1	0	0	0	1	0
262526	0	0	0	0	0	0	0	0	0	0
262527	0	0	0	0	0	0	0	0	0	0
262528	0	1	1	0	8	5	0	0	9	6
262530	0	0	0	0	0	0	0	0	0	0
262531	0	0	0	0	0	0	0	0	0	0
262534	0	0	0	0	0	0	0	0	0	0
262535	0	0	0	0	0	0	0	0	0	0
262536	0	0	3	2	9	7	0	0	12	9
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	3	3	5	4	0	0	8	7
262541	0	0	6	1	19	24	0	0	25	25
262542	0	0	0	0	0	0	0	0	0	0
262543	0	0	3	3	11	10	0	0	14	13
262544	1	0	1	0	1	1	0	0	3	1
262547	0	0	32	24	19	30	0	0	51	54
262548	0	0	0	0	0	0	0	0	0	0
262549	1	1	4	2	26	32	0	0	31	35
262550	0	0	0	0	0	0	0	0	0	0
262551	0	0	0	0	0	0	0	0	0	0
262552	0	0	0	0	0	0	0	0	0	0
262553	0	0	0	0	0	0	0	0	0	0
262554	0	0	1	0	4	2	0	0	5	2
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	4	2	3	1	0	0	8	4
262561	0	0	3	3	3	9	0	0	6	12
262562	0	0	6	4	4	11	0	0	10	15
262563	1	2	0	0	1	1	0	0	2	3
262564	0	0	15	18	24	19	0	0	39	37
262565	6	5	34	45	12	10	0	0	52	60
262567	0	0	2	1	0	0	0	0	2	1
262568	0	0	0	0	0	0	0	0	0	0
262569	0	0	2	0	0	0	0	0	2	0
262570	0	0	0	0	0	0	0	0	0	0
262572	0	0	2	3	8	6	0	0	10	9
262573	0	0	0	0	0	0	0	0	0	0
262574	0	0	2	1	4	0	0	0	6	1
262575	0	0	0	0	0	0	0	0	0	0
262576	0	0	11	8	12	9	0	0	23	17

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004
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	0	0	0	0	0	0
262580	0	0	1	1	0	2	0	0	1	3
262581	0	0	0	0	0	0	0	0	0	0
262582	0	0	0	0	0	0	0	0	0	0
262583	0	0	0	0	0	0	0	0	0	0
262584	0	0	0	0	0	0	0	0	0	0
262585	0	0	9	5	37	40	0	0	46	45
262586	32	24	2	3	0	4	0	0	34	31
262587	0	0	0	1	0	0	0	0	0	1
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	1	0	0	0	1	0
262591	0	0	9	9	4	1	0	0	13	10
262592	0	0	0	0	0	0	0	0	0	0
262593	0	0	4	0	3	2	0	0	7	2
262594	0	0	2	4	11	12	0	0	13	16
262595	0	0	0	0	0	0	0	0	0	0
262596	1	0	0	0	0	0	0	0	1	0
262597	0	0	5	2	4	6	0	0	9	8
262598	0	0	0	0	0	0	0	0	0	0
262599	1	0	1	0	2	0	0	0	4	0
262600	0	0	0	0	1	1	0	0	1	1
262601	0	0	4	4	2	0	0	0	6	4
262602	0	0	0	0	0	0	0	0	0	0
262603	0	0	0	3	2	3	0	0	2	6
262604	0	0	0	1	0	0	0	0	0	1
262605	0	0	0	0	0	0	0	0	0	0
262606	0	0	0	3	1	10	0	0	1	13
262607#	0	0	0	0	0	0	0	0	0	0
262609#	0	0	0	0	0	0	0	0	0	0
263300	0	0	0	1	2	1	0	0	2	2
263301	0	0	1	0	6	10	0	0	7	10
263302	0	1	0	0	8	9	0	0	8	10
263503	0	0	0	0	0	0	0	0	0	0
263505^	0	0	0	0	0	0	0	0	0	0
263506	0	0	42	40	13	8	0	0	55	48
263508	0	0	1	1	0	0	0	0	1	1
263510	0	0	0	0	0	0	0	0	0	0
NW12^	0	0	0	0	0	0	0	0	0	0

MO Total	67	57	313	298	430	442	0	0	810	797
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280020#	0	0	0	0	0	0	0	0	0	0
280039#	0	0	0	0	0	0	0	0	0	0
280065^	0	0	0	0	49	0	0	0	0	0

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004
28006f	0	0	0	0	0	0	0	0	0	0
280088	0	0	0	0	0	0	0	0	0	0
280118	0	0	0	0	0	0	0	0	0	0
280125	0	0	1	0	0	0	0	0	1	0
281325#	0	0	0	0	0	0	0	0	0	0
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	4	6	15	16	17	17	0	0	36	39
282501	0	0	14	9	24	17	0	0	38	26
282502	0	0	0	0	0	0	0	0	0	0
282503	1	1	13	8	16	8	0	0	30	17
282504	0	0	1	1	6	15	0	0	7	16
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	1	0	0	0	0	0	0	0	1
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	0	6	3	10	8	0	0	17	11
282516	0	0	8	11	3	3	0	0	11	14
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	2	2	5	7	0	0	7	9
282520	0	2	1	16	0	4	0	0	1	22
282521	0	0	0	0	0	0	0	0	0	0
282522	0	0	1	1	0	0	0	0	1	1
282523#	0	0	0	0	0	1	0	0	0	1
282524#	0	0	0	0	0	0	0	0	0	0
282525#	0	0	0	0	0	0	0	0	0	0
283501^	0	0	0	0	0	0	0	0	0	0
283503^	0	0	0	0	0	0	0	0	0	0
NE Total	6	10	62	67	81	80	0	0	149	157
Network Total	107	98	572	552	678	703	0	0	1357	1353

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

Date of Preparation: June 2005

This table includes 19 Veterans Affairs Facility patients for 2003 and 16 Veterans Affairs Facility patients for 2004.

Provider not operational in 2003

^ Provider not operational in 2004

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

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2003	2004	2003	2004	2003	2004	2003	2004
160005	19	20	0	0	19	20	19	20
160016	54	64	0	0	54	64	58	66
160030	32	29	0	0	32	29	36	32
160033	116	111	0	0	116	111	116	111
160044	26	25	0	0	26	25	26	25
160048	14	17	0	0	14	17	14	17
16004f	5	5	0	0	5	5	6	5
160058	58	58	0	0	58	58	86	83
160064	57	61	0	0	57	61	61	63
160066	16	0	0	0	16	0	16	0
160067	56	46	0	0	56	46	57	47
160079	115	7	1	0	116	7	131	7
160080	55	60	0	0	55	60	55	60
160083	92	0	0	0	92	0	120	0
160089	65	64	0	0	65	64	66	64
160112	26	26	0	0	26	26	26	26
160113	15	15	0	0	15	15	15	15
161329	16	13	0	0	16	13	16	13
162500	123	127	0	0	123	127	137	137
162501	114	119	1	0	115	119	142	144
162506	37	43	0	0	37	43	37	43
162507	41	31	0	0	41	31	41	31
162508	13	11	0	0	13	11	13	11
162509	27	28	0	0	27	28	29	36
162511	24	23	0	0	24	23	25	23
162512	57	53	0	0	57	53	57	53
162513	53	47	0	0	53	47	53	47
162514	18	17	0	0	18	17	18	17
162515	109	106	0	0	109	106	137	129
162516	115	111	1	0	116	111	120	117
162517	24	25	0	0	24	25	24	25
162518	31	42	0	0	31	42	32	43
162519	12	11	0	0	12	11	12	11
162520	12	13	0	0	12	13	12	13
162522	16	16	0	0	16	16	16	16
162523	12	8	0	0	12	8	12	8
162524	28	22	0	0	28	22	28	22
162525	30	38	0	0	30	38	30	38
162526	19	25	0	0	19	25	19	25
162527	39	42	0	0	39	42	39	42
162528	17	20	0	0	17	20	18	20
162529#	0	28	0	0	0	28	0	39
162530#	0	10	0	0	0	10	0	10
162532#	0	92	0	0	0	92	0	116
163500^	0	0	0	0	0	0	0	0

Table #4

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

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2003	2004	2003	2004	2003	2004	2003	2004
163501	37	41	0	0	37	41	37	41
163502	19	20	0	0	19	20	19	20
163503	13	13	0	0	13	13	13	13
163504	23	29	0	0	23	29	23	29
163505	26	27	0	0	26	27	26	27
163506	17	18	0	0	17	18	17	18
163507	10	13	0	0	10	13	10	13
163508	13	10	0	0	13	10	13	10
163509	22	19	0	0	22	19	22	19
163510	12	11	0	0	12	11	12	11
163511^	0	0	0	0	0	0	0	0
163512^	0	0	0	0	0	0	0	0
163513	18	15	0	0	18	15	18	15
163514#	0	120	0	1	0	121	0	137

IA Total	2018	2065	3	1	2021	2066	2185	2223
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170017	24	26	0	0	24	26	24	26
170040	99	98	0	0	99	98	115	119
172501	77	64	0	0	77	64	83	68
172502	81	81	0	0	81	81	87	88
172503	87	87	3	0	90	87	151	157
172504	107	88	1	0	108	88	166	138
172505	26	20	0	0	26	20	26	20
172506	33	35	0	0	33	35	33	35
172507	33	39	0	0	33	39	33	39
172508	148	135	1	0	149	135	191	179
172509	47	40	1	0	48	40	86	82
172510	27	24	0	0	27	24	27	24
172511	37	38	0	0	37	38	37	38
172512	24	26	0	0	24	26	24	26
172514	39	42	0	0	39	42	39	42
172515	27	24	0	0	27	24	27	24
172516	17	16	0	0	17	16	17	16
172517	27	32	0		27	32	27	32
172518	30	27	0	0	30	27	30	27
172519	93	88	0	0	93	88	94	88
172520	76	68	0	0	76	68	76	68
172521	47	54	0	0	47	54	47	54
172522	42	38	0	0	42	38	42	38
172523	69	66	0	0	69	66	69	66
172524	42	51	0	0	42	51	42	52
172525	14	15	0	0	14	15	14	15
172526	25	32	0	0	25	32	25	32
172527	39	42	0	0	39	42	43	45
172528	28	30	0	0	28	30	28	30

Table #4

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

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2003	2004	2003	2004	2003	2004	2003	2004
172529	23	18	0	0	23	18	23	18
172530	18	20	0	0	18	20	18	20
172531	22	26	0	0	22	26	22	26
172532	32	29	0	0	32	29	32	29
172533	62	70	0	0	62	70	62	70
172534	11	15	0	0	11	15	11	15
172535	29	30	0	0	29	30	29	30
172536	54	55	0	0	54	55	54	55
172537	24	24	0	0	24	24	24	24
172538	15	13	0	0	15	13	15	13
172539#	0	0	0	0	0	0	0	0
172540	33	33	0	0	33	33	34	33
172541	30	34	0	0	30	34	31	34
172542	24	38	0	0	24	38	24	38
172543#	0	30	0	0	0	30	0	30
KS Total	1842	1861	6	0	1848	1861	2082	2103
260020#	0	1	0	0	0	1	0	1
260027	41	40	0	0	41	40	41	40
260031#	0	0	0	0	0	0	0	0
260040	26	32	0	0	26	32	26	32
26004f	19	21	0	0	19	21	33	33
26008F#	0	120	0	0	0	120	0	122
26009F	28	27	0	0	28	27	32	31
260100	28	25	0	0	28	25	28	25
260113	71	91	2	0	73	91	79	95
260137#	0	20	0	0	0	20	0	21
260141	2	2	0	0	2	2	8	3
260172	10	15	0	0	10	15	10	15
260179#	0	1	0	0	0	1	0	1
260180#	0	0	0	0	0	0	0	0
262501	85	89	0	0	85	89	133	130
262502	159	167	0	0	159	167	159	167
262503	103	103	0	0	103	103	103	104
262504	72	66	0	0	72	66	104	98
262505	28	37	0	0	28	37	28	37
262506	117	112	4	2	121	114	159	167
262507	46	34	0	0	46	34	55	42
262508	113	113	0	1	113	114	163	160
262509	75	73	0	0	75	73	77	73
262511	49	53	0	0	49	53	49	53
262513	34	30	0	0	34	30	34	30
262514	60	48	0	0	60	48	92	83
262515	51	56	0	0	51	56	51	56
262516	30	32	0	0	30	32	30	32

Table #4

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

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2003	2004	2003	2004	2003	2004	2003	2004
262517	103	96	0	0	103	96	134	121
262520	44	44	0	0	44	44	44	44
262521	39	53	0	0	39	53	46	62
262522	18	19	0	0	18	19	18	19
262523	19	19	0	0	19	19	19	19
262524	20	21	0	0	20	21	21	21
262526	24	18	0	0	24	18	24	18
262527	139	112	0	0	139	112	139	112
262528	50	60	0	0	50	60	59	66
262530	41	42	0	0	41	42	41	42
262531	53	47	0	0	53	47	53	47
262534	43	39	0	0	43	39	43	39
262535	108	95	0	0	108	95	108	95
262536	50	42	0	0	50	42	62	51
262537	135	129	0	0	135	129	135	129
262538	64	49	0	0	64	49	64	49
262539	104	101	0	0	104	101	104	101
262540	27	33	0	0	27	33	35	40
262541	50	58	1	0	51	58	76	83
262542	50	46	0	0	50	46	50	46
262543	84	80	0	0	84	80	98	93
262544	116	107	0	0	116	107	119	108
262547	99	115	3	0	102	115	153	169
262548	59	38	0	0	59	38	59	38
262549	136	125	1	0	137	125	168	160
262550	50	47	0	0	50	47	50	47
262551	68	65	0	0	68	65	68	65
262552	32	32	0	0	32	32	32	32
262553	58	57	0	0	58	57	58	57
262554	60	55	0	0	60	55	65	57
262555	37	38	0	0	37	38	37	38
262556	65	67	0	0	65	67	65	67
262557	24	20	0	0	24	20	24	20
262559	32	31	0	0	32	31	32	31
262560	57	54	0	0	57	54	65	58
262561	55	53	0	0	55	53	61	65
262562	48	47	0	0	48	47	58	62
262563	56	65	0	0	56	65	58	68
262564	103	130	4	3	107	133	146	170
262565	151	161	0	0	151	161	203	221
262567	27	27	0	0	27	27	29	28
262568	40	35	0	0	40	35	40	35
262569	52	49	0	0	52	49	54	49
262570	26	25	0	0	26	25	26	25
262572	61	60	0	0	61	60	71	69

Table #4

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

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2003	2004	2003	2004	2003	2004	2003	2004
262573	38	31	0	0	38	31	38	31
262574	68	45	0	0	68	45	74	46
262575	33	34	0	0	33	34	33	34
262576	93	86	0	0	93	86	116	103
262577	45	43	0	0	45	43	45	43
262578	22	24	0	0	22	24	22	24
262579	40	37	0	0	40	37	40	37
262580	24	29	0	0	24	29	25	32
262581	19	21	0	0	19	21	19	21
262582	14	12	0	0	14	12	14	12
262583	68	69	0	0	68	69	68	69
262584	30	35	0	0	30	35	30	35
262585	0	0	0	0	0	0	46	45
262586	3	2	0	0	3	2	37	33
262587	37	48	0	0	37	48	37	49
262588	20	31	0	0	20	31	20	31
262589	40	37	0	0	40	37	40	37
262590	14	17	0	0	14	17	15	17
262591	21	23	0	0	21	23	34	33
262592	26	25	0	0	26	25	26	25
262593	98	96	0	0	98	96	105	98
262594	34	35	2	0	36	35	49	51
262595	25	24	0	0	25	24	25	24
262596	26	26	0	0	26	26	27	26
262597	52	56	0	0	52	56	61	64
262598	26	28	0	0	26	28	26	28
262599	29	27	0	0	29	27	33	27
262600	24	26	0	0	24	26	25	27
262601	2	0	0	0	2	0	8	4
262602	24	18	0	0	24	18	24	18
262603	33	51	0	0	33	51	35	57
262604	24	26	0	0	24	26	24	27
262605	10	24	0	0	10	24	10	24
262606	4	65	0	0	4	65	5	78
262607#	0	23	0	0	0	23	0	23
262609#	0	37	0	0	0	37	0	37
263300	6	10	0	0	6	10	8	12
263301	8	8	0	0	8	8	15	18
263302	19	15	0	1	19	16	27	26
263503	20	25	0	0	20	25	20	25
263505^	0	0	0	0	0	0	0	0
263506	3	5	2	2	5	7	60	55
263508	43	50	0	0	43	50	44	51
263510	34	39	0	0	34	39	34	39
NW12^	0	0	0	0	0	0	0	0

Table #4

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

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2003	2004	2003	2004	2003	2004	2003	2004
MO Total	5223	5477	19	9	5242	5486	6052	6283
280020#	0	0	0		0	0	0	0
280039#	0	18	0	0	0	18	0	18
280065^	0	0	0	0	0	0	0	0
28006f	31	33	0	0	31	33	31	33
280088	0	0	0		0	0	0	0
280118	14	22	0	0	14	22	14	22
280125	39	34	0	0	39	34	40	34
281325#	0	1	0	0	0	1	0	1
281329	12	9	0	0	12	9	12	9
281341	9	9	0	0	9	9	9	9
281344	5	7	0	0	5	7	5	7
282500	91	107	1	0	92	107	128	146
282501	42	34	2	1	44	35	82	61
282502	49	47	0	0	49	47	49	47
282503	72	49	1	0	73	49	103	66
282504	130	117	1	0	131	117	138	133
282505#	0	1	0		0	1	0	1
282506	44	43	0	0	44	43	44	43
282507	41	41	0	0	41	41	41	41
282508	20	18	0	0	20	18	20	18
282509	34	35	0	0	34	35	34	35
282510	31	44	0	0	31	44	31	45
282511	56	43	0	0	56	43	56	43
282512	21	20	0	0	21	20	21	20
282513	50	54	0	0	50	54	50	54
282514	35	34	0	0	35	34	35	34
282515	47	51	0	0	47	51	64	62
282516	30	33	0	0	30	33	41	47
282517	15	24	0	0	15	24	15	24
282518	20	18	0	0	20	18	20	18
282519	38	33	0	0	38	33	45	42
282520	1	65	0	0	1	65	2	87
282521	2	50	0	0	2	50	2	50
282522	37	24	0	0	37	24	38	25
282523#	0	31	0	0	0	31	0	32
282524#	0	13	0	0	0	13	0	13
282525#	0	15	0	0	0	15	0	15
283501^	0	0	0	0	0	0	0	0
283503^	0	0	0	0	0	0	0	0
NE Total	1016	1177	5	1	1021	1178	1170	1335

Table #4

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

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2003	2004	2003	2004	2003	2004	2003	2004
Network Total	10099	10505 80	33	11	10132 10132	10591 10591	11489	11444 11444

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 2005

This table includes 83 Veterans Affairs Facility patients for 2003 and 86 Veterans Affairs Facility patients for 2004.

Provider not operational in 2003

^ Provider not operational in 2004

Renal Transplant by Transplant Center
 Number of transplants performed by transplant center calendar year 2003 and
 calendar year 2004

Transplant Center	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
	2003	2004	2003	2004
16004f	18	11	0	0
160058	95	60	95	0
160082	16	27	45	0
160083	15	21	0	0
IA Total	144	119		
170040	67	68	140	0
170122	38	29	32	31
KS Total	105	97		
260014	101	153	0	0
260020#	0	0	0	
260027	29	62	0	106
26004f	0	0	0	0
26009F	0	0	0	0
260105	54	47	0	345
260138	35	43	52	96
260141	22	30	62	0
263300	4	0	0	0
263301	8	4	0	8
263302	8	13	0	0
MO Total	261	352		
280013	106	117	198	182
280088	0	0	0	
NE Total	106	117		
NETWORK TOTAL:	616	685		

Source of information: Network SIMS Database/CMS-2744
 Date of Preparation: June 2005
 * 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 2003
 ^ Provider not operational in 2004

Renal Transplant Recipients
Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for
calendar year
2004

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
00-04	2	3	0	5
05-09	1	2	1	4
10-14	6	2	1	9
15-19	6	8	0	14
20-24	9	13	5	27
25-29	18	9	8	35
30-34	28	9	4	41
35-39	26	13	10	49
40-44	54	13	7	74
45-49	51	17	20	88
50-54	54	18	14	86
55-59	57	18	11	86
60-64	61	17	9	87
65-69	33	11	8	52
70-74	11	3	3	17
75-79	6	2	0	8
80-84	0	1	1	2
>=85	0	1	0	1
Missing	0	0	0	0
Total	423	160	102	685
Gender				
Female	159	64	39	262
Male	264	96	63	423
Missing	0	0	0	0
Total	423	160	102	685
Race				
Asian	8	2	0	10
Black	85	13	12	110
Indian subcontinent	1	2	0	3
Mid-East Arabian	4	1	0	5
Native American	7	0	0	7
Other/Multiracial	6	1	0	7
Pacific Islander	1	2	1	4
White	311	139	89	539
Missing	0	0	0	0
Unknown	0	0	0	0
Total	423	160	102	685
Primary Diagnosis				
Cystic Kidney	43	12	15	70
Diabetes	136	33	17	186
Glomerulonephritis	91	54	26	171
Hypertension	64	14	20	98
Other	66	32	16	114
Other Urologic	9	5	5	19
Missing	0	0	0	0
Unknown	14	10	3	27
Total	423	160	102	685

Source of information: Network SIMS Database
Date of Preparation: June 2005
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 11 patients receiving treatment at VA facilities.

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death
for calendar year 2004

Age Group	IA	KS	MO	NE	Other	Total
00-04	1	0	2	0	0	3
05-09	0	0	0	0	0	0
10-14	0	0	0	0	1	1
15-19	0	0	0	0	0	0
20-24	3	2	3	0	2	10
25-29	2	3	6	1	1	13
30-34	3	3	17	2	1	26
35-39	7	3	21	5	3	39
40-44	12	9	33	7	7	68
45-49	12	29	65	11	7	124
50-54	22	36	79	20	6	163
55-59	28	52	136	24	7	247
60-64	37	49	137	31	18	272
65-69	60	61	176	39	12	348
70-74	71	78	239	51	19	458
75-79	105	99	239	75	17	535
80-84	111	67	240	76	16	510
>=85	72	58	168	49	18	365
Missing	0	0	0	0	0	0
Total	546	549	1561	391	135	3182
Gender						
Female	251	248	756	190	74	1519
Male	295	301	805	201	61	1663
Missing	0	0	0	0	0	0
Total	546	549	1561	391	135	3182
Race						
Asian	5	5	8	2	2	22
Black	29	92	464	33	36	654
Indian subcontinent	0	0	1	1	0	2
Mid-East Arabian	0	1	3	1	0	5
Native American	8	11	21	12	1	53
Other/Multiracial	0	5	1	1	1	8
Pacific Islander	0	0	1	2	0	3
White	504	435	1060	339	95	2433
Missing	0	0	0	0	0	0
Unknown	0	0	2	0	0	2
Total	546	549	1561	391	135	3182
Primary Diagnosis						
Cystic Kidney	4	11	23	7	3	48
Diabetes	236	274	725	172	56	1463
Glomerulonephritis	45	56	80	17	11	209
Hypertension	147	124	493	121	36	921
Other	79	57	157	39	20	352
Other Urologic	15	11	35	9	3	73
Missing	0	0	0	0	0	0
Unknown	20	16	48	26	6	116
Total	546	549	1561	391	135	3182

Primary Cause of Death

Cardiac	270	252	618	200	43	1383
Gastro Intestinal	10	3	20	8	3	44
Infection	67	75	175	37	8	362
Liver Disease	4	6	9	4	2	25
Vascular	47	40	89	31	9	216
Missing	0	0	0	0	0	0
Other	88	100	270	67	23	548
Unknown	60	73	380	44	47	604
Total	546	549	1561	391	135	3182

Source of information: Network SIMS Database

Date of Preparation: June 2005

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 35 patients receiving treatment at VA facilities.

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

IOWA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
160005	1	0	0	0	N	
160016	18	0	3	1	N	
160030	5	0	0	0	N	
160033	32	4	17	3	Y	
160044	6	0	2	0	N	
160048	3	0	0	0	N	
16004F	2	0	1	0	N	
160058	31	12	13	5	N	
160064	11	0	3	0	N	
160066	0	0	0	0	N	
160067	12	0	3	0	N	
160079	1	0	0	0	Y	
160080	5	0	3	0	Y	
160082	0	0	0	0	N	
160083	0	0	0	0	Y	
160089	16	0	6	0	N	
160112	2	0	1	0	N	
160113	1	0	0	0	N	
161329	1	0	0	0	N	
162500	24	0	8	0	Y	
162501	52	4	25	3	N	
162506	11	1	6	1	N	
162507	16	0	7	0	N	

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

IOWA

FACILITIES REPORTING	DURING THE SURVEY PERIOD					SHIFT AFTER 5 PM
	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
162508	2	0	1	0	N	
162509	6	0	1	0	N	
162511	4	0	1	0	N	
162512	12	0	4	0	N	
162513	12	0	3	0	N	
162514	1	0	0	0	N	
162515	35	2	13	5	Y	
162516	25	0	18	2	N	
162517	9	0	0	0	N	
162518	11	0	1	0	N	
162519	1	0	0	0	N	
162520	1	0	0	0	N	
162522	5	0	3	0	N	
162523	1	0	0	0	N	
162524	2	0	2	0	N	
162525	4	0	1	0	N	
162526	4	0	2	0	N	
162527	9	0	1	0	N	
162528	3	1	1	0	N	
162529	11	0	6	2	N	
162530	2	0	1	0	N	
162532	39	0	0	0	N	
163501	17	0	7	0	N	

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

IOWA

FACILITIES REPORTING	DURING THE SURVEY PERIOD					SHIFT AFTER 5 PM
	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
163502	3	0	0	0	0	N
163503	1	0	1	0	0	N
163504	6	0	1	1	1	N
163505	5	0	2	0	0	N
163506	3	0	1	0	0	N
163507	1	0	1	0	0	N
163508	2	0	0	0	0	N
163509	6	3	3	2	2	N
163510	1	0	1	0	0	N
163513	4	0	1	0	0	N
163514	33	0	25	2	2	N
State Total	531	27	200	27		

KANSAS

FACILITIES REPORTING	DURING THE SURVEY PERIOD					SHIFT AFTER 5 PM
	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
170017	6	0	3	0	0	N
170040	61	0	0	0	0	N
170122	0	0	0	0	0	N

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

KANSAS

FACILITIES REPORTING	DURING THE SURVEY PERIOD					SHIFT AFTER 5 PM
	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
172501	20	0	8	0	N	
172502	23	0	15	0	N	
172503	66	0	13	0	N	
172504	53	2	19	4	Y	
172505	7	0	2	0	N	
172506	9	0	0	0	N	
172507	8	0	0	1	N	
172508	59	0	13	1	N	
172509	35	1	17	1	N	
172510	8	0	3	0	N	
172511	13	0	1	0	N	
172512	8	0	0	1	N	
172514	14	0	0	0	N	
172515	10	0	3	0	N	
172516	3	0	2	1	N	
172517	12	0	0	0	N	
172518	6	0	0	0	N	
172519	33	0	0	0	N	
172520	20	1	7	1	N	
172521	17	0	6	0	N	
172522	7	1	2	1	N	
172523	22	1	9	1	N	
172524	14	0	2	0	N	

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

KANSAS

FACILITIES REPORTING	DURING THE SURVEY PERIOD					SHIFT AFTER 5 PM
	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
172525	2	0	0	0	0	N
172526	5	0	1	0	0	N
172527	16	0	4	1	0	N
172528	8	0	1	0	0	N
172529	4	0	1	0	0	N
172530	2	0	0	0	0	N
172531	9	0	4	0	0	N
172532	6	0	2	0	0	N
172533	12	0	2	1	0	N
172534	1	0	1	0	0	N
172535	8	0	2	0	0	N
172536	12	0	3	0	0	N
172537	5	0	0	0	0	N
172538	2	0	0	0	0	N
172539	0	0	0	0	0	N
172540	9	0	2	1	0	N
172541	8	1	4	0	0	N
172542	8	0	3	1	0	N
172543	16	0	0	0	0	Y
State Total	667	7	155	16		

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

MISSOURI

FACILITIES REPORTING	DURING THE SURVEY PERIOD					SHIFT AFTER 5 PM
	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
260014	0	0	0	0	0	N
260020	1	0	0	0	0	N
260027	15	0	3	0	0	N
260040	7	0	0	0	0	N
26004F	8	0	0	1	0	N
26008F	58	0	0	0	0	N
26009F	12	0	0	0	0	N
260100	6	0	2	0	0	N
260105	0	0	0	0	0	N
260113	34	0	4	0	0	Y
260137	5	0	2	0	0	N
260138	0	0	0	0	0	N
260141	2	0	0	0	0	N
260172	3	0	1	0	0	N
260179	0	0	0	0	0	N
260180	0	0	0	0	0	N
262501	55	0	11	2	0	N
262502	64	0	0	0	0	N
262503	62	0	6	0	0	N
262504	31	0	0	0	0	Y
262505	12	0	3	0	0	N
262506	64	1	25	2	0	N
262507	18	0	3	2	0	N

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

MISSOURI

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
262508	48	0	0	0	N	
262509	32	0	4	0	N	
262511	10	0	0	0	N	
262513	10	2	5	0	N	
262514	27	2	0	0	N	
262515	17	0	0	0	N	
262516	7	0	6	0	N	
262517	39	2	8	1	Y	
262520	11	0	2	0	N	
262521	8	0	4	1	N	
262522	3	0	3	0	N	
262523	2	0	0	0	N	
262524	6	0	0	0	N	
262526	6	0	0	0	N	
262527	47	4	11	1	N	
262528	29	0	0	0	N	
262530	5	0	0	0	N	
262531	18	0	2	0	N	
262534	12	0	1	0	N	
262535	35	3	3	1	N	
262536	15	0	6	2	N	
262537	46	3	11	4	Y	
262538	18	0	7	0	Y	

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

MISSOURI

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
262539	41	0	0	1	N	
262540	13	0	7	0	N	
262541	24	0	0	0	N	
262542	14	0	3	0	N	
262543	24	0	5	1	N	
262544	22	0	3	1	N	
262547	55	0	11	3	N	
262548	13	0	0	0	N	
262549	96	8	32	8	Y	
262550	15	0	0	1	N	
262551	29	0	4	0	N	
262552	9	1	6	0	N	
262553	12	0	0	0	N	
262554	7	0	1	0	N	
262555	15	0	4	1	N	
262556	14	0	2	1	N	
262557	5	0	0	0	N	
262559	5	0	0	0	Y	
262560	23	0	2	0	N	
262561	21	1	5	0	N	
262562	11	0	3	0	Y	
262563	24	0	0	0	N	
262564	84	2	27	1	N	

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

MISSOURI

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
262565	118	0	0	0	N	
262567	12	0	0	0	N	
262568	4	0	1	0	N	
262569	11	0	4	0	N	
262570	4	0	3	0	N	
262572	17	2	6	0	N	
262573	4	0	3	0	N	
262574	12	0	0	0	N	
262575	7	0	3	0	N	
262576	28	1	10	0	Y	
262577	13	0	1	1	N	
262578	6	0	4	0	N	
262579	20	0	6	1	N	
262580	7	0	3	0	N	
262581	6	1	2	1	N	
262582	1	0	1	0	Y	
262583	17	0	13	3	N	
262584	6	0	2	1	N	
262585	14	0	0	0	N	
262586	7	0	0	0	N	
262587	12	0	0	0	N	
262588	6	0	2	0	N	
262589	12	0	4	0	N	

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

MISSOURI

FACILITIES REPORTING	DURING THE SURVEY PERIOD					SHIFT AFTER 5 PM
	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
262590	4	0	1	0	N	
262591	4	0	0	0	N	
262592	4	0	0	0	N	
262593	31	3	12	1	N	
262594	12	0	1	1	N	
262595	9	0	1	0	N	
262596	7	0	4	0	N	
262597	27	1	1	2	N	
262598	16	0	0	0	N	
262599	3	0	3	0	N	
262600	6	0	3	0	N	
262601	1	0	0	0	N	
262602	5	0	0	0	N	
262603	27	0	0	0	N	
262604	3	1	1	0	N	
262605	4	0	1	0	N	
262606	19	0	8	0	N	
262607	9	0	1	0	N	
262609	19	0	0	0	N	
263300	1	0	0	0	N	
263301	9	1	1	0	N	
263302	5	0	3	4	N	
263503	5	1	2	0	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

MISSOURI

FACILITIES REPORTING	DURING THE SURVEY PERIOD				
	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
263506	22	0	0	0	N
263508	20	0	0	0	N
263510	7	0	0	0	N
State Total	2,107	40	359	50	

NEBRASKA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
280013	0	0	0	0	N
280020	0	0	0	0	N
280039	3	0	1	0	N
28006F	5	0	0	0	N
280118	3	0	0	0	N
280125	7	0	2	1	N
281325	0	0	0	0	N
281329	1	0	1	0	N
281341	5	0	1	1	N
281344	3	1	2	1	N
282500	41	0	0	0	Y

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

NEBRASKA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
282501	11	0	8	0	N	
282502	16	0	2	0	N	
282503	18	0	0	0	Y	
282504	59	0	12	0	Y	
282506	8	0	5	1	N	
282507	15	0	3	0	N	
282508	3	0	0	0	N	
282509	6	0	3	3	Y	
282510	11	1	2	2	Y	
282511	15	0	0	0	N	
282512	6	0	5	0	N	
282513	14	0	3	1	Y	
282514	12	0	4	0	N	
282515	17	0	0	0	N	
282516	15	1	8	0	N	
282517	5	1	3	0	N	
282518	2	0	0	0	N	
282519	6	0	0	0	N	
282520	42	0	15	0	N	
282521	28	0	0	0	N	
282522	5	0	2	1	N	
282523	8	0	0	0	N	
282524	4	0	4	0	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2004**

NETWORK 12

NEBRASKA

FACILITIES REPORTING	DURING THE SURVEY PERIOD					SHIFT AFTER 5 PM
	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
282525	8	0	1	0	N	
State Total	402	4	87	11		
Network Total	3,707	78	801	104		

Appendix 1 Summary Table of Activities

NATIONAL VASCULAR ACCESS IMPROVEMENT INITIATIVE - FISTULAFIRST

GOAL	STATUS AS OF DECEMBER 2004
To increase the absolute percentage of prevalent patients using AVF by four percent over the 2002 data from the Centers for Disease Control annual dialysis unit practices survey by March 2006.	ESRD Network 12 met and sustained the CMS goal of 35% during the fourth quarter of 2004.

SUMMARY OF OTHER NETWORK QUALITY ACTIVITIES CONDUCTED IN 2004

AREA OF CARE	DESCRIPTION
Renal Osteodystrophy	Annual Meeting Session 1/15/04: Pathogenesis of Renal Osteodystrophy
	Annual Meeting Session: Cinacalcet and the Management of Secondary Hyperparathyroidism (SHPT)
	Annual Meeting Session: Vitamin D Therapy
Immunizations	Influenza Vaccine Information on Website Vaccination availability survey
Transplantation	Annual Meeting Session: Barriers to Employment Following Renal Transplantation: The Patient Perspective (NW12)
	Annual Meeting Session: Renal Transplantation (NW12)
Quality Measuring and Reporting, Physician Activity Reports, CPM and Profiling Reports	Quality Agenda Work
Electronic Transmission of Laboratory Data	April and May 2004 - VISION Training for 20 facilities.
USRDS Acute Myocardial Infarction Study (AMI)	Network 12 participated in 2004 by abstracting data from the medical records of expired patients and living

AREA OF CARE	DESCRIPTION
	patients who gave permission to do so.
Quality Oversight & Monitoring	NW 12 Glomerular Filtration Rate (GFR) Review. The GFR Review (2003 data) was completed during the second quarter of 2004. The current Network CMS contract requires the Network to review facility-specific and physician-specific calculated GFR profiles. One of the main issues in this project was to investigate whether or not the serum creatinine value provided on Medical Evidence Reports was performed before the initiation of any renal replacement therapy.
Nutrition	Bulletin Board Kits - Albumin (NW12)
KECC Facility-Specific Reports	Fall 2004 to all facilities
National Nurses Day (May 5, 2004)	NW 12 (250 emails to the facilities)

NEW PROFESSIONAL EDUCATION MATERIALS and WORKSHOPS CONDUCTED IN 2004 BY CATEGORY	
NAME OF PROGRAM	BRIEF DESCRIPTION, INCLUDING AUDIENCE
CLINICAL	
Fistula First Hemodialysis Vascular Access Surgeons Seminar 4/04	St. Louis, MO. One-day seminar including dinner. The audience was vascular access surgeons, interventional radiologists, and nephrologists. For surgeons by surgeons but hosted by the Network.
Fistula First Hemodialysis Vascular Access Surgeons Seminar 9/04	Kansas City, MO. One-day seminar including dinner. The audience was vascular access surgeons, interventional radiologists, and nephrologists. For surgeons by surgeons but hosted by the Network.
Annual Meeting Lecture 1/15/04	The Changing Horizon of Anemia Management The Changing Face of Anemia in Dialysis Patients, Who are we leaving behind? Management of Anemia and Iron Deficiency in Patients with ESRD
Annual Meeting lecture 1/15/04	Increasing Fistulae: From Ideal to Real Native Vein AV Fistulae Creation AV Cannulation Tips and Techniques Vascular Access for Hemodialysis: A comprehensive Approach
Annual Meeting lecture 1/15/04	Inflammation in ESRD: The Hidden Threat to Our patients Inflammation in ESRD: An Overview Inflammation and the Uremic Syndrome Dialysis Access Infections: A Novel Cause of Chronic Inflammation in Hemodialysis Patients
Annual Meeting lecture 1/15/04	Managing Cardiac Complications in Patients with CKD
Annual Meeting lecture 1/15/04	Calcium Sensing Receptor: A Target for New Therapeutic Agents K/DOQI Guidelines for Bone Metabolism- A Review Managing Secondary Hyperparathyroidism with Continuous Quality Improvement

Annual Meeting lecture 1/15/04	No Bugs Allowed Infection Surveillance and Prevention Infectious Disease Management in ESRD Network #12 Dialysis Related Infections Infection in the Water System: Does it Impact on Patient Outcomes?
CQI	
Annual Meeting lecture 1/15/04	Managing Secondary Hyperparathyroidism with Continuous Quality Improvement
PATIENT-RELATED ISSUES	
Annual Meeting lecture 1/15/04	Nightly Home Hemodialysis The Nuts and Bolts of a NHHD Program
COMMUNICATION/CRISIS MANAGEMENT	
Annual Meeting lecture 1/15/04	The Dialysis patient-Provider Conflict Project The Dynamics of Dialysis Access and Therapy Approaches to Psychiatric Disorder in ESRD Patients Boundary Issues in Small Towns If We Cant Avoid Dual Relationships, How Do We Navigate the Traps It's All Well and Good Until It Goes Bad Boundaries, Ethics, and Dual Relationships
GENERAL	
Annual Meeting lecture 1/15/04	The Future of the ESRD Program
Facility staff newsletters	Distributed semi-annually to renal professionals; Also available on the website

NEW PUBLICATIONS & PRESENTATIONS IN 2004	
MATERIALS	NUMBER DISTRIBUTUED IN 2004
CLINICAL	
RPA Shared Decision Making Book	10
GENERAL	
Bulletin Board Kits on "Who is the Network?"	250
PATIENT-RELATED ISSUES	
Welcome Brochures	>1000

NEW PATIENT EDUCATION WORKSHOPS and MATERIALS DISTRIBUTED IN 2004 BY CATEGORY	
Hepatitis A, B, and C	CDC Information mailed to each new patient and new facility (NW12)
DIET & NUTRITION	
Bulletin Board kits on increasing serum albumin	250
GENERAL	
"Nephron News and You" patient newsletter	To all patients
Bulletin Board kit on "Who's the Network"	250
GRIEVANCES & PATIENT CONCERNS	
Grievance Procedure	58
TREATMENT OPTIONS/TRANSPLANT	
Transplantation Booklet	24

COLLABORATIVE ACTIVITIES IN 2004	
ORGANIZATION	TOPIC OR PROJECT NAME
Quality Improvement Organization (QIO) COLLABORATION	
Kansas Foundation for Medical Care, Inc.	10/04 NW QI initiative packets mailed to each of the four QIOs as an introduction and update on NW activities.
CIMRO of Nebraska	10/04 The QIOs were requested to provide contact information for the network liaison.
Mo PRO	A link was posted on the NW12 website for each of the four QIOs in 2004.
Iowa Foundation for Medical Care	Each of the QIOs provided the Network with contact information. The Missouri QIO (Primaris) visited the Network 12 office on December 10, 2004 to discuss collaborative opportunities.
STATE SURVEY AGENCY COLLABORATION	
State Survey Agency and CMS Region VII office	Quarterly teleconferences were held on 2/17/04, 5/11/04, 8/9/04, and 12/14/04.
RENAL COMMUNITY COLLABORATION	
National Kidney Foundation (NKF)	The Network provides support to the local NKF affiliate in organizing and holding their annual renal education seminar targeting primary care physicians and nurse practitioners. The PSC hosted a NW vendor booth at the NKF Shirley Melton Awards Banquet on 10/10/04.
American Society of Nephrology (ASN) St. Louis, Missouri	Several Network staff members hosted the Forum of ESRD Networks Fistulae First booth. Surgeons and nephrologists representing fourteen countries visited the booth. Nine hundred and fifty (950) pieces of printed materials were distributed.
Missouri Kidney Program	Network representatives attend educational meetings as participants and Advisory Council meetings as non-voting members.