2012 ANNUAL REPORT

FMQAI: THE FLORIDA ESRD NETWORK

(NETWORK #7)

Contract Number:
HHSM-500-2013-NW007C
Sponsoring Agency:
CMS

Mission Statement:
FMQAI champions patient-centeredness, effectiveness, efficiency, equity, and timeliness of health services with patients, providers, health plans, practitioners, and government to improve the quality and safety of healthcare services, and thereby, the quality of life of patients.

PREFACE

LETTER FROM THE CHAIRMAN OF THE BOARD OF DIRECTORS

FMQAI has been at the forefront of health care improvement for Florida Medicare beneficiaries since 1992. As we approach our 21st year of service, we remain dedicated to improving healthcare delivery and outcomes through partnerships, outreach, education, advocacy, technical assistance and quality improvement activities. We seek to ensure that beneficiaries receive the right care, in the right setting, every time.

FMQAI's unique position of having both the Florida ESRD Network and Quality Improvement Organization contracts enhances our mission to ensure the quality, effectiveness, efficiency, and economy of health care services. This synergy has enhanced the sharing of best practices and strategies to achieve the three AIMs outlined in the National Quality Strategy and Centers for Medicare and Medicaid (CMS) priorities: Better Care for the Individual through Beneficiary and Family Centered Care; Better Health for the End Stage Renal Disease (ESRD) Population; and Reduced Costs of ESRD Care by Improving Care. As the Florida ESRD Network, we collaborate with diverse partners—patients and family members, ESRD and other health care providers, practitioners, patient organizations, the state survey agency (SSA) and other stakeholders—to improve the quality and experience of care for kidney patients in support of the CMS ESRD Network Program Strategic Goals.

In 2012, our efforts continued to be successful in increasing arteriovenous fistula usage for hemodialysis access and decreasing the use of long-term catheters as a primary access. Additional efforts focused on improving dialysis adequacy in the delivery of hemodialysis and peritoneal dialysis, assisting providers in proactively averting involuntary discharges by promoting awareness of strategies for resolving challenging situations, and monitoring facility quality of care outcomes to provide technical assistance for improvement. The Network continued to advocate for patients in the investigation and resolution of complaints and grievances, including conducting a statewide initiative to address patient concerns. Ongoing educational activities were targeted towards improving patients' experience of care and quality of life, utilizing resources and tools developed in collaboration with the Patient Advisory Committee. We are excited about the successful outcomes from these activities and our strong partnerships with the renal community in working towards Network and CMS goals.

On behalf of FMQAI: The Florida ESRD Network, we are pleased to submit the 2012 Network 7 Annual Report. We look forward to continued collaboration with the renal community as we improve the quality outcomes and experience of care for the patients we serve in Florida.

Sincerely,

Mary Ellen Dalton, PhD, MBA, RN
Chairman of the Board of Directors

Martha Hanthorn, MSW
Executive Director of ESRD Services

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INTRODUCTION

NETWORK DESCRIPTION

In October 2003, the Centers for Medicare & Medicaid Services (CMS) awarded FMQAI the Network 7 contract. FMQAI: The Florida End Stage Renal Disease (ESRD) Network provides oversight for Florida's dialysis and transplant facilities to improve the quality of care and quality of life for kidney patients. FMQAI, a subsidiary of Health Services Holdings (HSH), a quality improvement company based in Arizona, has also held the Florida Medicare Quality Improvement Organization (QIO) contract since 1993. Serving Florida as the QIO and ESRD Network, FMQAI works with providers, health plans, practitioners and beneficiaries to promote the highest quality of health care, improve patterns of health care delivery, and protect Medicare rights for the more than three million Medicare beneficiaries in the state of Florida.

The Statement of Work (SOW) describes the activities to be conducted by each Network in order to meet CMS directives related to improving the quality of care for patients with ESRD through the end of life. The SOW outlines Network responsibilities for completing specific activities related to four required tasks: quality improvement, community information and resources, administration, and data management. Any special studies conducted by a Network are listed under task five. Network 7 conducted two special studies in 2012: Renal Requirements, Communications and Training (R-RCT) and the Kidney Community Emergency Response (KCER) Coalition.

CMS aims to ensure that the right care is provided to every person, every time. To assist CMS with this important endeavor, the strategic goals of the ESRD Network Program are to:

- Improve the quality and safety of dialysis-related services provided for individuals with ESRD.
- Improve the independence, quality of life, and rehabilitation (to the extent possible) of individuals with ESRD through support for transplantation, use of self-care modalities and in-center self-care, as medically appropriate, through the end of life.
- Improve patient perception of care and experience of care, and resolve patients' complaints and grievances.
- Improve collaboration with providers and facilities to ensure achievement of the goals through the most efficient and effective means possible, with recognition of the differences among providers and the associated possibilities/capabilities.
- Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes; to maintain a patient registry; and to support the goals of the ESRD Network Program.

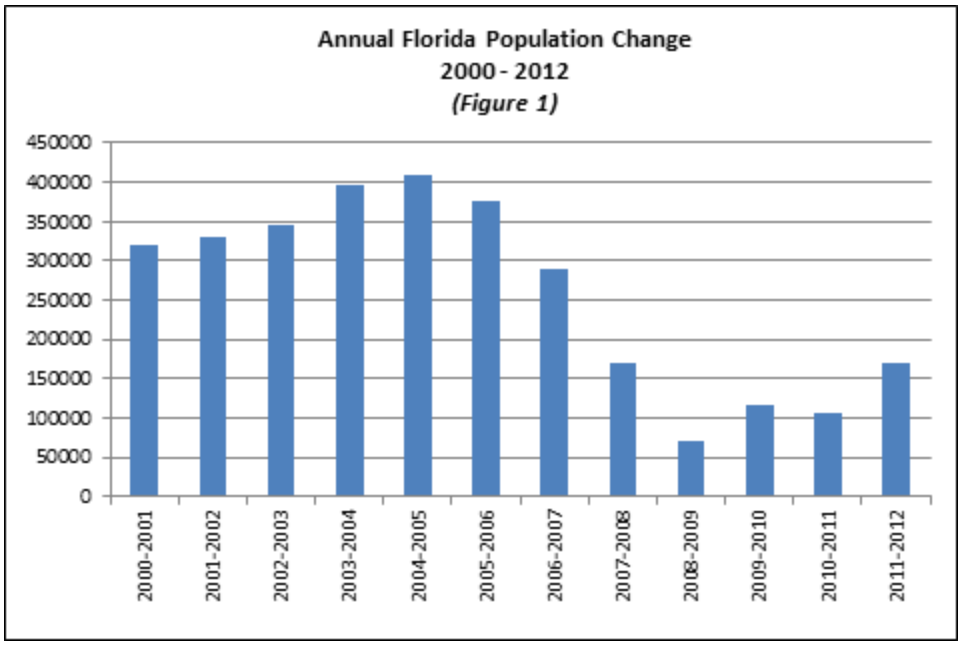
GEOGRAPHY AND GENERAL POPULATION

FMQAI: The Florida ESRD Network provides federally established services under the Medicare Program for Florida. Florida's diverse features distinguish it from the rest of the United States. Some of these features impact the care of ESRD patients, including geography and population growth. FMQAI, whose service area is the entire state, addresses these concerns as it conducts its activities and projects.

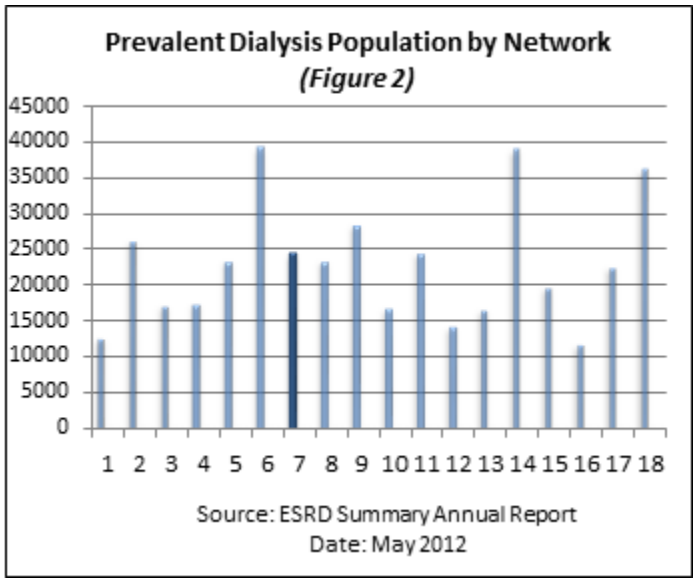
The state of Florida, which covers 54,090 square miles, has a peninsular configuration and is bordered by the Atlantic Ocean and the Gulf of Mexico. Florida ranks 23rd in the nation in size, and with an average elevation of only 100 feet above sea level, ties with Louisiana as the second lowest state in the United States. Tampa, the headquarters for Network 7, is centrally located 450 miles from Pensacola, 260 miles from Miami, and 215 miles from Jacksonville. With more than 360 dialysis facilities and eight transplant centers in the state, dialysis and transplant services have been made readily available in nearly all areas.

According to the United States Census Bureau, Florida's population was estimated at 19,317,568 in 2012, making it the fourth largest state in the country, behind only California, Texas, and New York. Although Florida's population growth has been somewhat flat over the past several years, two Florida metro areas (Crestview-Fort Walton Beach-Destin and The Villages) were among the top 10 fastest growing in the country from 2011 – 2012. Additionally, Orlando was in the top 20 metro areas for numerical increase and rate of growth. According to the Demographic Estimating Conference, Florida is on track to reach a population of 20 million by the end of 2015, surpassing New York to become the third most populous state.

Population growth depends on two components—natural increase, which is the difference between the number of births and number of deaths, and net migration, the difference between the number of people moving in and moving out. While for most states population growth is largely driven by natural increase, Florida is the exception with 87.2% of its population growth due to net migration. Having population growth largely due to net migration can cause significant volatility because this type of growth is strongly affected by changing economic conditions (*Figure 1*).

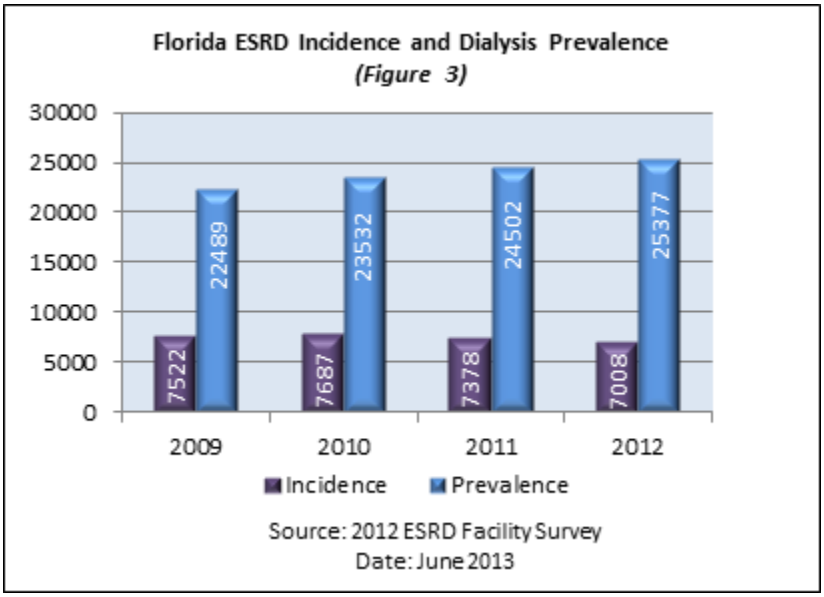


According to the U.S. Census Bureau, 78.5% of Florida's population is characterized as white. Of the non-white residents in the state, 16.5% are African-Americans and 2.6% are categorized as Asian. Florida has the third largest Hispanic population in the nation, representing 22.9% of the state's population. With respect to age, Florida has the highest percentage of senior citizen residents with 17.6% of the population aged 65 years and older. This is also well above the national median of 13%. The median age for Florida residents is 40.7 years.



ESRD Population

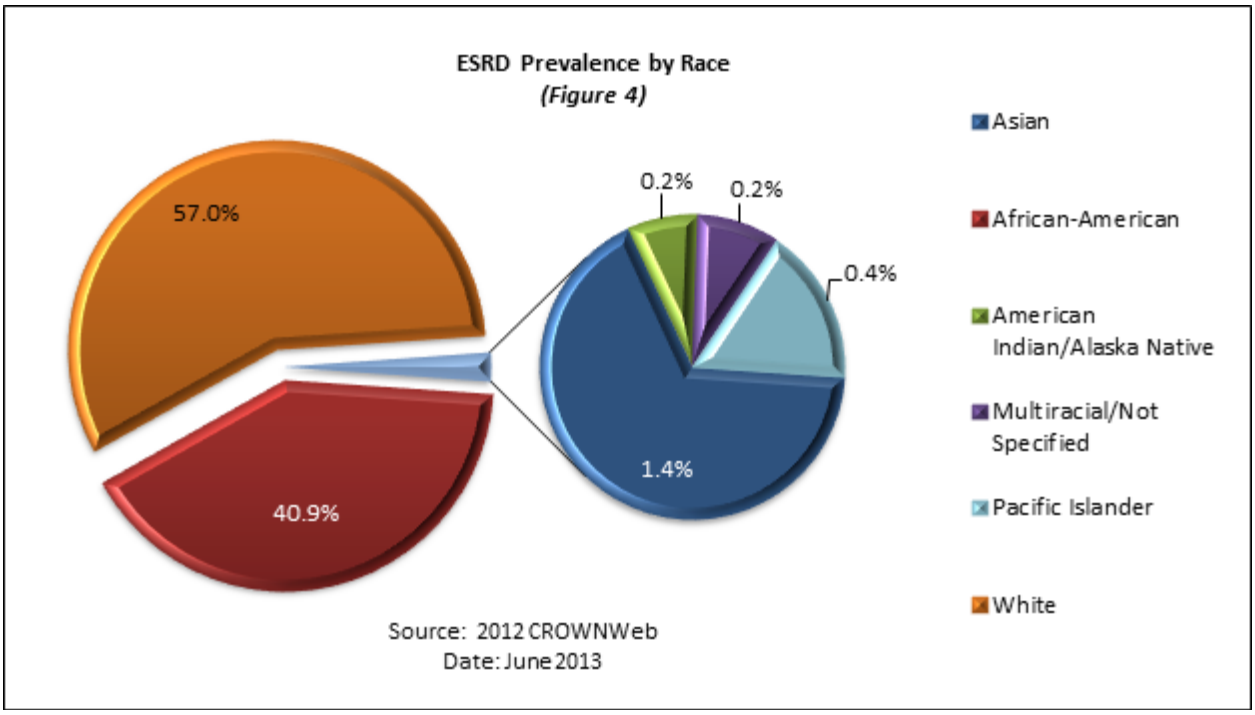
Network 7 worked in collaboration with the Florida renal community and other key stakeholders to improve the quality of life and quality of care of over 24,000 individuals with ESRD in 2012. Network 7 has a mid-sized dialysis patient population; ranking as the 7th highest Network population as compared to the 17 other ESRD Networks (*Figure 2)*. Forty-five percent of Network 7's patients live within Florida's five most populated counties: Miami-Dade, Broward, Palm Beach, Hillsborough, and Orange Counties.



From 2011 – 2012, the prevalent patient census increased by 875 patients (3.6%), for a total of 25,377 prevalent patients in the state of Florida (*Figure 3)*. From 2011 – 2012, the number of incident patients decreased by 370, for a total of 7,008 residents newly diagnosed with ESRD. This represents a 5.1% decrease. Overall, Florida's incident rate has increased by 21.0% since 2000.

Race and Ethnicity

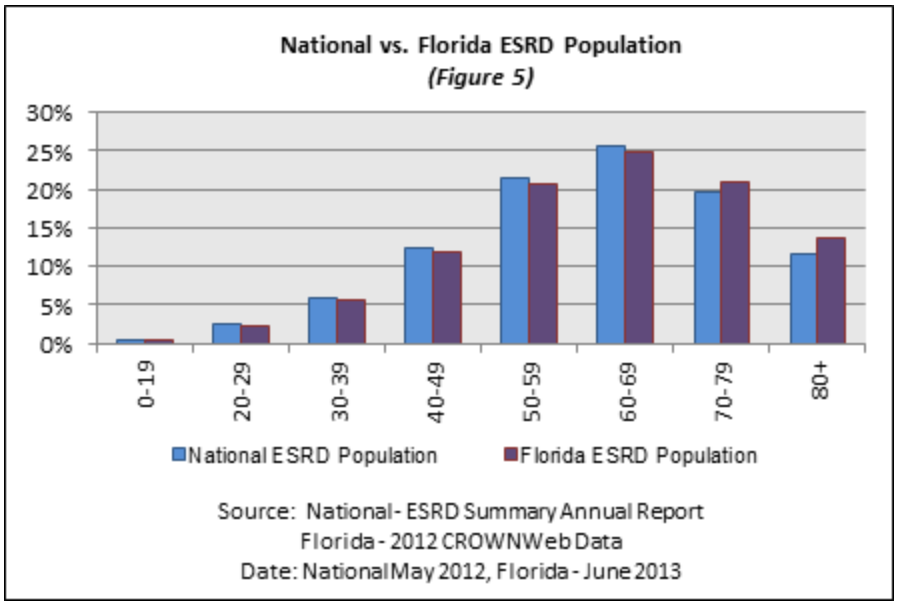
The demographics of Florida's ESRD population are similar to that of the United States' ESRD population, with 57.0% of Florida's ESRD population characterized as white and 40.9% as African-American (*Figure 4*). Compared to Florida's general population, however, in which only 16.5% are categorized as African-American, the proportion of African-Americans with ESRD is disproportionately high. The third largest racial demographic is Asian, representing 1.4% of the entire ESRD population in Florida. Compared to the nation, Florida's overall minority population is 43.8%, which is 6.1% higher than the overall minority population of the United States.



As noted previously, with respect to race and ethnicity, Hispanics account for 22.9% of Florida's general population. Florida also has many Hispanic ESRD patients. During 2012, 15.1% of all ESRD patients were reported as Hispanic or Latino. As in the general population, the largest concentration of Florida's Hispanic patients resides in Miami-Dade County where 42.4% of all ESRD patients were reported as Hispanic or Latino during 2012.

Gender and Age

Forty-three percent of Florida's ESRD population is female and 57% is male, which is closely aligned with the national ESRD patient population. Additionally, 59.3% of Florida's ESRD population is age 60 or older (*Figure 5*), which is 2.2% higher than the national ESRD population. This figure is also disproportionately large when compared to Florida's general population, in which only 27.9% of residents are age 65 or older.

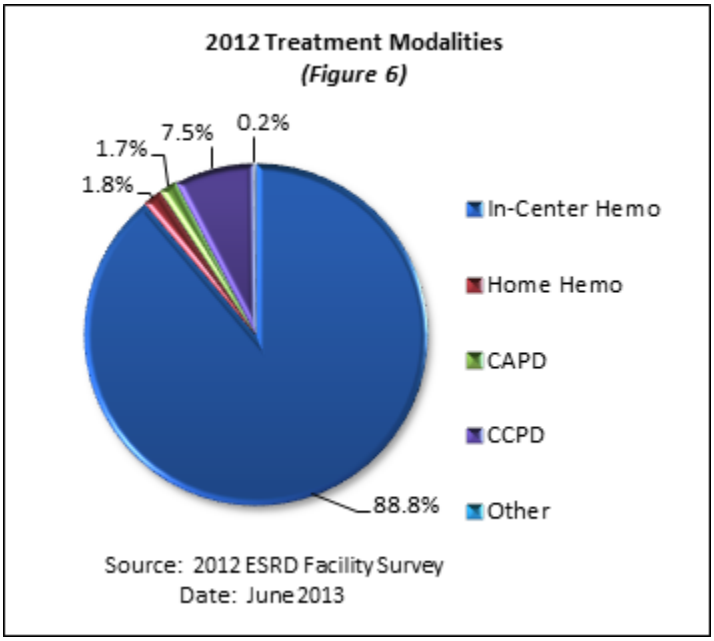


Treatment Options

In Florida, there are four main categories of dialysis treatment modalities that patients receive (*Figure 6*):

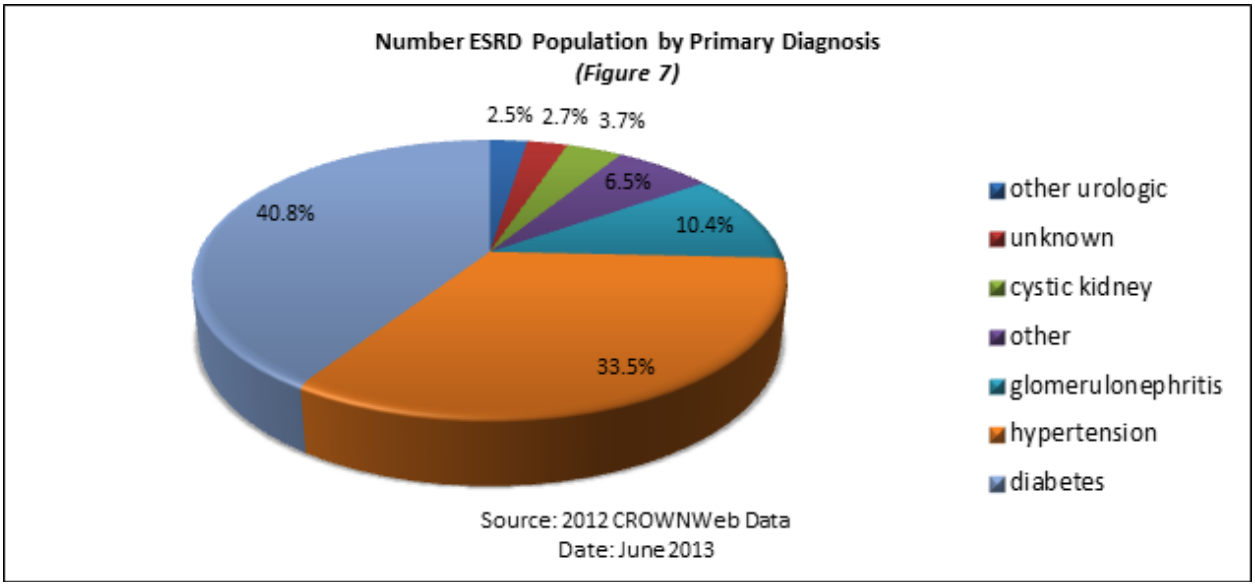
- In-center hemodialysis (88.8%),
- Continuous cycling peritoneal dialysis (7.5%),
- Continuous ambulatory peritoneal dialysis (1.7%), and
- Home hemodialysis (1.8%)

From 2010 – 2012, the percentage of patients receiving home hemodialysis increased by 0.5%, reaching 1.8%. In the last 5 years, the number of patients choosing home hemodialysis in Florida has gone from 179 to 458, an increase of over 150%.



Primary Diagnoses/Co-Morbidities

The Network data reflects that 74.3% of current patients have a primary diagnosis (*Figure 7*) of diabetes (40.8%) or hypertension (33.5%). This is a 1.6% increase from 2011 – 2012 split between the two diagnoses (0.4% and 1.2%, respectively). Following the category "other," the fourth largest category of primary diagnosis was glomerulonephritis (10.4%), 2.5% higher than 2011.

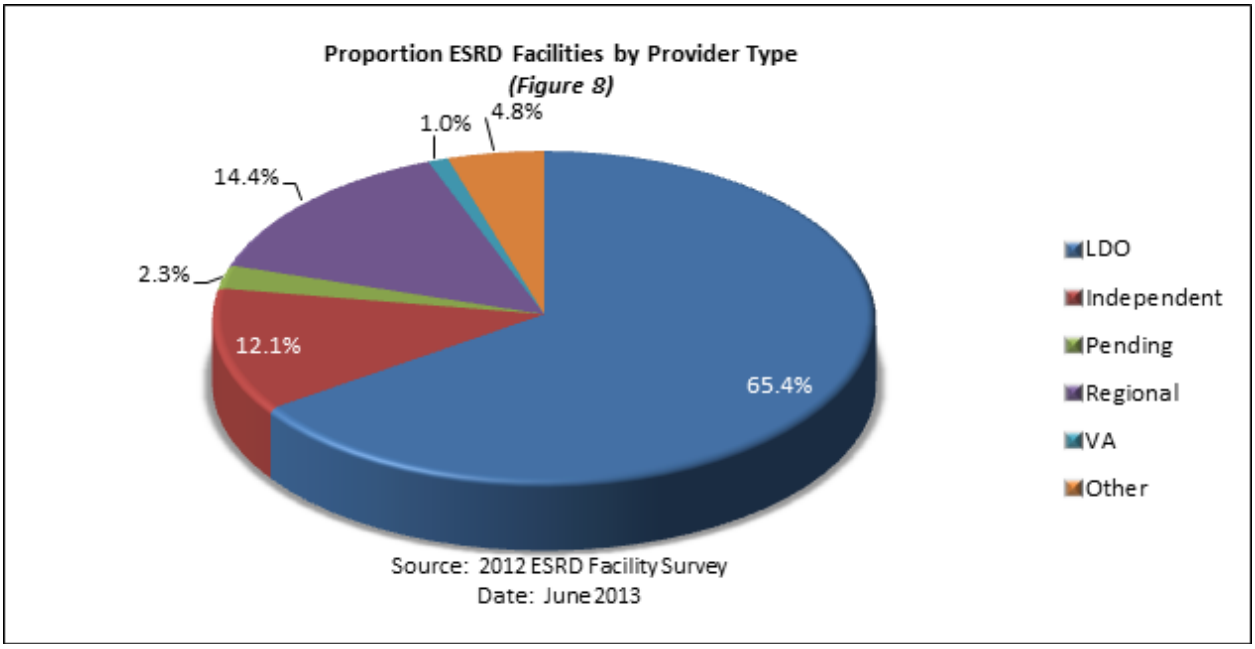


Providers

As of December 2012, Network 7 had a total of 387 ESRD care providers (including providers pending Medicare certification, federal/prison and transplant facilities), representing 13 different affiliations. Dialysis facilities were located in 55 (82%) of the 67 Florida counties. In addition to having the highest number of patients, Miami-Dade County also had the largest number of providers (52), followed by Broward County, (40) and Palm Beach County (31). Together, these three counties accounted for 32% of Florida dialysis facilities.

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

The majority of Florida's providers are owned by the three Large Dialysis Organizations (LDOs), Davita, Fresenius, and Dialysis Corporation, Inc. These three corporations owned and/or operated 64.6% of Florida's 356 ESRD facilities at the end of 2009. By December 31, 2012, they represented 66.9% of the 387 providers of ESRD care *(Figure 8)* in the state. Between those dates, the number of independent facilities and facilities pending certification also increased, from 11% to 12.4% and 1.6% to 2.3% respectively. In contrast, the number of facilities owned by smaller, regional chains decreased from 18.3% to 14.7% of the total, a decrease of 3.6 percentage points, or a 19.7% decline during that same time period.



STRUCTURE

FMQAI: The Florida ESRD Network has developed an effective and efficient organizational structure that meets the needs of the Network contract and the Florida renal community. This includes employment of qualified staff and successful recruitment of key members from the renal community as volunteers. This includes back office support from the corporate structure for organizational functions to include human resources, marketing, and accounting.

STAFFING

As of December 2012, Network 7 staff included:

Tony Freedman – Chief Executive Officer
Key Responsibilities:

- Effectively manage the day-to-day operations of FMQAI for all contracts, including the ESRD Network and QIO contracts; and
- Provide complete information and recommendations to the Board of Directors (BOD) concerning FMQAI functions to facilitate sound policy and program guidance by the BOD.

Zak Henshaw, MHA, MPH, MLIS – Executive Vice President/Chief Operating Officer
Key Responsibilities:

- Effectively manage the operational aspects of all FMQAI contracts; and
- Provide oversight of the development and implementation of intervention strategies and analysis of operational variances.

Martha Hanthorn, MSW – Executive Director of ESRD Services
Key Responsibilities:

- Provide advice to the Network governance on goals, objectives, work plans, and operational policies;
- Establish and maintain relationships with ESRD providers and other stakeholders;
- Administer the operational and financial aspects on all ESRD contracts, including contract deliverables; and
- Manage all ESRD staff and daily office operations.

Kathleen Lightbourne, MPH – Project Director
Key Responsibilities:

- Support the activities of the Executive Director, including communication with Senior Management, direction on Network activities and completion of administrative reporting for all ESRD contracts;
- Provide oversight and direction for coalition activities; and
- Provide technical assistance for quality improvement projects and patient concerns.

Mary Fenderson, RN, CNN, MSHSA – Nephrology Nurse
Key Responsibilities:

- Assist in quality improvement activities and training;
- Conduct and complete quality improvement projects, including data collection and follow-up activities; and
- Provide clinical knowledge and expertise in support of the Renal Requirements, Communication and Training (R-RCT) Special Project.

Beverly Whittet, RN, CDN – Nephrology Nurse/Community Services Nurse (Apr – Dec 2012)
Key Responsibilities:

- Develop patient and professional educational materials;
- Assist in the investigation and resolution of patient complaints and grievances;
- Conduct quality improvement projects, including data collection and follow-up activities; and
- Provide clinical knowledge and expertise in support of technical assistance to providers.

Barbara Forgit, RN, MPA, BC – Quality Improvement Director (Feb – Dec 2012)
Key Responsibilities:

- Coordinate and provide oversight of quality initiatives and activities;
- Direct the activities of the Network Council and Medical Review Board (MRB);
- Evaluate educational component of activities in coordination with staff and the MRB to ensure that appropriate subject matter is being addressed; and
- Oversee the Network Internal Quality Control (IQC) program.

Helen Rose, MSW, LCSW – Community Services Coordinator
Key Responsibilities:

- Lead community information and resource activities including management of the Network's patient grievance process and patient-focused quality improvement projects;
- Provide technical assistance and community outreach to patients and providers regarding patient concerns, disaster preparedness, and vocational rehabilitation (VR);
- Direct the activities of the Vocational Rehabilitation Advisory Committee (VRAC); and
- Direct the activities of the Patient Advisory Committee (PAC).

Janet Lea Hutchinson – Director of Information Management
Key Responsibilities:

- Coordinate activities to meet the Network's data management responsibilities, including provider data submission and reporting via CROWNWeb, Network business continuity and contingency planning, and maintenance of the ESRD computer network;
- Serve as the Network's primary Security Point of Contact (SPOC);
- Serve as subject matter expert (SME) for the R-RCT Special Project; and
- Ensure the integrity of the Network's database and the continuous operations of the computer network.

LeChrystal "Chrys" Williams – Data Control Specialist
Key Responsibilities:

- Maintain and update patient and facility databases;
- Provide oversight for the data management of Fistula First and Lab Data Collection;
- Support maintenance of the Network server and equipment;
- Serve as the Network's secondary Security Point of Contact (SPOC); and
- Provide technical assistance to providers on data forms completion and CROWNWeb data submission.

Terrell Hall – Data Entry Specialist
Key Responsibilities:

- Assist in maintaining and updating patient and facility databases;
- Process all CMS and Network forms for transplant providers; and
- Support other activities as needed.

Kolina Ford – Senior Administrative Assistant/Event Coordinator
Key Responsibilities:

- Provide graphics support for all ESRD contracts;
- Organize and manage all major meetings and travel;
- Oversee other administrative staff; and
- Assist with and coordinate activities across all ESRD contracts.

Tamara Heron, BS – Administrative Assistant
Key Responsibilities:

- Provide support for the Network 7 and Kidney Community Emergency Response (KCER) contracts;
- Assist with travel arrangements;
- Disseminate Network materials to the community; and
- Maintain office supplies and invoices.

Christian Campbell, BM, MS/CE – R-RCT Study Director
Key Responsibilities:

- Lead operations and project management;
- Collaborate with key government, renal community and other stakeholders;
- Coordinate and collaborate with the Executive Director on goals, objectives, and detailed work plans; and
- Serve as the main contact for CMS and other stakeholders for the R-RCT Special Project.

Michael Kennedy – Director of Informatics
Key Responsibilities:

- Serve as SME regarding the ESRD Program and information systems;
- Elicit, analyze, and manage the needs of internal and external stakeholders; and
- Provide recommendations for business requirements and standard operating procedures.

Joshua Kuhlman – Business Analyst
Key Responsibilities:

- Elicit, analyze, and manage needs for CROWNWeb; and
- Serve as a conduit between the renal community and the development team.

Tamnah D'Angelo – Business Analyst
Key Responsibilities:

- Elicit, analyze, and manage needs for CROWNWeb; and
- Serve as a conduit between the renal community and development team.

Michael Seckman, CHT – Technical Writer
Key Responsibilities:

- Develop training materials, tutorials, and simulations; and
- Provide in-person and web-based training for CROWNWeb.

Harold "Anthony" Seabrook, MBA, MCP – Information Technology (IT) Manager
Key Responsibilities:

- Support the functionality of the Network Contacts Utility (NCU);
- Assist with website development and elicit feedback to increase functionality; and
- Work with the Director of Information Management to ensure the procurement of hardware/software for the R-RCT Special Project.

John Jennings, MEd – Data Analyst/Web Designer
Key Responsibilities:

- Serve as lead website developer;
- Provide technical assistance to the communication team on implementing strategic goals; and
- Provide technical assistance to the IT team for supporting database design and administration.

Melissa Johnson – Administrative Assistant
Key Responsibilities:

- Provide coordination and administrative assistance for the R-RCT Special Project and other contracts as needed;
- Provide updates to the deliverables database; and
- Assist with other contract deliverables.

Matthew McDonough, MS – CROWNWeb Outreach, Communication and Training (OCT) Project Director
Key Responsibilities:

- Lead OCT Special Project operations and project management;
- Develop and execute training and communication strategies for CROWNWeb;
- Collaborate with key government, renal community, and other stakeholders;

- Coordinate and collaborate with the Executive Director on goals, objectives, and detailed work plans; and
- Serve as the main contact for CMS and other stakeholders for the OCT Special Project.

Oniel Delva – Communications and Training Manager
Key Responsibilities:
- Support outward CROWNWeb communication to the community;
- Provide in-person and web-based CROWNWeb training; and
- Assist with the development of training materials and communications.

Michelle Barry – Technical Writer
Key Responsibilities:
- Conduct technical reviews of Network materials prior to publication;
- Develop CROWNWeb training materials, tutorials, and simulations; and
- Provide in-person and web-based training for CROWNWeb.

Susan Easter, MS, CAE– KCER Emergency Management Specialist (Mar – Dec 2012
Key Responsibilities:
- Coordinate strategic planning and Response Team meetings;
- Provide education and technical assistance to community stakeholders regarding disaster preparedness and response;
- Maintain and promote the KCER website and resource tools;
- Coordinate KCER response activities in the event of a disaster; and
- Maintain the Network 7 internal Disaster Plan.

COMMITTEES

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

FMQAI Board of Directors (BOD)

Function and Activities:
- Conduct governance activities including overseeing successful completion of CMS contract deliverables, and monitoring financial and business operations and the efficient operation of FMQAI; and
- Review and oversee the ESRD Network through the ESRD Network Committee of the BOD.

Chairman		
Mary Ellen Dalton, PhD, MBA, RN	HSH President and Chairman	Phoenix, AZ
Members		
Azzam Adhal, MD	Physician/Private Practice	Panama City, FL
Julie A. Brophy	ESRD Beneficiary	St. Petersburg, FL
Kathryn Hyer, PhD	Associate Professor	Tampa, FL
Robert Loeper, MBA	Renal Administrator	St. Petersburg, FL
Diane I. Marcello, MS, Med, NHA	Nursing Home/Assisted Living Administrator	Sarasota, FL
James V. Palermo, MD	Vice President, Quality Management	Merritt Island, FL
Robert Perry, PhD	Medicare Beneficiary	Brooksville, FL
Sue Rottura	Renal Administrator	Boca Raton, FL
Jeffrey J. Sands, MD, MMM	Renal Administrator	Celebration, FL
Ignacio Sotolongo, MD	Nephrologist	St. Petersburg, FL
Kim Streit, FACHE, MBA, MHS	Vice President, Health Research and Information	Orlando, FL
Rebecca H. Yackel, DHA, BSN, NHA, MS, LHRM	Nursing Home Administrator	New Port Richey, FL

ESRD Network Committee

Function and Activities:

- Oversee management by the Chief Executive Officer of the Network in meeting contract deliverables and requirements;
- Oversee the financial performance of the Network contract including its Internal Quality Improvement program;
- Approve requests for contract modifications for the Network that involve requests for additional funding;
- Review and approve any recommendations from the Medical Review Board to sanction ESRD facilities; and
- Meet as necessary to ensure successful operation of the Network.

Chairman		
Mary Ellen Dalton, PhD, MBA, RN	HSH President and Chairman	Phoenix, AZ
Members		
Julie A. Brophy	ESRD Beneficiary	St. Petersburg, FL
Robert Loeper, MBA	Renal Administrator	Tampa, FL
Sue Rottura	Renal Administrator	Boca Raton, FL
Jeffrey J. Sands, MD, MMM	Nephrologist/ Administrator	Celebration, FL
Ignacio Sotolongo, MD	Nephrologist	St. Petersburg, FL

The Board of Directors met face-to-face twice in 2012 (April and September) with the following accomplishments and activities:

- Provided financial and program oversight for the Network contract;
- Reviewed the Network Internal Quality Improvement plan and outcomes;
- Reviewed the outcomes of the Quality Improvement Work Plan developed by the Medical Review Board;
- Reviewed the Network 7 Annual CMS Evaluation.

Medical Review Board

Function and Activities:

- Serve as advisory panel to the Network on patient quality of care, outcomes, and appropriate ESRD patient access to care;
- Serve as primary advisory panel for ESRD patient complaints and grievances;
- Develop criteria and standards for ESRD care;
- Serve as primary advisory panel on quality improvement activities, including analysis of local data such as clinical performance measures;
- Develop, implement, and evaluate Network quality improvement projects;
- Develop and approve the Network Quality Improvement Work Plan;
- Participate in onsite facility visits; and
- Review and evaluate projects for compliance with Office of Human Research Protection Regulations.

Chairman		
Mark Russo, MD, PhD	Nephrologist	Naples, FL
Members		
Carlos Bejar, MD	Nephrologist	Ft. Lauderdale, FL
Mary Ann Blanchard, BS, RN	Renal Administrator	Lakeland, FL
Fred Bowers, PCT	Certified Patient Care Technician	Orlando, FL
Douglas Curtis	ESRD Beneficiary	Sarasota, FL
Avon Doll, MD	Nephrologist	Tallahassee, FL
Steven Fineman, MD	Nephrologist	Sarasota, FL
Rebecca Fite, RD, LDN	Renal Dietitian	Tampa, FL
Debbie Glidden, MSN, ARNP	Nurse Practitioner	Winter Park, FL
Elizabeth Howard, RN, CNN	Nurse	Oldsmar, FL
Helen Hutteri, RN, CDN	Nurse	Palm Harbor, FL
Patricia Lebron-Johnson, RN, CNN	Nurse	Tallahassee, FL
Beverly Moreland, MSW, LCSW	Renal Social Worker	Jacksonville, FL
David Ramdon, RN	Nurse/Administrator	Pembroke Pines, FL
Oussama Rifai, MD	Nephrologist	Panama City, FL
Anna T. Samarkos	Biomed Specialist	Tarpon Springs, FL
Gary Strange, MBA	Regional Vice-President	Boynton Beach, FL

In addition to their advisory role to the Network, the MRB provided guidance and ongoing feedback regarding the Quality Improvement Work Plan and quality improvement projects of the Network. The MRB was also active in the development of Network Goals and continuing activity by the Nocturnal Dialysis subcommittee in drafting Network Criteria and Standards in this regard. Additionally, the MRB Complaints and Grievances subcommittee met on a quarterly basis to review beneficiary concerns and complaint trends in the state of Florida, and directed the Network on implementation of facility-specific and statewide improvement plans.

Network Council

Function and Activities:

- Serve as a liaison between the Network, provider, and patient members of the renal community; and
- Provide input into the activities of the Network.

Chairman		
Thomas Peters, MD	Transplant Surgeon	Jacksonville, FL
Members		
Christina Beale, RN	Nurse	Tallahassee, FL
Valerie Chin, RN	Regional Quality Manager	Stuart, FL
Juan Cuellar, MD	Nephrologist	Miami, FL
Douglas Curtis	ESRD Beneficiary	Englewood, FL
Rachel Ferguson, RN	Nurse	Miami, FL
Wesley Gabbard, MD	Nephrologist	Clearwater, FL
Robin Gay, RD	Renal Dietitian	Panama City, FL
Naveen Goel, MD	Interventional Nephrologist	Ft. Lauderdale, FL
Renee Hill, RN	Nurse	Oviedo, FL
Amy Kozsuch, RN	Nurse	St. Augustine, FL
Ruth Malave, PCT	Certified Patient Care Technician	Tampa, FL
Stacey McCormack, RN	Nurse	Jacksonville, FL
Stacey Moon, RN	Nurse	Gainesville, FL
Betty Paret, RN	Nurse	Jacksonville, FL
Ana Perryman, RN	Nurse	Palatka, FL
Purushottam Reddy, MD	Nephrologist	Hudson, FL
Rachel Santos, LCSW	Renal Social Worker	Apopka, FL
Ganesh Shenoy, MD	Nephrologist	Lehigh Acres, FL
Janice Starling	ESRD Beneficiary	St. Petersburg, FL
Camille Tate, RN	Nurse	Ft. Lauderdale, FL

During 2012, the Network Council completed development of a voluntary statewide *Provider Needs Assessment* that was distributed to all Network facilities in June 2012. Responses were received from 131 (38%) of the Network's dialysis facilities. The top three issues of concern were: reduction of dialysis catheter rates, improvement of patient clinical outcomes, and patient education for treatment options. Additional feedback on areas of need included patient education on self-care and independence, clinical education on decreasing dialysis catheter rates, and decreasing hospitalizations and readmission rates. Respondents indicated their preferred methods for receiving resource information was via hardcopy materials mailed to the facility and fax blasts. The Network utilized this information to reinforce a current quality improvement project in the area of catheter reduction, including an article on fostering patient independence in a provider eNewsletter, and developing topics on vascular access and patient engagement for the 2012 Network Annual Forum meeting held in November 2012.

Patient Advisory Committee

Function and Activities:

- Assist in identifying barriers to obtaining quality health care from all perspectives on behalf of ESRD beneficiaries;
- Assist with the development of educational materials for patients via website, newsletter, or teleconference;
- Review and make recommendations regarding beneficiary-related health care messages, materials, and activities planned by the Network;
- Provide feedback on the effectiveness of Network 7's beneficiary-related activities and assist the Network in recruiting other beneficiaries to obtain their perspectives;
- Provide input to the Network on the redesigned 2013 Network Statement of Work, particularly in the area of patient and family engagement, and access to care; and
- Develop other resources and tools as necessary.

Chairman		
Adam Pugh	ESRD Beneficiary	Jacksonville, FL
Members		
Stephanie Bates	ESRD Beneficiary	St. Petersburg, FL
Shakur Bolden	ESRD Beneficiary	Jacksonville, FL
Jacqueline Thomas, RN	Nurse/ESRD Beneficiary	St. Petersburg, FL
Julie Glennon	ESRD Beneficiary	West Palm Beach, FL
Carl Johnson	ESRD Beneficiary	Miami, FL
Linda Thompson	ESRD Beneficiary	Tampa, FL
Lillian Dence	ESRD Beneficiary	Gainesville, FL
Elowisa Cox	ESRD Beneficiary	Sarasota, FL
Susan Kreuter, LCSW	Social Worker	Miami, FL
Rose Ann Patt, RN	Nurse Manager	Melbourne, FL
Mary Pinto, RD, LD/N	Surveyor	Marco Island, FL
Sue Rottura	Renal Administrator	Boca Raton, FL
Christina Balsera, MD	Nephrologist	Brandon, FL

In 2012, the Patient Advisory Committee provided feedback on patient education materials and recommended topics for future patient education materials and patient newsletters. Topics included the CMS Quality Incentive Program (QIP) and disaster planning. Members also provided input and feedback on the development of the Network's *Patient Needs Assessment*.

Vocational Rehabilitation Advisory Committee

Function and Activities:

- Develop criteria and standards related to Vocational Rehabilitation (VR);
- Develop educational modules such as a VR Toolkit, website tutorials, or teleconferences for patients and providers;
- Promote state and regional VR office locations;
- Assist facilities with the development of rehabilitation goals for referring suitable candidates to VR; and
- Develop other resources and tools as necessary.

Chairman		
Linda Carroll, RN	Nurse	Tampa, FL
Members		
George Barthalow	Vocational Rehabilitation Supervisor	West Central Florida Region
Lisa Goodwin, LCSW	Renal Social Worker	St. Petersburg, FL
Candace Magiera	Administrator	Sarasota, FL
Richard Cruz	Social Security Admin. Work Incentives Coordinator	South Florida Region
Ana Webb	ESRD Beneficiary	Merritt Island, FL
Terri J. Williams	Transplant Recipient	Tallahassee, FL
Rhonda Gaddis, LCSW	Renal Social Worker	Crystal River, FL

The Vocational Rehabilitation Advisory Committee developed the Network's *Vocational Rehabilitation Toolkit* that was issued in November 2012 to every dialysis center, including hospital-based facilities and all transplant centers in the Network area.

CMS NATIONAL GOALS & NETWORK ACTIVITIES

QUALITY AND SAFETY OF DIALYSIS SERVICES

VASCULAR ACCESS QUALITY IMPROVEMENT PROJECTS

In 2005, CMS introduced the Fistula First Breakthrough Initiative (FFBI), formerly called the National Vascular Access Improvement Initiative (NVAII). Fistula First is a nationwide initiative that promotes the adoption of recommended best practices in dialysis facilities. The goal of the FFBI is to address the urgent need to have safer, higher-quality access to hemodialysis through appropriate arteriovenous fistula (AVF) placement. Fistulas are considered to be the "gold standard" in vascular access, as they have demonstrated the ability to last longer; require less rework or repairs; and are linked with lower rates of infections, hospitalization, and death. As part of the FFBI, CMS has set a national stretch goal of 66% for the AVF rate in prevalent patients and a goal of 50% AVF rate in incident patients.

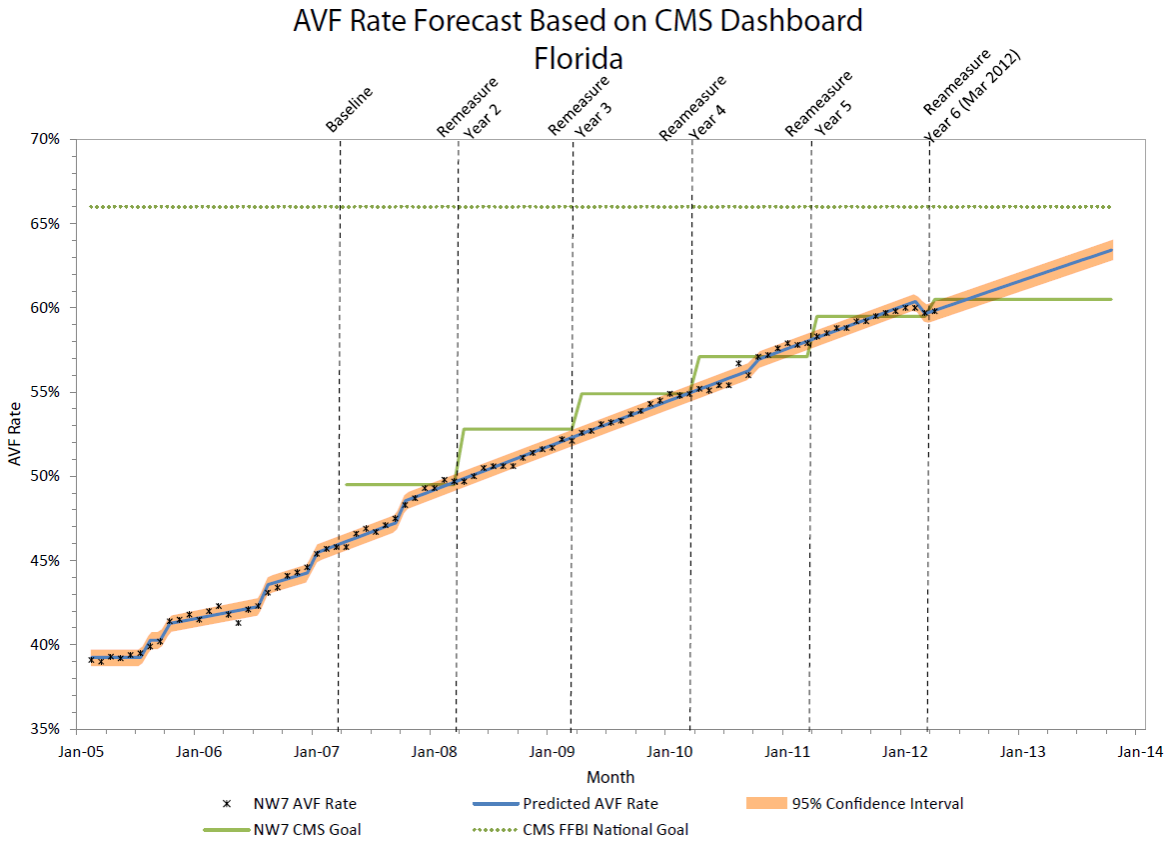
Since the initiation of the FFBI, impressive gains in AVF rates have been attained, both at the national and Network levels. As of April 2012 (the most current finalized data available as of the completion of this report), the national AVF rate was 60.6%, representing a 0.3% gain since December 2011. Additionally, 50% of ESRD Networks had achieved a prevalent patient AVF in-use rate of 60% or greater as of April 2012 and 11% of Networks had achieved AVF rates of 66% or greater. Although AVF rates have improved significantly since the initiation of the FFBI, collaboration and partnership between the Networks, CMS, and the provider community will continue to play a vital role as they work to improve vascular access rates for all eligible patients.

Goal for Improvement

For the 2011 – 2012 contract cycle, FMQAI was expected to reduce its AVF quality deficit by 20% during the contract year. The quality deficit is calculated as the difference between the FFBI stretch goal (66%) and the Network's baseline rate, which for Network 7 was 57.9%. If the amount of the quality deficit was less than 1% (floor) or more than 4% (ceiling), then the floor or ceiling would apply. Therefore, the goal for Network 7 was to improve 1.6 percentage points, or to reach 59.5% by March 2012. The Network met this goal five months early, reaching an AVF rate of 59.5% as of October 2011. By the March 2012 re-measurement date, the Network was exceeding the contract goal with an AVF rate of 59.7%.

For the remainder of the 2012 contract cycle, the Network was expected to improve AVF rates an additional 0.6 percentage points. Basing improvement on a baseline AVF rate of 59.7%, the new contract goal was to reach 60.3% by September 2012. Due to CROWNWeb data submission deadline extensions, the most current data available at the time of this report was for April 2012. This data indicated that the Network was only 0.5% short of achieving the contract goal as of April 2012, with a statewide AVF rate of 59.8%. To analyze the probability of the Network achieving the September contract goal, the March 2012 data was provided to the FMQAI

statistician for forecasting purposes (*Figure 9*). The trending results indicated a 99.9% probability the AVF rate would achieve or exceed the contract goal of 60.3% by September 2012.



(Figure 9)
Source: Vascular Access Utility
Date: March 2012

In addition to the contract goal, Network 7 also developed its own stretch goal which was formalized and approved by the Network's MRB. The stretch goal for 2012 was to achieve an AVF rate of 60% by June 2012. As of April 2012, the Network was only 0.2 percentage points short of reaching its stretch goal.

Methods/Activities

In order to achieve the contract goal, FMQAI continued to conduct its two-pronged approach toward increasing fistula rates by utilizing a statewide spread, as well as conducting more intensive interventions with an identified group of providers that were struggling to improve AVF rates. Overall, since January 2004 the Network has achieved a statewide increase in AVF rates of 22.9%, increasing AVF in use rates from 36.9% (January 2004) to 59.8% (April 2012), or an average of approximately three percentage points per year, utilizing this same approach.

Fistula First Focus Groups

The Focus Group method provides a systematic approach to health care quality improvement in which dialysis facilities are able to test and measure practice innovations. Facilities are also able

to share experiences in an effort to accelerate learning and widespread implementation of best practices. In 2011, the Network began working with a Focus Group of 29 facilities to improve fistula rates among eligible patients. Twenty facilities were targeted for participation based on having AVF rates less than or equal to 57.9%, the Network average at that time. An additional nine facilities participating in the project were carried over from the 2010 – 2011 Fistula First project. The Focus Group began the project with an overall baseline of 45.8% (June 2011) and improved by 5.8% as of April 2012, reaching an overall rate of 51.6%.

During July 2012, the Network MRB approved the continuation of the Fistula First Focus Group project through December 2012. The Network utilized April 2012 data to analyze current Focus Group performance, as well as to analyze statewide data in order to identify additional providers to participate in the Focus Group extension. Although 18 of the 29 (62%) current Focus Group facilities had met their AVF project goal, three of the 18 facilities meeting the goal had a catheter only greater than 90 days rate of higher than 10% and were therefore required to continue in the Focus Group, for a total of 14 Focus Group facilities continuing in the six month extension. Based on statewide analysis, six additional facilities with AVF rates greater than or equal to 59.8% were added to the Focus Group, for a total of 20 participating facilities.

Using April 2012 data, an updated overall baseline of 47.8% was established. The Network calculated a facility-specific goal for each of the six new facilities based on a 25% gap reduction as compared to the April 2012 statewide AVF rate of 59.8%. Facilities targeted to continue from the previous project maintained their original facility-specific gap reduction goal. In addition to the facility-specific goals, the project included a goal of achieving an overall AVF rate of 49.8% (2% improvement from the baseline) by December 2012.

Focus Group activities conducted during 2012 included:

- **Monthly Progress Reports** – Facilities were required to report on their monthly progress by the 15th of each month (for previous month's data). The template provided to them included the total number of patients dialyzing with an AVF, a breakdown of all central venous catheter (CVC) patients, as well as a breakdown of new/incident patients admitted to the facility. The Network reviewed the breakdown ongoing for positive/negative trends and communicated with the facility accordingly. Additionally, facilities were asked to discuss a vascular access success story they noted during the month, as well as a struggle/barrier they were currently experiencing. The Network has utilized the barriers identified as topics of discussion during onsite visits/ teleconferences. Additionally, these reports generated email conversations requesting additional clarification.
- **Onsite Visits** – The Network continued to work with the project participants during onsite visits and teleconferences to address issues noted in the progress reports. Site visits were conducted by Network staff which reviewed the facilities' vascular access processes and tracking tools; discussed current barriers and success stories; and disseminated best practices. Additionally, the Network conducted a walk-through of the facility and reviewed Quality Assessment and Performance Improvement (QAPI)

meeting minutes. The facilities were given a folder of vascular access tools and resources. Following are some common concerns noted during the site visits:

- Many areas of the state were having success with getting their "emergent start patients" a permanent access placed prior to discharge. It appeared to be physician-driven.
- Many surgeons were reluctant to refer their patients to vascular access centers.
- Vessel mapping was not occurring 100% of the time and results, for the most part, were not part of the patient's medical record.
- Some facilities reported concerns about accesses that never matured and/or multiple failed attempts.

- **Conference Calls** – Bi-monthly calls were held for purposes of providing a data update, discussing facility successes, as well as continued struggles. Following are examples of the topics covered during the bi-monthly calls:
  - Fistula First data updates.
  - Patient success stories, such as successfully addressing a patient that had refused an AVF by providing buttonhole cannulation education.
  - Addressing patient insurance issues related to surgeon referrals.
- **Root Cause Analysis** – Focus Group participants were required to submit evidence of a root cause analysis (RCA) conducted to guide development of a vascular access improvement plan. All RCA documents and improvement plans were received and reviewed by Network staff. Written feedback was provided to all of the facilities within 30 days submission of both the root cause and the improvement plan.
- **Infection Control Monitoring** – Focus Group participants submitted access infection data on a monthly basis. The Network incorporated an infection control component into the project based on results collected.
- **Vascular Access Interactive Workshop** – Focus Group participants were strongly encouraged to attend the Vascular Access Interactive Workshop held in conjunction with the 2012 Annual Forum on October 24, 2012. The workshop was attended by 47 participants.

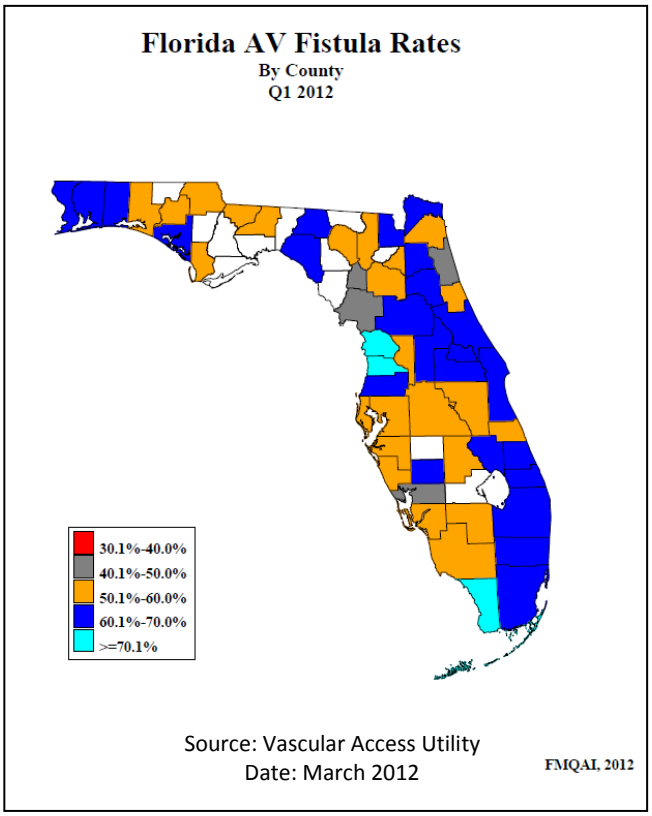
Statewide

The Network 7 statewide approach to Fistula First focused on communicating the best practices for improving AVF rates to all those who care for the ESRD patient, including nephrologists, vascular/general surgeons, and the dialysis provider community. Involving these professionals and other strategic partners was critical to improving care and increasing the rate of AVF use in the hemodialysis community.

The Fistula First Focus Group facilities adopted best practices and key strategies from the FFBI-developed Change Concepts. Many of these facilities also became effective champions of the Fistula First project and collaborated with the Network to spread success. The following spread activities were conducted during 2012:

- **Champion Facility/Surgeon Database** – The Champion Facility/Surgeon database was updated in the first quarter of 2012, reflecting surgeon nominations by those Champion Facilities recognized for meeting or exceeding an AVF rate of 60% for all three months.
    - Champion Facilities and Champion Surgeons received a congratulatory letter and certificate of acknowledgement from the Network, thanking them for their dedication in the pursuit of quality care for the Florida ESRD community.
- **Monitoring of Facilities with Significant Decline** – For the first quarter of 2012, the Network reviewed statewide vascular access data to identify facilities with significant decline in AVF rates. If the facility was not already participating in an access related project, Network staff contacted key facility personnel to discuss the situation, identify barriers, and troubleshoot solutions. Quality improvement plans were requested as appropriate.
- **Ongoing Monitoring of Facilities** – The Network staff continued to monitor vascular access rates for facilities released from the 2010 – 2011 Fistula First Focus Group via CROWNWeb. Facilities were expected to sustain or exceed their identified project gap reduction goal ongoing. Facilities that did not at least maintain their goal for three consecutive months were contacted and potential reasons for the reduction in rates were discussed. Network staff provided technical assistance to the facilities.
- **Feedback Reports** –Fistula First Feedback Reports were distributed to all Florida dialysis facilities in the first quarter of 2012. Materials in the Feedback Reports included:
    - *Core Standard Feedback Reports* – Included national, state, and facility-specific AVF data.
    - "Is Your Facility On Goal For Fistula First?" – This report provided facility-specific data, benchmark data for the top 10% and 25% of facilities in Florida and a "To Do" list that was created to help facilities think critically about what they could do to achieve positive AVF results.
    - *Facility Forecast Report* – This report reflects Network interventions and facility-specific AVF data over time. The data line chart includes projections for future performance based on past trending. This report is similar to the AVF Rate Forecast graph provided on page 26.
    - Florida Data Map – Map of the state of Florida with AVF rates by county. As of March 2012, 51 of 67 counties (76.12%) in the state had an average AVF rate greater than 50.1% for prevalent patients (*Figure 10)*. Three counties (4.5%) had AVF rates greater than 70%.

Florida AVF Rates
(Figure 10)



- **Interactive Workshop** – The Network held a pre-meeting Vascular Access Interactive Workshop in advance of the 2012 Annual Forum. Workshop sessions included:
  - Physical Assessment of the Hemodialysis Vascular Access
  - Interventional Care Case Studies
  - New Fistula Maturation: Cannulation Readiness
  - Catheter Dysfunction: Recognition and Treatment
- **Regional Meetings** – The Network received an invitation by an LDO to participate in a teleconference to discuss strategies for catheter reduction and AVF rate improvement in the Jacksonville area. During the meeting, which included LDO operations and quality personnel, the Network provided recommendations to the attendees regarding challenges with fistula maturation and vessel mapping and provided articles for the group to share with the local surgeons.
- **Missing Vascular Access Data** – The Network developed a process for identifying missing accesses in CROWNWeb and working with facilities to make the corrections to their clinical information systems. The process involved a Network review of Fistula First data to identify facilities with patients documented as having missing accesses in CROWNWeb. Upon identification, the Network contacted each facility manager and provided the patient name attributing to the missing access type. The Network received positive feedback on this activity as many managers reported that the access summary

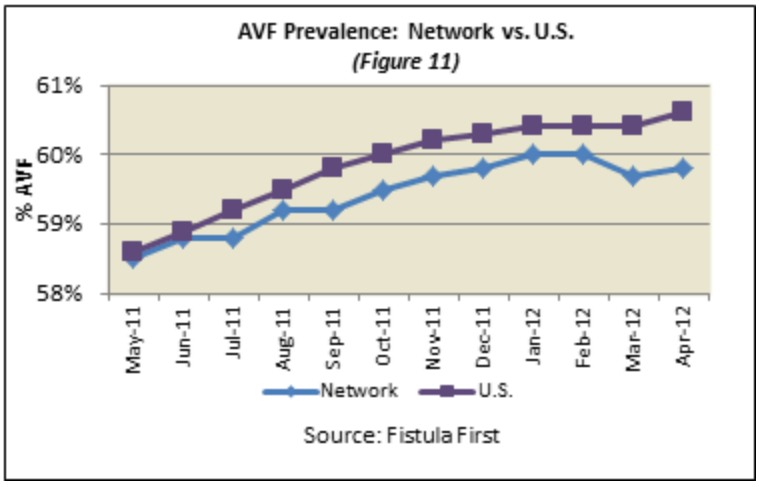
data from their organization's system did not indicate any "missing" accesses. They reported that by identifying the individual patient affected, corrections to their clinical information systems was effortless.

- **Presentations** –The Network provided updates on Fistula First regularly during professional meetings throughout the state. During the presentations, comparative state and national AVF data were provided, as well as an update on Network QI activities related to Fistula First:
  - Martha Hanthorn, MSW, Network Executive Director presented "ESRD Network 7 Update – Going for the Gold in ESRD Care" at the Florida Renal Administrators Association (FRAA) meeting during July 2012.
  - Martha Hanthorn, MSW and Mark Russo, MD, PhD, welcomed 400 attendees to the 2012 Network 7 Annual Forum with a presentation titled "Go for the Gold in ESRD Care." This multi-day event was held from October 25 – 26, 2012.
  - Dr. W. G. Schenk presented on "Gold Medal Performance in Vascular Access" during the 2012 Network Annual Forum.
- The Network statistician developed surgeon report cards based on analysis of surgeon claims data for 2009, 2010, and 2011. The reports include comparative rates of AVF and vessel mapping procedures as identified by CPT codes. The Network distributed the reports to 324 surgeons in December 2012, following MRB Chairman review.
- Educational Materials – FMQAI worked diligently to provide the most pertinent and up-to-date information to facilities regarding Fistula First. Examples of educational materials made available during 2012 included:
  - Fistula First was addressed in the Network's provider eNewsletter, *Access*:
    - A link to the Fistula First newsletter "The Gold Standard" (March 2012)
    - Information and links regarding buttonhole cannulation (March 2012)
  - Vascular access information was published in the August 2012 edition of the Network's patient newsletter.
  - Fistula First and quality improvement tools were posted to the website for review and download.

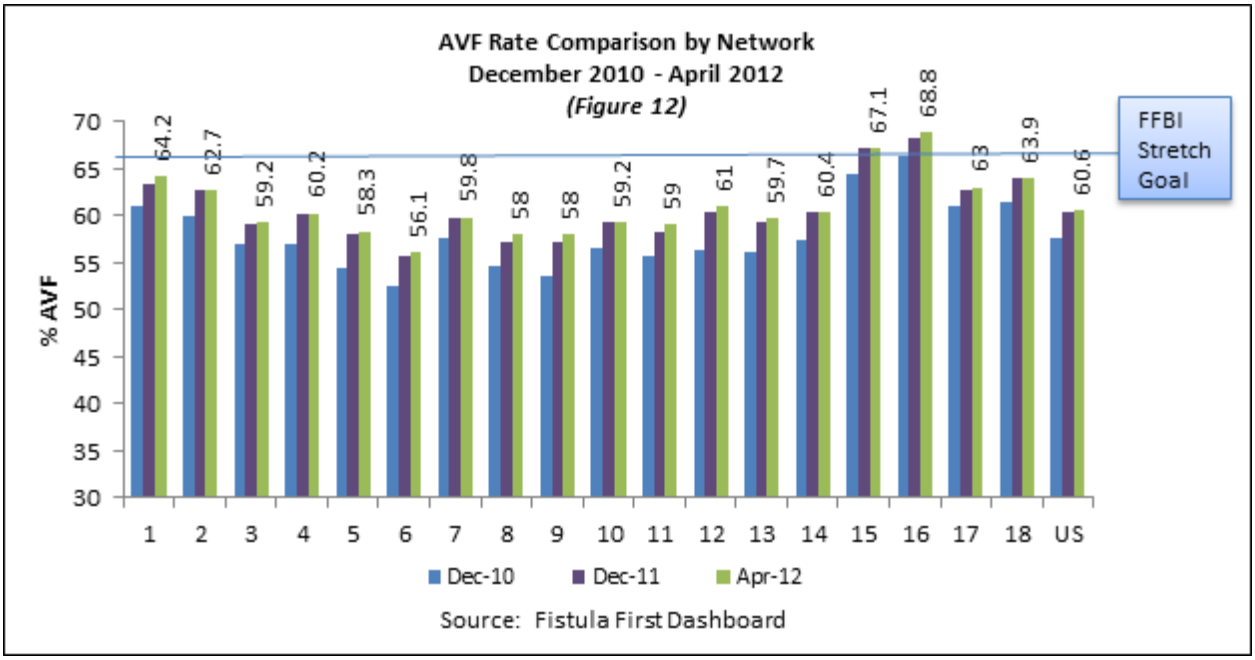
Results

Statewide

During 2012, the Network saw improvements in AVF rates both statewide and with the facilities participating in the Fistula First Focus Group. As of April 2012 (the most current statewide data available as of the completion of this report), the Network AVF rate was only 0.8% less than the national AVF rate, reaching 59.8% of eligible hemodialysis patients being dialyzed using an AV fistula *(Figure 11)*.



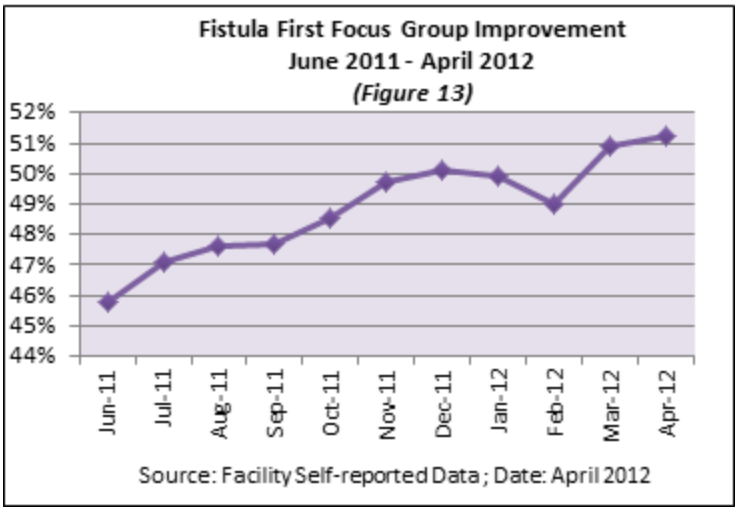
As of April 2012, Network 7 ranked tenth in fistula prevalence among all 18 Networks. The graph below *(Figure 12)* depicts AVF comparison data by Network for December 2010 – April 2012.



From March 2011 – March 2012, Florida dialysis facilities improved AVF rates at an average monthly rate of 0.2% (absolute) per month, or 2.0 percentage points per year. This improvement was statistically significant ($p<.0001$). Additionally, 42 facilities (12.6%) showed significant ($p \leq 0.001$) individual, positive AVF trends for the period. These facilities improved at an average of 1.1% per month, or an annualized rate of about 13.3 percentage points. An additional 163 facilities showed improvement but did not reach the level of statistical significance, for a total of 205 (61.6%) facilities showing any improvement.

Fistula First Focus Groups

The baseline AVF rate for the 29 facilities that began the project during June 2011 was 45.8%. By April 2012, this group improved by 5.4% achieving an overall AVF rate of 51.2% *(Figure 13).* To establish effectiveness of the Focus Group, the data was further analyzed to compare improvements in AVF rates between Focus Group participants and all other facilities statewide. From June 2011 to March 2012, the Fistula First Focus Group subset improved the aggregate AVF rate from 45.8% to 50.9% and had an average monthly



improvement of 0.47% (p=0.0002). The non-participating facilities improved 0.6% during the same time period (60.1% to 60.7%) with an average monthly improvement was 0.11%. This rate was significantly lower than the Focus Group participants (p<0.0002).

Of the 29 Fistula First Focus Group facilities, 27 facilities (93.1%) showed improvement in AVF prevalence from June 2011 to March 2012. Two facilities (6.9%) had significant (p<0.001) individual increases in AVF prevalence, improving at an average of 1.4% per month, or an annualized rate of 16.4%. An additional 25 facilities improved over the same time period, but did not reach the level of statistical significance.

For the July-December 2012 project extension, there were 20 Focus Group facilities. An updated overall baseline of 47.8% was established, with a goal of achieving an overall rate of 52.5% by December 2012. Based on data submitted to the Network by facilities on the monthly progress reports, the Focus Group has demonstrated a 3.0% improvement from the baseline of 47.8% (April 2012) to 50.9% (December 2012). Additionally, 60% of the Focus Group facilities met their project-specific gap reduction goal in December 2012.

CATHETER REDUCTION PROJECT

This task includes collection, analysis, improvement, and monitoring of ESRD clinical performance measures (CPMs). The primary use of CPMs by the Network is to facilitate quality improvement among dialysis providers. For the past seven years, the Network has developed a plan for QI activities based upon reducing the rate of catheters in use ≥ 90 days with no other access in place, as catheters have a significant association with morbidity and mortality in chronic hemodialysis patients (NKF KDOQI Guidelines Updates 2006).

Goals for Improvement

The improvement goals for the Catheter Reduction Project are to:

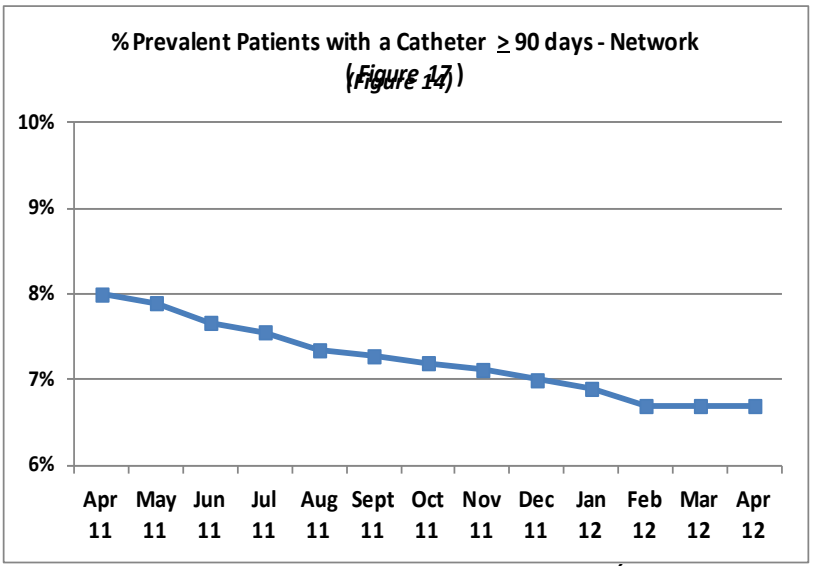
- Decrease the number of prevalent hemodialysis patients with catheters-only in use ≥ to 90 days by using a 50% gap-reduction strategy, with facility rate compared to the K/DOQI recommended guideline of less than or equal to 10% catheters.
- Increase the number of prevalent patients with permanent access (AVF or AVG) in use by 5% by the end of the project.

Methods/Activities

The Network conducted a two-pronged approach to decreasing catheter rates in Florida. The statewide arm consisted primarily of a toolkit, educational opportunities, and technical assistance. More in-depth interventions were undertaken with a select group of underperforming facilities. Since the first Catheter Reduction Project was conducted in 2006, the Network has achieved a statewide decrease of 5.63% in the rate of catheters only ≥ 90 days, or an average of approximately 1.13 percentage points per year, utilizing this same approach. As of April 2012, the Network catheter-only ≥ 90 days rate was 6.7% (*Figure 14)*.

Catheter Reduction Focus Groups

During June 2011, the Network began working to decrease catheter rates with a group of ten facilities. Analysis of vascular access data from May 2010 – May 2011 identified 19 facilities with an average rate of catheter-only ≥ 90 days of 12% or greater. Eight of these facilities were targeted for participation in the Focus Group; however, further analysis indicated that 11 of the facilities had demonstrated sustained catheter reduction in the past six months. These facilities were not targeted for participation in the project, but were instead monitored monthly. In addition to the eight facilities noted above, the project included one facility released from the Fistula First Focus Group with a catheter rate above 12% and one facility continuing from the previous Catheter Reduction project, for a total of ten participating facilities. Using data from June 2011, the overall baseline for the 2011 – 2012 Focus Group was 17.5%.



(Figure 14)

Data Source – Network Vascular Access Utility

During July 2012, the Network MRB approved the continuation of the Catheter Reduction Focus Group project through December 2012. The Network utilized April 2012 data to analyze current Focus Group performance, as well as to analyze statewide data in order to identify additional participants to participate in the Focus Group extension. Based on this analysis, nine of the ten (90%) current Focus Group facilities met their facility-specific gap reduction goal for at least three consecutive months and were eligible for project release. The one facility not meeting their goal was continued in the project for the July-December 2012 project extension. Additional analysis of statewide vascular access data identified seven providers with a rate of catheter-only ≥ 90 days of 12% or greater, for a total of eight facilities participating in the six-month extension. Using April 2012 data, an updated baseline of 18.1% was established for the eight Focus Group facilities. Additionally, a facility-specific project goal based on a 50% gap reduction between the baseline rate (April 2012) and 10% (KDOQI guideline) was calculated for each Focus Group facility.

Focus Group activities conducted during 2012 included:

- **Monthly Progress Reports** – Facilities were required to report on their monthly progress by the 15th of each month (for the previous month's data). The template provided to them included a breakdown of all central venous catheter patients, as well as a breakdown of new/incident patients admitted to the facility. The Network reviewed the breakdown ongoing for positive/negative trends and communicated with the facility accordingly. Additionally, facilities were asked to discuss a vascular access success story they noted during the month, as well as a struggle/barrier they were currently experiencing. The Network has utilized the barriers identified as topics of discussion

during onsite visits/teleconferences. Additionally, these reports generated email conversations requesting additional clarification.

- **Onsite Visits** – The Network continued to work with the project participants during onsite visits and teleconferences to address issues noted in the progress reports. Site visits were conducted by Network staff which reviewed the facilities' vascular access processes and tracking tools, discussed current barriers and success stories, and disseminated best practices. Additionally, the Network conducted a walk-through of the facility and reviewed QAPI meeting minutes. The facilities were given a folder of vascular access tools and resources.
- **Conference Calls** – Bi-monthly calls were held in conjunction with the Fistula First Focus Group for purposes of providing a data update, discussing facility successes, as well as continued struggles. Following are examples of the topics covered during the bi-monthly calls:
    - Vascular access reporting in CROWNWeb, including the use of the Access Data Missing Report.
    - Insurance barriers with Medicaid HMOs and vascular access referral and placement.
    - Experiences regarding the services of vascular access centers and issues with reduction in payment for vessel mapping by certain private insurances.
    - Vascular access physical examination videos available on the FFBI website – encouraged participants to view videos and implement vascular access physical examination prior to each cannulation.
- **Root Cause Analysis** – Focus Group participants were required to submit evidence of a root cause analysis (RCA) conducted to guide development of a vascular access improvement plan. All RCA and improvement plans were received and reviewed by Network staff. Written feedback was provided to all of the facilities within 30 days submission of both the root cause analysis and the improvement plan.
- **Infection Control Monitoring** – Focus Group participants submitted access infection data on a monthly basis. The Network incorporated an infection control component into the project based on results collected.
- **Vascular Access Interactive Workshop** – Focus Group participants were strongly encouraged to attend the Vascular Access Interactive Workshop held in conjunction with the 2012 Annual Forum. The workshop was attended by 47 participants.

Statewide

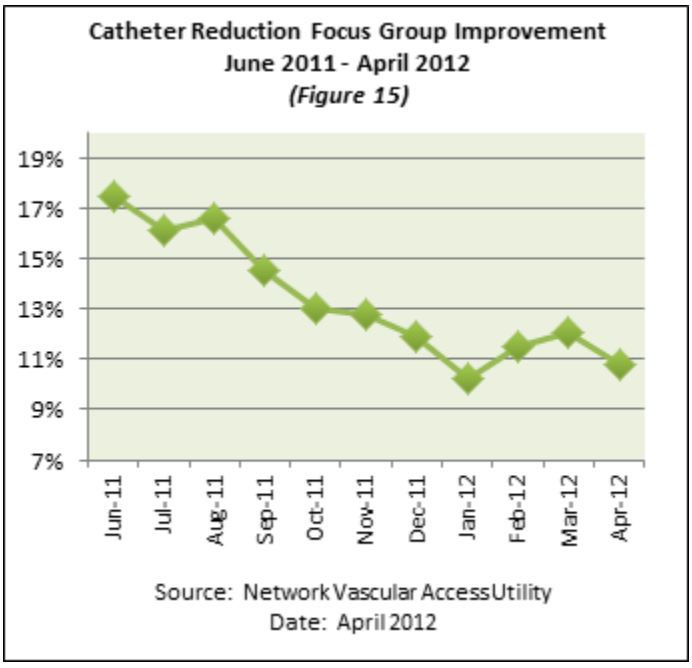
Educational opportunities were made available to all facilities statewide through the Network Annual Forum, provider newsletters, education modules, and material available on the Network website. Technical assistance was also provided via phone, email, and outreach at professional meetings. The Network 7 *Catheter Reduction Toolkit* and the Medical Advisory Council (MAC) of the Forum of ESRD Networks' *Catheter Reduction Toolkit* were also posted on the Network website for all facilities. Resources in the toolkits include, but are not limited to:

- Literature in hemodialysis vascular access
- List of roles and responsibilities of vascular access managers
- Sample of an improvement plan

- Various access tracking tools
- Sample referral letters
- Plan-Do-Study-Act and QAPI resources

Results

The baseline catheter-only ≥ 90 days rate for the ten facilities that began the project during June 2011 was 17.5%. As of April 2012, the catheter-only rate for the Focus Group was 10.8%, demonstrating a 6.7% reduction in percentage of patients with catheter-only ≥ 90 days (F*igure 15*). Additionally, 80% of facilities achieved their project goal with 70% meeting their goal for at least three consecutive months. The Focus Group also demonstrated a 4.7% increase in the percentage of patients with a permanent access (AVF or AVG) in use since July 2011, with a 2.9% improvement in the AV fistula rates alone.



For the project extension July through December 2012, including eight Focus Group facilities, an updated overall baseline of 18.1% was established. Due to the provider data reporting transition during the 2012 national release of CROWNWeb, the Network monitored facility progress utilizing facility self-reported vascular access data submitted to the Network via a project-specific monthly progress report. Based on data submitted on the monthly progress reports, the Focus Group demonstrated a 6.5% improvement in percentage of patients dialyzing with catheter-only ≥ 90 days from a baseline of 18.1% (April 2012) to 11.6% (December 2012). Additionally, 50% of the Focus Group facilities met their project-specific gap reduction goal in December 2012.

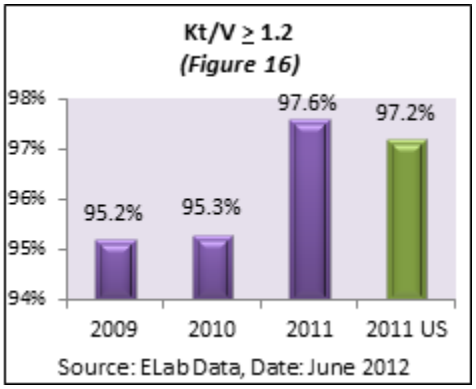
LAB DATA COLLECTION

One of the primary objectives of ESRD Networks is to improve the quality of health care services for ESRD patients. Methods used to accomplish this goal include both local and national quality improvement projects. The Lab Data Collection, also known as Elab, is a national project first initiated by Network 11 in 1998.

The project entails collecting patient-specific lab data on an annual basis. Large Dialysis Organizations submit data through electronic submission directly to CMS, while non-LDO facilities submit data manually to the ESRD Networks. The facility-specific reports generated from the Lab Data Collection offer comparative data at the state and Network level and can be used for quality improvement purposes.

Data Collection Activities

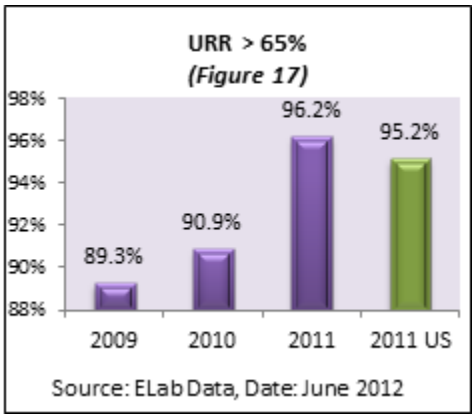
The 2012 Lab Data Collection included patient outcomes from October – December 2011. All 18 of the ESRD Networks participated, collecting outcomes from nearly 100% of dialysis patients and facilities. In total, 12 lab elements were collected including hemoglobin, albumin, phosphorus, ferritin, and adequacy. Approximately 97% of Florida facilities participated in the 2012 Lab Data Collection.



Data Results

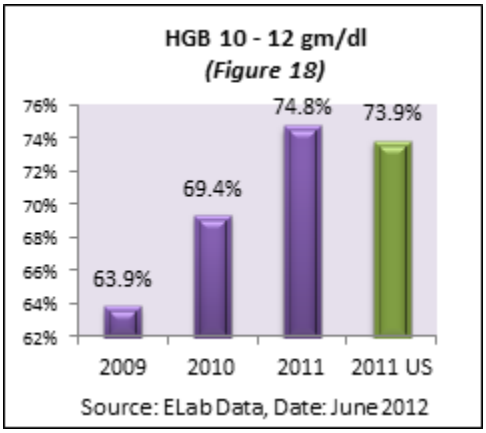
Adequacy of Hemodialysis

Hemodialysis adequacy can be a critical indicator of the overall well-being of the ESRD patient. Analysis of the Lab Data Collection results indicated that the percentage of patients receiving adequate hemodialysis continued to improve for the Florida renal community in the fourth quarter of 2011. For the measure of Kt/V, the Network demonstrated an increase of 2.3%, reaching 97.6% (*Figure 16*). This is 0.4% higher than the national rate. For the measure of URR, the Network increased its rate by 5.3% during 2011, reaching 96.2%. This was 1% higher than the national outcome (*Figure 17)*.



Anemia Management

Anemia is a well-documented problem for patients with kidney failure (KDOQI Clinical Practice Guidelines - Anemia, 2006). Hemoglobin is one key indicator related to anemia management. The K/DOQI target range for hemoglobin is 11 – 12 gm/dl. External forces, such as the FDA warning regarding the appropriate use of erythropoiesis stimulating agents (ESAs) in chronic dialysis patients and changes in the CMS reimbursement rules for ESAs, have had a major impact on outcomes for anemia management in recent years. Prior to 2007, most clinical practices targeted ESA dose to achieve hemoglobin concentration ≥ 11 gm/dl.

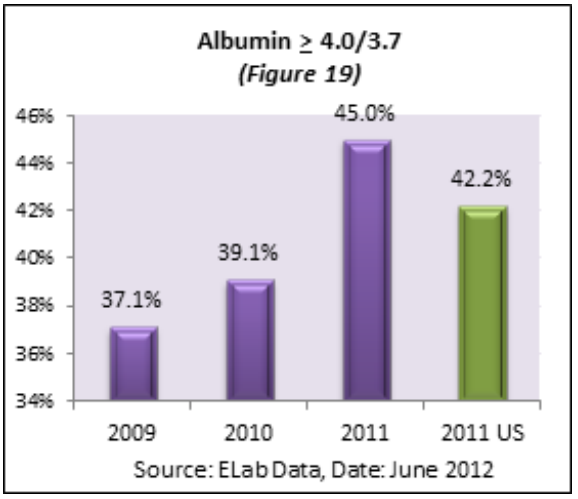


For Network 7, the percentage of patients with a hemoglobin between 10 – 12 gm/dl increased 5.4% during the fourth quarter of 2011, reaching 74.8% *(Figure 18)*. This is compared to 73.9% nationally. For the percentage of patients in the Network 7 area with hemoglobin less than 10 gm/dl, the Network increased by 8.1%, reaching 14.2% during the fourth quarter of 2011. This was slightly higher than the national rate for hemoglobin less than 10 gm/dl (14.1%). Finally, for the percentage of patients with a hemoglobin ≥ 13 gm/dl, both the Network and nation continued to register decreases, with the percentage of Network 7 patients in this category

dropping to 2.8% during the fourth quarter of 2011 and the percentage of patients nationally dropping to 3.3%. These decreases demonstrate the movement away from higher hemoglobin rates and closer towards the K/DOQI recommended target of 11 – 12 gm/dl.

Nutrition

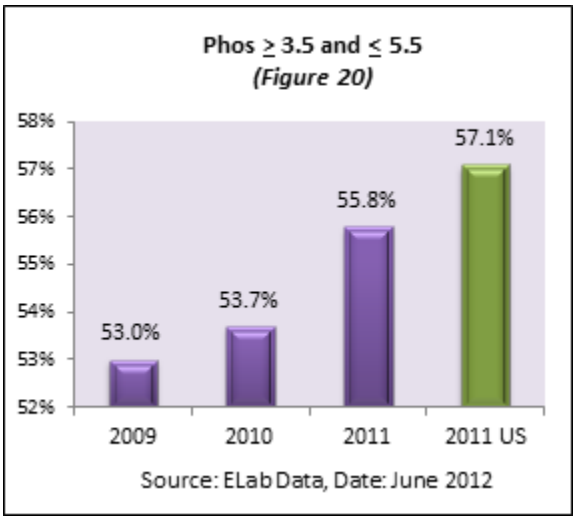
Serum albumin provides a measure of protein stores in the body, as well as being an indicator of the body's ability to thrive and fight off infection. The two commonly used laboratory methods for determining serum albumin are bromcresol green (BCG) and bromcresol purple (BCP). Data from both methods are reported as part of the Lab Data Collection project. The ideal range for serum albumin is 4.0/3.7 gm/dl. For the last quarter of 2011, the Network demonstrated an increase of 5.9%, with 45.0% of patients meeting this clinical outcome *(Figure 19)*. Nationally the percentage of patients meeting this outcome also registered an increase, with 42.2% of patients in the ideal range for serum albumin.



Bone Mineral Metabolism

Renal osteodystrophy, a common problem in people with kidney disease, plays an important role in the morbidity and mortality of dialysis patients. Treatment and prevention of renal bone disease usually includes the use of phosphate binders and vitamin D analogs, which are used to reduce parathyroid hormone (PTH) levels. Left untreated, patients with renal osteodystrophy could have bones that are depleted of calcium, become brittle, and are likely to fracture.

The Lab Data Collection collects measures on both calcium and phosphorus. For the percentage of patients with a phosphorus outcome of 3.5 – 5.5 mg/dl, the Network improved by 2.1% during the fourth quarter of 2011, reaching 55.8% of patients meeting this outcome (F*igure 20).* This is 1.3% lower than the national outcome. For the percentage of patients with calcium in the range of 8.4 – 10.2 mg/dl, the Network registered 84.7%, which is 2.4% higher than the national outcome.



IMPROVING DIALYSIS ADEQUACY

The Network, in conjunction with the MRB and the PAC, developed this quality improvement project aimed at improving the percent of patients who receive adequate hemodialysis (URR ≥ 65%) and adequate peritoneal dialysis (Kt/V ≥ 1.7%) in the state of Florida. Based on the

success of previous Network projects for vascular access detailed earlier in this report, the Network utilized the Focus Group approach as the key intervention for this project.

The Network first reviewed adequacy results from the 2011 Lab Data Collection; however, because of the uncertainty relating to the availability of lab data/CROWNWeb data going forward, the Network utilized the 2011 Dialysis Facility Reports (DFRs) for project identification/re-measurement purposes.

Goals for Improvement

Goals were developed for the project as follows:

Focus Group:

- 50% of targeted facilities will increase their average URR to 96.9% (2010 Network average) by June 2012.
- 50% of targeted facilities will realize a 10% relative improvement from baseline by June 2012.

Statewide:

- Increase the absolute percentage of eligible hemodialysis patients that achieve a URR $\geq$ 65% by 0.5% (2012 DFR).
- Increase the absolute percentage of eligible peritoneal dialysis patients that achieve a Kt/V $\geq$ 1.7% by 0.5% (2012 DFR).

Methods/Activities

The Network reviewed the 2011 DFR adult hemodialysis URR values $\leq$ 65 (patients with ESRD for 183+ days and 4+ URR Medicare claims at the facility) and the Supplement to the 2011 DFR adult peritoneal dialysis Kt/V values $\leq$ 1.7 (July – December 2010). For hemodialysis (HD) adequacy, 28 facilities were identified with a patient average with URR $\leq$ 65 below 96.9% (2010 Network average). For peritoneal dialysis (PD) adequacy, 21 facilities were identified with a patient average with Kt/V $\leq$ 1.7 below 89.3% (2010 Network average), for a total of 49 facilities participating in the 2011 – 2012 Improving Dialysis Adequacy Project.

The project interventions included the following:

- **Environmental Scan** – Focus Group participants completed an environmental scan to identify the primary issues affecting adequacy in the facility. Results of the Environmental Scan helped to guide project activities.
- **WebEx** – The Network hosted an orientation webinar to provide a project overview to Focus Group participants.
- **Focus Group** – Participants were required to conduct a root cause analysis and submit evidence it was conducted to guide development of an improvement plan.
- **Improvement Plan** – Focus Group participants were required to submit an improvement plan developed in conjunction with and signed by the medical director.
- **Technical Assistance** – The Network provided one-on-one technical assistance via phone or email, as needed.

- **Tracking Tool** – Focus Group participants were required to complete a progress report (developed by the Network), which included patient census, the number of patients with URR ≤ 65% and/or Kt/V ≤ 1.7%, their hemodialysis access type and infection data. The facilities were asked to report on the reasons they believe their patients are not meeting the adequacy goal. The Network provided feedback and recommendations for improvement.
- **Quality Assessment Performance Improvement (QAPI) Meeting Minutes** – Focus Group participants were asked to submit a copy of their QAPI meeting minutes initially and the Network provided feedback and technical assistance. At project end, in an effort to evaluate the interdisciplinary team's discussions regarding adequacy, participants were requested to submit another copy of their QAPI meeting minutes.

Statewide

The statewide approach to the Adequacy Project focused on communicating the best practices for improving both hemodialysis and peritoneal dialysis adequacy in ESRD patients. These included:

- **Technical Assistance** – The Network provided technical assistance to the community as needed.
- **Online and Additional Education** – The Network promoted the availability of an adequacy online CE course available on the network website. Additionally, an article, "Improving Hemodialysis Adequacy" was included Network's December 2011 provider eNewsletter that provided a resource for the community in 2012.
- **Educational Tools** – Information on patient and provider educational tools on adequacy were included in the Network 7 December 2012 provider eNewsletter.
- **Toolkit**–The Network promoted the availability of an adequacy toolkit, available on the Network website.

Results

In July 2012, the Network reviewed the Focus Group project results for project release or continuation. Eighteen of the 28 facilities in the HD Adequacy Focus Group achieved the project goal. Ten facilities that did not achieve the target measure continued for the six-month project extension through December 2012.

Ten of the 20 facilities (one facility closed) in the PD Adequacy Focus Group also achieved the project goal, with the remaining ten facilities targeted to continue for the six-month project extension through December 2012.

Facility monitoring by the Network for the 20 facilities continuing in the Improving Adequacy Focus Group was conducted via monthly progress reporting through December 2012. Improvement in the percentage of patients meeting adequacy measures was noted in both the HD and PD Focus Groups with an overall 2.8% improvement in the percentage of patients with URR less than 65% for the HD Focus Group. Additionally, the HD Focus Group demonstrated an

increase in the percentage of patients with permanent vascular access by project end in December 2012.

FACILITY MONITORING

As described in the SOW, Network 7 is required to monitor facility compliance and provide quality improvement assistance to ensure that facilities are in compliance with Network goals. The Network process for monitoring facility compliance begins with the analysis of data, which are obtained from a variety of sources including but not limited to: Clinical Performance Measures (CPM) data, ESRD forms compliance, Dialysis Facility Report (DFR) data, and complaints and grievances documented in the Network Contact Utility. Once obtained, data is evaluated and facilities are considered to be out of range if they are not meeting the appropriate targets (i.e., Network goals and guidelines or CMS guidelines for forms compliance). When the Network identifies that facilities are consistently failing to meet Network goals, it gives notice to the provider and allows for an opportunity to provide additional information. If an Improvement Plan is required, the Network provides technical assistance to the ESRD facility in the completion of this plan. The entire process results in a facility either being excused from monitoring, submitting outcomes data on an ongoing basis to monitor improvement, or being referred back to the MRB for the consideration of sanction.

In 2011, the Network began working with a Focus Group of 14 facilities with a greater than expected Standardized Mortality Ratio (SMR) reported in the 2011 Dialysis Facility Report (DFR). The goals for the Focus Group in the 2011 – 2012 Facility Monitoring Project were to decrease SMR, increase the percentage of patients receiving adequate dialysis, and decrease the percentage of patients with a catheter-only ≥ 90 days.

During September 2012, the MRB approved extending this project. To determine participants for the 2012 – 2013 Focus Group, FMQAI first determined project release eligibility for the original 14 facilities by analyzing SMR data for 2012, SMR data from 2008 – 2011, facility self-reported monthly clinical outcomes data, and number of deaths. Based on this analysis, ten facilities were identified for release and four were targeted to continue. FMQAI analyzed DFR data to identify new facilities with a greater than expected SMR reported in the 2012 DFR. Based on this analysis, six additional facilities met the inclusion criteria for a total of ten facilities participating in the 2012 – 2013 Facility Monitoring Focus Group.

To monitor progress in meeting project goals, the Network calculated facility-specific goals based on results of facility-reported clinical outcome data. Goals were calculated for measures that might potentially contribute to an increase in mortality, such as areas in vascular access management (catheter-only in-use rate), hemodialysis adequacy (URR less than 65%) and anemia management (hemoglobin less than 10). The Network monitored monthly facility-reported clinical outcomes and provided ongoing technical assistance.
Activities conducted during 2012 included:

- **Quality Improvement Plan** – All facilities developed and submitted a quality improvement plan. Communication was sent to the medical director and administrator

providing feedback on the plan, including Network recommendations. Regular review of interventions was provided by the Network via email and phone.

- **Data Submission** – All facilities were required to submit monthly clinical outcomes data utilizing a Network-provided data tool. Outcomes collected included mortality, vascular access, hemoglobin, infections, and adequacy. Ongoing review and technical assistance was provided regarding the monthly data via phone and email to all participants.

Results

In May 2012, nine of the fourteen (64%) facilities in the 2011 – 2012 Facility Monitoring Project demonstrated a catheter-only rate of 10% or less and the average AVF rate for the Focus Group was 60.8%, representing a 1.5% improvement since October 2011. Additionally, a 4% increase in the percentage of patients receiving adequate dialysis (URR greater than 65) was noted. As mentioned previously, ten of these facilities met project release criteria.

Based on the facility monthly progress reporting, in December 2012 six of the ten facilities (60%) in the 2012 – 2013 Focus Group reported a catheter-only rate of 10% or less and an average AVF rate of 60.2%, which demonstrated a 0.9% improvement in fistulas in use.

Activities for the 2012 – 2013 Focus Group facilities are planned to continue through July 2013, when new DFR data is released. Facilities will be eligible for release from the project based upon decreased SMR, sustainable improvements related to clinical outcomes, and ongoing facility compliance. Consideration will also be given to other concerns that surface, such as conditions cited by the State Survey Agency or increased number of patient complaints/ grievances. The Network will continue to provide quarterly updates to the MRB regarding the progress of the facilities in improving their patient care processes and outcomes. The MRB will have final determination in the release of project participants.

One of the most significant barriers for this project included facility administrator turnover and administrators' knowledge deficit on how to review their DFR data, identify root causes, and develop an improvement plan. To overcome this barrier, the Network provided educational and technical assistance pertaining to understanding DFR data as well as identifying possible attributes (both clinical and operational) that may contribute to a high SMR. The Network also maintained regular communication with regional operations personnel when manager turnover occurred and educated facility staff on each segment of the improvement plan, including providing suggestions on ways to incorporate the project's plan into the facility's QAPI meeting.

ONLINE EDUCATION

In an effort to encourage continuous learning to ESRD providers and enhance the quality and safety of services, the Network offers Continuing Education via free online courses. These courses target individuals that care for the ESRD patients including nurses, patient care technicians, dietitians, social workers, biotechnicians, and administrators. Not only are these courses accessed online for individual use, many facilities also reported utilizing the courses

internally for staff training or in-services. Network 7 online courses are designed based on current national trends, specific needs or requests from the renal community, or recommendations made by one or more of the Network boards or committees (i.e., MRB, Network Council, PAC, or VRAC). As of December 2012, the Network website hosted 14 Continuing Education Unit (CEU) courses, offering a total of 22 CEUs, including:

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

As of December 14, 2012, a total of 15,563 online classes were completed. Of those completions, the most accessed courses were Infection Control in the Dialysis Setting, Water Treatment for Dialysis, Understanding Rapid Cycle Improvement and The Fundamentals of Managing a Dialysis Facility.

DISASTER PREPAREDNESS and RESPONSE

The ESRD Conditions for Coverage (CFC) include specific language related to disaster preparedness and response. Activities required for ESRD providers include:

- Providing training and orientation in emergency preparedness to staff and patients, including information on what to do, where to go, and who to contact.
- Evaluating at least annually, the effectiveness of emergency and disaster plans and updating those plans as necessary.
- Having a plan to obtain emergency medical system assistance when needed.
- Contacting the local disaster management agency at least annually to ensure that such agency is aware of dialysis facility needs in the event of an emergency.

In order to assist providers in complying with the CFC, and to ensure that patients had timely access to treatment during emergencies, the Network disseminated resources, provided technical assistance, presented at provider meetings/conferences, and continued its coordination of both state and national disaster coalitions.

Community Preparedness Activities

The Network continued to encourage active preparedness for the Florida renal community. To accomplish this, the Network provided targeted information to assist the renal community in developing and improving disaster plans. This information included, but was not limited to:

- Pre-hurricane season fax blast to providers.
- "Are You Ready" hurricane planning posters included in all New Facility Mailing Packets.
- Promotion and distribution of Florida Kidney Disaster Coalition (FKDC) *Piecing Together Preparedness* materials through Network provider eNewsletters and fax blast.
- Pandemic preparedness education.
- Disaster preparedness articles included in the April 2012 patient newsletter and the September and December 2012 provider newsletters.
- Disaster preparedness discussion on the April 2012 Network Patient Coordinator call.
- WebEx presentation for providers and community stakeholders on July 17, 2012 regarding the FKDC *Piecing Together Preparedness* program materials.
- Tropical Storm and Hurricane Isaac weather alerts sent to facilities via fax blast in August 2012.
- Memo sent via fax blast to all facilities in September 2012 regarding the Kidney Community Emergency Response (KCER) National Preparedness Education Week for Kidney Patients.

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

- *Disaster Preparedness: A Guide for Chronic Dialysis Facilities* Second Edition
- *Preparing for Emergencies: A Guide for People on Dialysis.* Tips for ESRD Disaster Planning
- Boil Water Advisory
- Patient Disaster "To Do" list
- Questions for the Emergency Operations Center (EOC)

Additionally, Network staff members actively participated in the Kidney Community Emergency Response (KCER) Coalition's Facility Operations and Patient Assistance response teams. Additional information about the KCER Coalition is provided on page 79.

SUMMARY OF QUALITY AND SAFETY OF DIALYSIS SERVICES

In summary, Network 7 has improved the quality and safety of dialysis-related services provided for individuals with ESRD as evidenced by the following:

- A 1.6% increase statewide in the number of patients dialyzing with an AVF (as of April 2012).
- Achievement of a statewide AVF in-use rate of 60% for January and February 2012.
- Improvement in the statewide AVF in-place rate from 66.2% in April 2011 to 67.2% as of April 2012.
- Statewide reduction for the percentage of patients dialyzing with catheter-only ≥ 90 days from 8.0% in April 2011 to 6.7% for April 2012.

ESRD Quality Incentive Program

In an effort to support the Florida renal community with the ESRD Quality Incentive Program (QIP), the Network's quality improvement project initiatives focused on several of the current and future QIP measures including hemodialysis adequacy, AVF placement and catheter reduction. The Focus Group approach to working with underperforming facilities has proven successful in improving Clinical Performance Measures. Additionally, it provides the Network the opportunity to provide one-on-one education and technical assistance on quality improvement methods to providers participating in facility-specific quality improvement projects.

National Healthcare Safety Network (NHSN)

For the QIP Payment Year (PY) 2014, a measure related to facility enrollment and reporting of dialysis events into the Centers for Disease Control and Prevention (CDC's) National Healthcare Safety Network (NHSN) was added. In order to monitor facility compliance with this initiative and provide technical support, a Network Group was established in NHSN for facilities to join. Upon the facility conferring rights to the Network Group, Network staff was able to monitor facility progress with facility NHSN enrollment and dialysis event reporting. Throughout the year, Network staff provided technical assistance and NHSN resources to providers and also posted information on the Network's website to ensure compliance. Additionally, Network staff attended Centers for Disease Control NHSN teleconferences to identify barriers and suggestions to support efforts by the renal community in meeting the NHSN QIP requirement. The Network also partnered with large dialysis organizations pertaining to the NHSN reporting requirement.

INDEPENDENCE, QUALITY OF LIFE AND REHABILITATION

CMS National Goal: *Improve the independence, quality of life, and rehabilitation of individuals with ESRD through support for transplantation, use of self-care modalities, and in-center self-care through the end of life.*

The Network is responsible for supporting this CMS National Goal through the provision of educational information related to treatment options and new ESRD technologies that have been shown to support patient independence. In addition, the Network is tasked with providing information to educate and encourage patients to achieve their maximum level of rehabilitation and to participate in activities that will improve their quality of life. The following section outlines activities undertaken by Network 7 during 2012 that supported the achievement of this goal, including informational mailings, educational sessions, newsletters, and the Network website.

PATIENT AND PROFESSIONAL NEWSLETTERS

During 2012, FMQAI produced newsletters for patients and providers. Topics for the newsletters included articles on vascular access, Medicare Part D, disaster preparedness, the Network grievance process, and treatment options. For each edition, the topics for the newsletters were developed to facilitate communication between patients and the providers that care for them.

VOCATIONAL REHABILITATION

The Network recognizes that the pursuit of personal rehabilitation goals can enhance the level of independence and quality of life for ESRD patients. In order to support the independence and quality of life of individuals with ESRD, the Network provides technical assistance and promotes general VR awareness via the Network help-line and patient and provider newsletters. The Network has an established Vocational Rehabilitation Advisory Committee (VRAC) that includes dialysis providers, ESRD patients, and other Vocational Rehabilitation stakeholders. The VRAC provides feedback and direction regarding Network developed VR materials.

Vocational Rehabilitation Toolkit

In November 2012, the Network distributed the 2012 Vocational Rehabilitation Toolkit, which was developed in collaboration with the VRAC, to all dialysis facility social workers and transplant centers in the Network region. The toolkit provides data, resources, and educational materials to assist the renal social worker in identifying and referring appropriate patients for VR services. The contents included:

- VR Resource List
- VR On-Goal Report for the facility
- VR Best Practices Checklist
- A VR Tracking Tool designed for use on a monthly basis to keep track of VR facility data
- Informational materials for patients:
    - Why Work and Back to School flyers in English and Spanish
    - VR Application
    - VR Referral Form
    - Tips for Partnering with VR
    - Sample Quality Improvement Plan and Template
    - 2012 Social Security Fact Sheet Network 7 Online Patient Resources

The CFC require that facilities evaluate each patient for referral to vocational rehabilitation services; assist patients in achieving and sustaining an appropriate level of productive activity; and develop a plan that reflects individual patient preference [494.80(a)(13); 494.90(a)(8)]. Evidence of interdisciplinary assessment, education, assistance with barriers, and referral should be documented in each patient's medical record.

WEBSITE

The Network 7 website (www.fmqai.com) was developed to serve patients, families, dialysis and transplant providers, and the renal community at large. According to a Pew Institute report from June 2012, 82% of US adults are Internet users and 53% of adults age 65 and older use the Internet or email. This data indicates that Internet adoption continues to increase and that web distribution is an effective way to engage the Network population.

The FMQAI website assists Network 7 in meeting its goal of improving the quality of health care services and quality of life for ESRD beneficiaries, as well as the CMS National Goal of increasing the independence, quality of life, and rehabilitation of individuals with ESRD. In an effort to promote use of the website, new

content additions are announced to patients and providers via newsletters, fax blasts, and at community events. In addition, assistance with navigation of the website was provided via the Network help-line throughout 2012.

The FMQAI site meets federal guidelines for Section 508 compliance and strives to be as user-friendly as possible. To accomplish this task, the website is divided into several different sections to ease the user's ability to find information. In 2012, these sections included:

- **About Network 7** – Information on Network Goals and Criteria and Standards, as well as links to Network events, continuing education, and the ESRD Statement of Work.
- **For Patients and Families** – Materials on emergency preparedness and going back to work. This section also contains links to patient newsletters, patient education, and other helpful links including one to the Dialysis Facility Compare (DFC) website. The Network website also includes a section for patient and family resources in Spanish.
- **Fistula First** – An overview of the Fistula First Breakthrough Initiative, as well as information and materials related to the Fistula First Focus Group.
- **Quality Improvement** – An explanation of quality improvement, detailed information on the Plan-Do-Study-Act cycle, as well as a link to download the quality improvement plan template utilized by the Network. This section also contains quality improvement and regulatory resources regarding the CMS Conditions for Coverage, QAPI, and Network hosted educational webinars.
- **Community Information and Resources** – Information on provider education, emergency preparedness, the grievance process, vocational rehabilitation, technical assistance, and patient education.
- **Data Management** – Links to Network Annual Reports and also provides downloads for Network Patient Activity Reports (NPAR), CMS forms/materials and special reports such as roster of facilities by city, name, or provider number.
- **ESRD Emergency Information** – Links to the Florida Kidney Disaster Coalition, the Kidney Community Emergency Response Coalition, and Dialysis Units.com. This section also offers downloadable emergency preparedness tools such as a patient "to do" checklist, tips for ESRD disaster planning, patient disaster poster, and Florida Emergency Operations Center contact information.
- **Project CROWNWeb** – Links directly to education and training for the use of CROWNWeb.
- **Patient Care Technician (PCT) Certification** – PCT certification exam review materials and study tools.

TREATMENT OPTIONS

Throughout 2012, FMQAI regularly promoted patient education regarding treatment options that help to support patient independence and quality of life such as kidney transplantation, home dialysis, nocturnal dialysis, and in-center self-care. Essential to the success of these activities was collaboration with the renal community including professional associations, transplant centers, and community organizations. Network activities related to treatment

options included sharing materials between other Networks and stakeholders; speaking at meetings, conferences, and workshops; endorsing initiatives and other activities; articles in Network patient and provider newsletters, and providing helpful links on the FMQAI website. Additionally, the Network hosted three "Explore Transplant" trainings in Florida in 2012. The training assisted dialysis facility staff in establishing a formal transplant education program in their facility. Eighty-nine providers attended the trainings which were held in three different regions of Florida, including Boca Raton, Orlando, and Tampa.

PATIENT PERCEPTION AND EXPERIENCE OF CARE

CMS National Goal: *Improve patient perception of care and experience of care, and resolve patient complaints and grievances.*

Network 7 maintained consistent efforts throughout 2012 to assist, facilitate, and educate ESRD patients and providers in resolving beneficiary complaints and grievances. Central to this goal was the process of improving patients' perception and experience of care. This was achieved by providing educational information to patients, implementing educational programs for providers, conducting trend analysis of reported situations to detect patterns of concern, and developing Network-specific policies and procedures for addressing patient complaints, grievances, and facility concerns. In addition, the Network worked with its Medical Review Board to review and discuss grievances received and possible interventions to utilize with facilities receiving two or more grievances with the Network in any quarter of the year, or three or more grievances in a rolling year. These interventions may include requiring a facility to complete a Quality Improvement Plan (IP) or staff education to address grievances reported.

COMPLAINTS, GRIEVANCES, AND OTHER CONTACTS

Throughout 2012, the Network was available to receive complaints, grievances, and other contacts such as facility or patient inquiries, on a daily basis through phone calls, email, and regular mail. Examination of a formal grievance involves a CMS-specified investigation process that includes a grievance determination, due process for all parties involved, and a final written report. The following is an overview of the Network's formal grievance procedure, which is also available on the Network website. The formal grievance process must be completed within 90 calendar days of receipt. The following steps are included in the grievance process:

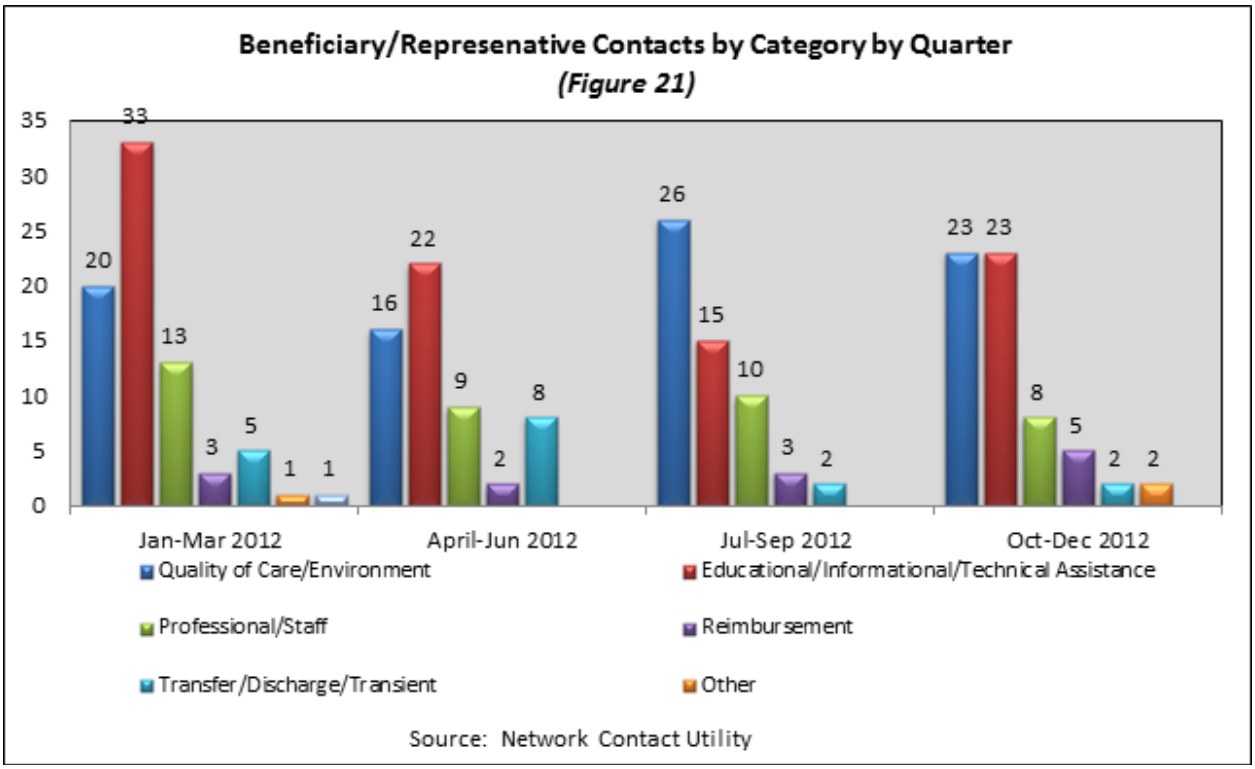
1. A grievance is received at the Network office.
2. The Network staff notifies the grievant through certified mail acknowledging receipt of grievance.
3. Network staff ascertains what steps the grievant has taken previously to resolve the problem and the patient's goal(s).
4. Network staff notifies the ESRD provider or medical director's office of the grievance and requests a response to the concern that may include a request for specific records.

5. Network staff reviews documents and removes all identifiers from information provided by all parties.
6. The Network's Grievance Committee, which is comprised of MRB members, reviews the case and makes a determination regarding patient care, asks for additional information, or refers the case to the Medical Review Board.
7. Network staff drafts a response to the grievant, which is sent to the facility or medical director for review and comment.
8. The grievant is notified of the Network Grievance Committee's decision, including facility or medical director comments and their appeal rights.

A facility site visit may be necessary at any time during this process depending on the nature of the complaint. Matters serious enough to be an immediate threat to the patient or other patients' health and safety are referred immediately to the State Survey Agency for investigation. If quality of care concerns are identified, the MRB 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 may recommend that CMS sanction the facility.

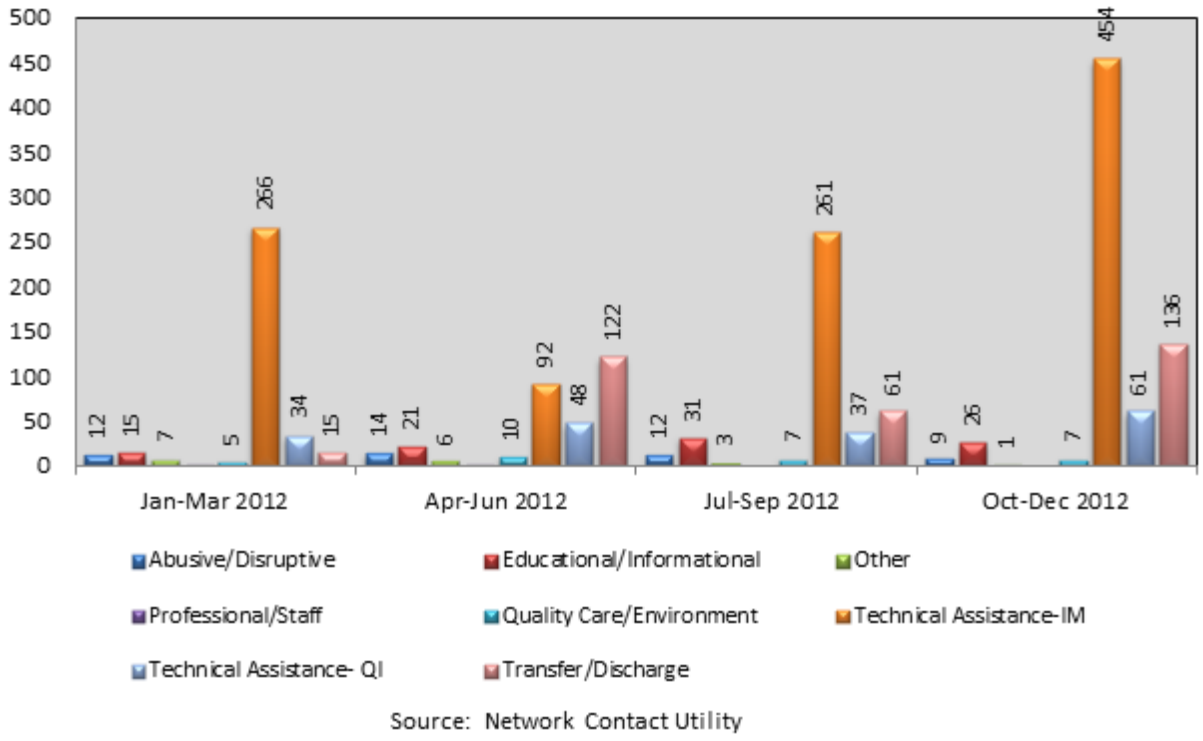
Inquiries and Complaints

The Network received a total of 2,028 contacts from beneficiaries and facilities in 2012. For beneficiaries *(Figure 21)*, the largest categories of contacts were related to educational/informational/technical assistance requests (37%), followed by quality of care/environment issues (34%), professional/staff concerns (16%), and transfer/discharge (7%).



For provider facilities, the majority of contacts (60%) were for technical assistance related to information management (IM). Other areas of concern *(Figure 22)* include transfer/discharge/ transient issues (19%) technical assistance for QI (10%), and educational/informational questions (5%).

Facility Contacts by Category by Quarter
(Figure 22)



Source: Network Contact Utility

Of the 2,028 contacts received by the Network in 2012, 101 (5%) were complaints. Analysis of complaints trended by provider type indicated that the majority of complaints were from patients treated by LDOs (85%), followed by Independents (14%), and Regional Chains (1%). As a comparison, LDOs make up 82% of all Florida facilities, followed by Independents (13%), and Regional Chains (3.5%). For all provider types, the majority of complaints were related to treatment or quality of care issues (56%). The second highest category of complaints the Network received were facility staff related (32%).

Of the 101 complaints received, 101 (100%) were closed. Of these, seven (7%) were referred to the State Survey Agency for further investigation.

In addition to providing technical assistance and feedback to all facilities statewide, the Network also works more intensively with individual facilities to resolve patient complaints as

they are received by the Network. Some of the activities conducted in the resolution of patient complaints include:

- Contacting the dialysis provider with patient permission, to mediate a resolution of the concern.
- Providing technical assistance and/or recommendations regarding managing difficult situations.
- Requiring the facility to participate in quality improvement activities, such as development of improvement plans, conducting staff in-services, and carrying out facility audits.

Formal Grievances

The Network received two formal grievances during 2012. The first grievant had multiple concerns that the MRB Complaints and Grievances Subcommittee was unable to substantiate following investigation. However, the MRB did recommend the facility be required to re-educate all patients regarding their rights and responsibilities and the facility internal grievance process, and to educate staff regarding professionalism and patient confidentiality. The facility completed all required staff education. The formal grievance was closed on July 30, 2012.

The second grievance was filed by a patient's family member and alleged that while receiving a dialysis treatment, fluid removal affected the patient's blood pressure, causing her to become unresponsive and expire in the facility; the patient's medical records pertaining to the day of her death were incomplete; and the dialysis facility staff was not monitoring the patient appropriately during the treatment day on which she expired. The MRB Complaints and Grievances Subcommittee was not able to substantiate the grievance following investigation. The formal grievance was closed on November 30, 2012.

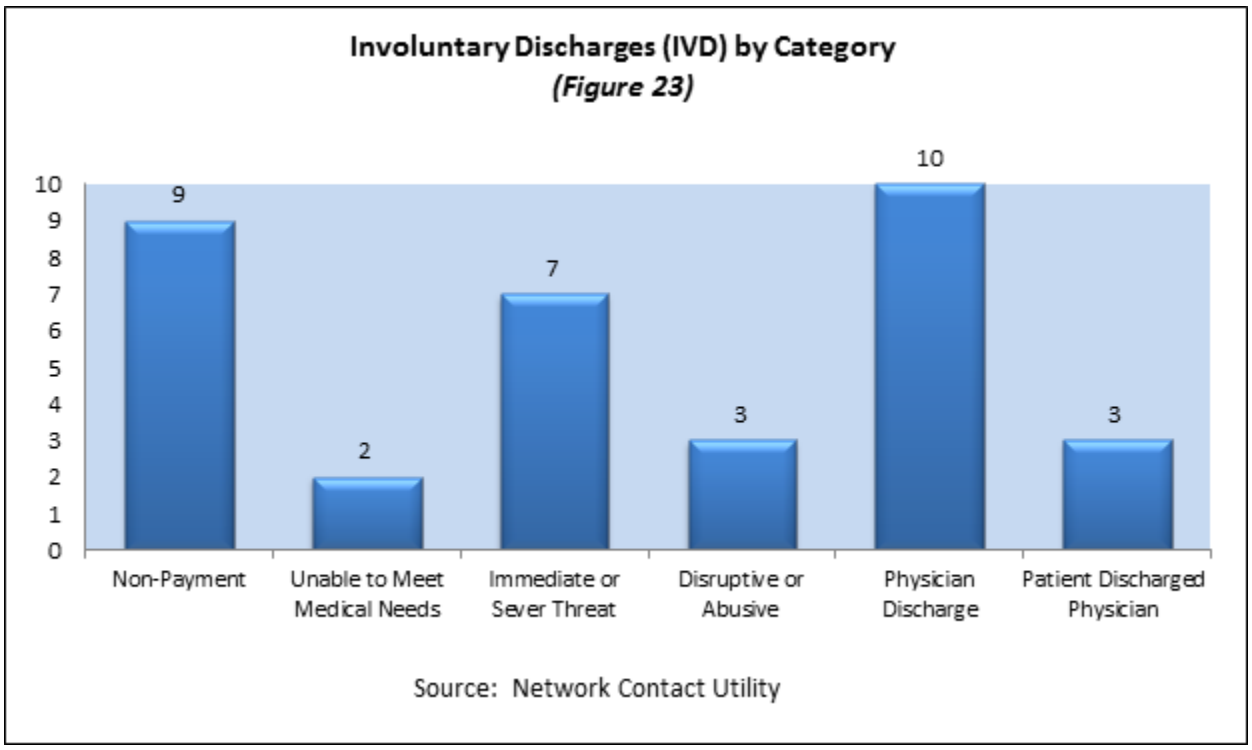
INVOLUNTARY DISCHARGE

The ESRD Conditions for Coverage mandate that facilities provide patients with a 30-day written notice of an involuntary discharge (IVD) and discontinuation of services. It also states that an order for discharge be signed by the facility's medical director and the patient's attending physician.

The Network reconciles IVD data for accuracy of reporting by reviewing facility contacts to the Network, and by following up with a call to facilities that did not notify the Network prior to reporting the IVD in CROWNWeb. The Network also reviews monthly Patient Event reports from CROWNWeb to be certain that facilities have reported IVD cases to the Network appropriately. Additionally, the Network collaborates with the Florida State Survey Agency (SSA) regarding IVDs and periodically provides the SSA with reports of completed IVDs reported to the Network.

During 2012, the Network recorded 34 involuntary discharges, excluding those due to facility ceasing to operate *(Figure 23)*. Of the reported IVDs, the majority (29.4%) were due to care

being terminated by the nephrologist, followed by non-payment (26.4%), and immediate or severe threat (20.5%).



Increasing the Percentage of Averted At-Risk Involuntary Discharges

The increasing number of IVDs in the country has become a concern, causing a direct and negative impact on transition of care among the ESRD population (Hall, 2009). Many patients that have been involuntarily discharged from a facility end up displaced, with no facility willing to accept them. ESRD patients who are unable to access chronic dialysis and necessary support services are at an increased risk for morbidity and mortality. Based on this information, the Network, in conjunction with the MRB, developed a quality improvement project to increase the percentage of averted at-risk IVDs.

The project, which was initiated in October 2010 and continued through December 2012, involved providing education and resources statewide to promote awareness of strategies for resolving patient conflicts at the facility level prior to these issues progressing to an IVD. Additionally, the project included more intensive interventions with facilities contacting the Network to report an at-risk IVD.

October 2011 – June 2012

Based on the successful outcomes of the initial 2010 IVD project, the Network continued its efforts regarding averting at-risk IVD cases. The Network began a new IVD project in October of 2011 that concluded in June 2012. The Network continued a two-pronged approach for this project by using statewide spread activities (primary) and a Focus Group Intervention Program (secondary).

Statewide Spread activities included:

- Providing the Network *IVD Guidelines & Checklist* handout to all facilities, statewide, through fax blast.
- An educational session at the Network's 2011 Annual Forum regarding how providers can address and diffuse challenging patient situations.
- An article in the March 2012 provider eNewsletter titled, *Suggestions for Prevention of IVD*. The article included "what works and what doesn't work" when dealing with difficult patient situations, and resources providers could access to assist with staff education on professionalism.
- Posting the Network webinar, *A Positive Patient Experience: Preventing Involuntary Discharge,* on the Network website.

The Focus Group intervention program with providers reporting an At-Risk IVD included:

- Self-identification of facilities contacting the Network to report an at-risk IVD
- Obtaining detail regarding the at-risk IVD, provider level involvement, and interventions that may have been utilized with the patient.
- Network consultation with provider staff regarding the CFC and IVD Guidelines.
- Review of possible interventions the provider could use to avoid IVD including use of the Network *IVD Guidelines & Checklist* and provision of additional resources as needed.
- Any patient who contacted the Network regarding a possible IVD was also provided with Network assistance, support, and advocacy regarding the situation.
- Facilities contacting the Network to report an at-risk IVD were requested to forward documentation regarding the situation and a completed IVD checklist to the Network for review.
- The Network conducted follow-up via phone with each facility reporting an at-risk IVD to provide technical assistance, and to determine the resolution of each situation and the disposition of each patient (IVD averted or completed).
- The Network conducted follow-up with each facility through a request for comments related to which IVD resources provided by the Network were utilized and which were most useful. This information will assist with future planning.

Results

The first phase of this project ended in June 2012 and included final results as follows:

- From October 27, 2011 – June 30, 2012, the Network received notice of 32 at-risk IVDs.
- Of the reported at-risk IVDs, 11 (34%) were averted, 21 (26%) resulted in a completed IVD, one patient expired due to discontinuation of dialysis with end-of-life care planning prior to IVD action by the facility, and one patient transferred prior to IVD action by the facility.
- The Network developed the list of professionalism resources into a handout to use with facilities when providing technical assistance or during exhibiting events in the community.

2012 Six-Month Extension
As part of the Network 7 contract extension for the time period of July 1-December 31, 2012, the above IVD project was extended. The Focus Group intervention program for this period continued as described above.

Statewide spread activities included:

- A Network WebEx titled "Preventing Involuntary Discharges" was conducted on Thursday, October 4, 2012. The WebEx was attended by 137 providers including renal social workers, dialysis nurses, dialysis facility administrators, nurse managers, patient care technicians, LDO corporate personnel, and facility administrative assistants. The facility attendees represented LDOs, regional, and independent providers. The majority of participants reported working at one or two facilities for a total of 211 facilities impacted by this event. Seven participants reported they work with 18 – 100 facilities with a total spread of 312 facilities. Participants also completed an evaluation of the WebEx using a scale of 1 – 5 with 1 meaning "strongly disagree" and 5 meaning "strongly agree." The average aggregate score for the seven-question evaluation was 4.2.
- An article tilted *Addressing Challenging Situations* was included in the September 2012 edition of the provider eNewsletter.
- The Network handout titled *Psychosocial Tools and Resources for Assessing Patients* was distributed to all Florida facilities in December 2012 via fax blast.

Results
From July 1 – December 21, 2012, the Network responded to 26 at-risk cases included in the project. Of these, 10 were averted, 15 resulted in IVD, and in one case the patient transferred to another facility prior to an IVD letter being issued by the facility.

PROACTIVE ACTIVITIES

FMQAI worked proactively with the renal community during the year to resolve conflicts and concerns at the facility level. Suggestions were provided to help facilities resolve patient issues prior to them becoming a formal complaint or the patient being discharged from the dialysis center. The Network promoted its Grievance Policy via new patient mailings, postings in each issue of the patient newsletters, posting on the website patient/provider pages, posters in each facility waiting area, and handouts at patient and provider community events.

Interventions to reduce conflict and promote a positive patient experience of care were conducted throughout 2012 via patient help-line assistance and patient/provider education. These interventions included, but were not limited to:

- Provision of free online education, *Implementation and Use of the DPC Toolkit*. This resource was promoted to providers at all community events, on the Network website, in the Provider eNewsletter, and during technical assistance calls with providers.

- *Top Five Complaints and Solutions*, *Working with Challenging Patients*, and other tools were posted to the Network website.
- Promotion of technical assistance at community events.

Results
As a result of these proactive activities, providers and patients called the Network over 300 times in 2012 to discuss issues and request assistance toward resolution.

PATIENT EDUCATION

The Network is tasked with providing educational materials to patients in its area. At a minimum, this information should include the role of the ESRD Network, the Network's grievance process, treatment options, information on vascular access, and information to educate and encourage patients to achieve their maximum level of rehabilitation.

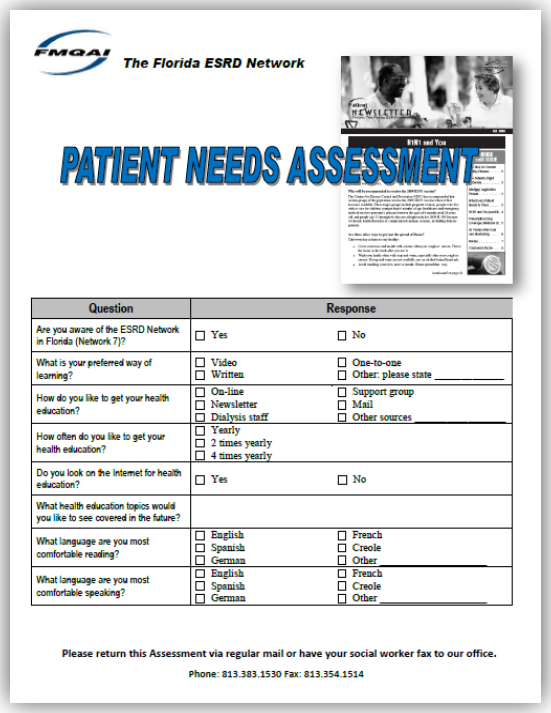
Patient Advisory Committee

The Network maintains an active PAC comprised of patients and renal professionals who represent the Network area and provide input to the Network on the concerns and needs of patients. As of December 31, 2012, the Network 7 PAC was comprised of 15 members representing all dialysis treatment modalities and all geographic regions of the state.

The PAC met on a quarterly basis via conference calls and one in-person meeting and played a key role in assisting the Network with developing and disseminating patient education materials.

Patient Education Plan

Education is an essential aspect of helping patients with chronic kidney disease self-manage their illness by thoroughly understanding their treatment options, medications, diet and fluids, and symptoms (Schatell, Wise, Klicko, & Becker, 2006). During 2012, Network 7 revised its Patient Education Plan in an effort to better guide Network patient educational activities.


FMQAI The Florida ESRD Network

PATIENT NEEDS ASSESSMENT

Question	Response
Are you aware of the ESRD Network in Florida (Network 7)?	☐ Yes ☐ No
What is your preferred way of learning?	☐ Video ☐ Written ☐ One-to-one ☐ Other: please state _____
How do you like to get your health education?	☐ On-line ☐ Newsletter ☐ Dialysis staff ☐ Support group ☐ Mail ☐ Other sources _____
How often do you like to get your health education?	☐ Yearly ☐ 2 times yearly ☐ 4 times yearly
Do you look on the Internet for health education?	☐ Yes ☐ No
What health education topics would you like to see covered in the future?	
What language are you most comfortable reading?	☐ English ☐ Spanish ☐ German ☐ French ☐ Creole ☐ Other _____
What language are you most comfortable speaking?	☐ English ☐ Spanish ☐ German ☐ French ☐ Creole ☐ Other _____

Please return this Assessment via regular mail or have your social worker fax to our office.

Phone: 813.383.1530 Fax: 813.354.1514

In development of the plan, the Network analyzed information regarding patient needs, help-line calls, and national, state, and local demographics. The plan outlined the strategy for providing patient education materials and activities, including the *New ESRD Patient Orientation Packet* (NEPOP), patient newsletters, Network facility posters, materials on the Network website, patient educational meetings, responding to direct patient requests, and provision of educational tools and resources. When developing patient education materials, the Network

followed principles of consumer engagement, including consideration of the most effective strategies for distribution of materials, utilization of basic marketing principles, and in-depth knowledge of the demographic and educational needs of the Network's patient population. These patient education activities assist the Network in providing a comprehensive educational service and experience to the patients. The plan summarizes these activities and details the Network's plan to meet the educational needs of its patient population.

Patient Needs Assessment

The *Patient Needs Assessment* utilized by the Network was originally developed in 2008 with support and review by the Network Patient Advisory Committee (PAC). The needs assessment continued to be distributed at patient events and was included in the February 2012 patient newsletter. The Network received 485 responses to the *Patient Needs Assessment*. The needs assessment was utilized for ongoing planning of patient education materials and topics for patient education.

Patient Outreach

- The Network developed and distributed patient newsletters featuring educational topics, Network contact information, and patient resources. In 2012, the Network patient newsletter (double-sided format) was distributed to patients through dialysis staff every two months. Each edition focused on a specific topic or theme. Topics were based on educational topics specifically tasked in the Network Scope of Work and feedback received from the *Patient Needs Assessment*.
- Network staff collaborated with the National Kidney Foundation (NKF) of Florida and a local nephrologist in a patient meeting held in Lakeland, Florida in March 2012. Meeting topics included a patient panel on in-center hemodialysis, peritoneal dialysis, home hemodialysis, and dialysis funding resources. There were approximately 60 people in attendance.
- Network staff presented on Network services at a day-long program in honor of World Kidney Day hosted by a local Dialysis Patient Citizens group in St. Petersburg, FL.
- The Network collaborated with a vascular access center in Jacksonville on an educational meeting regarding vascular access in April 2012.
- The Network promoted various patient events in collaboration with community partners and presented at a various local support group meetings.

COLLABORATION WITH PROVIDERS AND FACILITIES

CMS National Goal: *Improve collaboration with providers and facilities to ensure achievement of goals through the most effective means possible, with recognition of the difference among providers (independent, hospital based, member of a group, affiliate or an organization, etc.) and the associated possibilities/capabilities.*

ESRD Networks have a rich history of collaborating with the dialysis community. Developing and maintaining cooperative relationships within the renal community is a key aspect of quality improvement and is critical to the achievement of the strategic goals of the Network program. Throughout 2012, the Network worked diligently to foster new relationships and strengthen existing ones. Network 7 has strong partnerships at the local, state, and national level, which span all affiliations and disciplines and include key stakeholders from both the renal and non-renal community. The following section provides an overview of collaborative activities conducted by the Network in support of this CMS National Goal.

FLORIDA KIDNEY DISASTER COALITION (FKDC)

Disaster preparedness is an essential component of facilitating successful outcomes for ESRD patients and providers during emergencies and/or disasters. The FKDC was established subsequent to the disastrous hurricane seasons of 2004 and 2005. It is comprised of both renal and non-renal stakeholders who recognize a continuing need to improve planning and preparation for emergencies within the renal community. As of December 31, 2012, FKDC members included 41 stakeholders representing 25 agencies including dialysis and transplant providers, the Florida Department of Health, a utility company, patient and professional organizations, hospitals, and emergency management representatives. The coalition objectives are to:

- Ensure the coordination and communication of care and services between renal care providers, renal organizations, and local, state and federal agencies.
- Educate renal care providers; renal organizations; local, state, and federal agencies; patients; families; and the general public about the needs of ESRD patients and how to implement disaster preparedness and response activities.
- Aid state and local policymakers and emergency management organizations in developing comprehensive disaster preparedness and response plans that address the needs of the renal community.

Key activities implemented by the coalition in 2012 included:

- **Community Partner Meeting** – A Community Partner Meetings (CPM) was facilitated by a coalition member in Miami-Dade County on April 17, 2012**.** The Network provided Community Partner Packets and promotional support for the meeting. The target audience was social workers, administrators, and transportation agencies, and emergency management personnel.
- **Piecing Together Preparedness Program** – This FKDC-developed interactive program serves as an effective way of incorporating year round, all-hazards preparedness into dialysis and transplant facilities. The goal of this program is to help facilities better implement all-hazards preparedness principles among both staff and patients. Modules include the tools and resources necessary to implement each concept. Modules may be completed in any order. The six modules include:
    - Conduct a Mock Drill
    - Conduct an In-Service on All-Hazards Preparedness
    - Make Contact with the Local Emergency Management Agency

- Complete a Patient Emergency Planning Needs Assessment
- Develop an Emergency Management Plan
- Provide Patient Resources for Disaster Preparedness

When facilities register to participate in the program, they receive a *Piecing Together Preparedness* poster, which can be used to track progress in the program. For each module successfully completed, the facility received a sticker for filling out the missing pieces on the poster. Once all modules have been completed, a certificate of completion is issued to the facility. Those facilities completing the program are also acknowledged during the Network's Annual Forum meeting. All materials needed to complete the program are accessible via the FKDC website (www.fkdc.org).

- **EMResources** – This web-based system provides data and information regarding hospitals and special needs shelters that can be accessed during a disaster. The Network collaborated with Region 4 of the Florida Department of Health (Tampa Bay area) to expand the system to include dialysis facilities and to determine what resources should be tracked. FKDC continued discussions around implementation of this new tool during 2012.

CENTERS FOR MEDICARE & MEDICAID SERVICES

During 2012, FMQAI maintained its ongoing working relationship with CMS:

- Staff worked cooperatively with CMS on disaster preparedness, providing reports of open and closed facilities in Florida during the 2012 hurricane season.
- The Network responded to a request from the CMS regional office for Network assistance with the resolution of a grievance.
- Network staff promoted and participated on "CMS ESRD QIP Open Door Forum" conference calls in February, June, July, and December 2012, to ensure that staff is fully knowledgeable on QIP measures and specifications.
- Network staff participated in CMS National QIO LAN NCC "Building Blocks of Quality Improvement" in October and November 2012.
- The Network participated in quarterly CMS Central Office calls along with other ESRD Networks, the Network MMS Contracting Officers Representative (COR) and other CMS Regional Office (RO) representatives.
- The Network ED attended the COR meeting held with each of the Dallas RO Networks' EDs during the December 2012 CMS QualityNet Conference in Baltimore, MD.
- The ED attended bi-monthly CMS/Network Executive Director Advisory Committee conference calls.
- Monthly CMS monitoring calls were held with ESRD Network staff and the CMS COR. The Network Executive Director, Community Services Coordinator, Quality Improvement Director, and Data Management Director attended the QualityNet Conference hosted by CMS in December 2012.
- Monthly CROWNWeb User Group and Craft calls were attended by Network staff.
- Network QI staff participated on the "CMS Anemia Management Data" conference call on October 4, 2012.

- Network staff participated on monthly FFBI "Clinical Practice Workgroup" teleconference calls.

Additional Network Meetings

Network staff participated in the following Network Meetings during 2012:

- The Community Services Coordinator (CSC) attended quarterly Network Patient Services Coordinator/Community Outreach Coordinator calls and meetings.
- The Network Community Services Coordinator attended and participated in the KCER Annual Summit in December 2012.
- Network staff attended the CDC/NHSN monthly teleconferences starting in October and November of 2012. The Network attended the ED, QI Director (QID), and Data Manager (DM) meetings held during the December 2012 CMS QualityNet Conference in Baltimore, MD.
- The Network Project Director participated on the Beneficiary Focused Learning Network Technical Expert Panel (BFLN-TEP) WebEx series.
- The Network Executive Director participated in three Core Planning Team meetings of the Florida "Healthcare Systems Needs Analysis for Elders during Disasters" project.
- Network Staff (Nephrology Nurses) participated in the DaVita-ESRD Networks Partnership teleconferences in August and November 2012. The Network will continue this bi-monthly collaboration with DaVita.
- Network staff participated in CMS/Network Communications calls held by Central Office.
- The Network Quality Improvement Director (QID) participated in Monthly Quality Improvement Director Conference Calls.

STATE SURVEY AGENCY

The Network and SSA enhanced their strong partnership during 2012 and collaborated in the following ways:

- Supplied pertinent information about facilities prior to re-certification visits or complaint investigations, as requested.
- Provided data regarding specific facilities or information regarding Network Criteria and Standards and Quality Improvement Projects.
- Consulted regarding patient quality of care, patient grievances and IVD situations.
- Cross-referred situations as appropriate for further investigation or provision of technical assistance.

QUALITY IMPROVEMENT ORGANIZATION

The Florida ESRD Network and the Florida Medicare QIO continued to demonstrate synergy between these organizations throughout 2012, with a goal of improving the overall health of ESRD patients.

- Network staff collaborated with the QIO for ISO 9001 certification activities.
- In preparation for the next ESRD Scope of Work (SOW), Network staff participated in the Florida QIO/ESRD Network internal Learning and Action Network (LAN) and received

training on Knowledge Management techniques, which provided an introduction to the structure and potential benefits of a LAN as a quality improvement tool.

ESRD NETWORKS

As noted previously, the ESRD Networks have a strong history of collaboration, spanning over 30 years. FMQAI continued this history in 2012 by sharing resources, materials and ideas.

- The MRB Chair served on the Forum of ESRD Networks' Medical Advisory Committee.
- The Network ED served on the Forum of ESRD Networks' Executive Director Advisory Committee.
- The Network collaborated with its back-up Network (ESRD Network 12) on a quarterly basis.
- KCER collaborated with Network 12 for their annual meeting, assisting to develop the program structure (two moderated panel discussions) and provided suggestions to Network 12 for recruiting panel members. Additionally, the Network 7 Executive Director was the moderator for both sessions, which were recorded and posted on the Network 12 website.
- The Network Project Director was a Technical Expert Panel member for the Beneficiary Focused Learning Network (ESRD Network 9).
- Network staff shared the Network's QI Work Plan and QI project ideas with other Networks.
- In June 2012, the Network cross-promoted the "Professional Responsibility and Palliative Care: Case Studies on Shared Decision Making for Dialysis Patients" Webinar series presented by Network 5.

PATIENT AND PROFESSIONAL ORGANIZATIONS

The Network partnered with patient and professional organizations throughout the state. These partners included, but were not limited to, NKF, American Association of Kidney Patients (AAKP), and the FFBI.

- The Network worked cooperatively with AAKP and NKF to promote the educational programs that each hosted throughout the state during 2012.
- The Network continued to promote and present at Florida American Nephrology Nurses Association (ANNA) events, including: the ANNA Annual Seminar in June 2012 and the ANNA Chapter meeting in August 2012. Educational opportunities were distributed via fax blast, including National Nephrology Certification Commission credentialing opportunities.
- The Network Executive Director presented: "Professionalism: Managing Conflict in the Workplace", at the February 2012 NKF of Florida Renal Professionals Forum, Orlando, FL. The Network also exhibited at the Forum.
- In March 2012, the Network promoted *World Kidney Day,* a program held by Dialysis Patient Citizens in St. Petersburg, FL. Topics included: Transplantation, Lab Reports and Hypertension Management.
- The Network developed a flyer and memo that was distributed via fax blast to dialysis facilities, promoting the "Explore Transplant" training program, a transplant education

program for dialysis staff funded by a Health Resources and Services Administration (HRSA) grant. Network Staff assisted in training and program facilitation and participated in the day-long training sessions conducted in Boca Raton, Orlando and Tampa, FL.
- The Network participated in the National Renal Administrators' Association (NRAA) call titled, "CDC NHSH Webinar Series, Part 2."
- The Network collaborated with the NKF of Florida to promote and exhibit at the annual Renal Patient's Conference on Kidney Disease in Lakeland, Florida in March 2012.
- Network staff was a guest speaker on disaster preparedness for patients for the Tampa Bay Kidney Community Support Group in April 2012.

NETWORK COUNCIL

As directed in the Network Statement of Work, the Network is tasked with maintaining an active Network Council, which represents the Florida renal community and serves as a liaison between the Network and its providers. As of December 2012, the Council had representation from ten nurses/administrators, one transplant surgeon, five nephrologists, one social worker, two patients, one patient care technician, and one renal dietitian, for a total of 21 members. The roles and responsibilities of the Council include:

- **Assessmen**t – Assisting the Network in identifying the ongoing needs of the renal community.
- **Advisory** – Making recommendations to the Network on programs, activities, and approaches to needs and issues identified.
- **Activation** – Generating ideas for new activities and approaches, and engaging the renal community in existing Network activities.
- **Outreach** – Supporting the Network through promotion and outreach of Network activities and programs.
- **Rapid Response** – Assisting the Network through rapid response to address changing cultures, issues, and needs.

The Council met on a regular basis and provided input to the Network regarding the needs of the provider community. Council activities for 2012 included:

- Three meetings of the full council were held, as well as one subcommittee meeting.
- Development and dissemination of a *Provider Needs Assessment*, with feedback on priorities utilized in Network educational and technical assistance activities.
- Promotion of the 2012 Annual Forum
- Promotion of Network materials and resources, including educational materials and patient and provider newsletters.

Network Ambassadors

Establishment of the Network Ambassador program was a recommendation from the Network Council in 2007. The purpose of the Network Ambassador role is to be a liaison between the Network and the dialysis facility to provide enhanced communication, identify patient and provider needs, and provide a local resource to disseminate educational materials. Network

Ambassadors are comprised of facility staff of various disciplines who volunteer to serve as the Ambassador for their facility.

As of December 2012, there were 131 Network Ambassadors. The activities of the Ambassadors thus far have focused on disseminating Network resources and information, as well as promoting Network events. Ambassador activities for 2012 included:

- Dissemination of Network educational fax blasts for use in their facilities.
- Dissemination of Network alerts or recalls within their facilities.
- Promotion and distribution of Network patient and provider newsletters.
- Promotion of Network meetings/calls to increase attendance at the events.

ANNUAL FORUM

The Network hosted its 2012 Annual Forum from October 25 – 26, 2012 in Tampa at the Renaissance Hotel at International Plaza. Almost 400 professionals attended this outstanding meeting, titled "Go for the Gold in ESRD Care." The Annual Forum provided presentations from both national and local speakers. Among some of the most thought-provoking topics and best evaluated speakers were "The Gold Medal Performance in Vascular Access" by Worthington Schenk III, MD; "Raising the Performance Bar-Measuring and Using Patient Experience of Care" by Glenda Harbert, RN, CNN, CPHQ; and "Strategy for Managing ESRD Anemia in the New Triple Aim Healthcare Era" by Orville C. Campbell, MD, MBA.

Annual Awards

In addition to the exceptional educational sessions that focused on improving the quality of life and quality of care for ESRD patients, FMQAI also presented its annual awards recognizing excellence in ESRD care. The event honored outstanding people, facilities and organizations for their exceptional work during 2012. Awards were presented for Fistula First Champions, Data Achievement, Vocational Rehabilitation Champions, Community Services, Outcomes Excellence, Quality Improvement, Volunteer of the Year, and Disaster Preparedness.

Fistula First Champions

As part of the CMS Fistula First Breakthrough Initiative, the Network continued to work with dialysis facilities, nephrologists, surgeons, and other key partners to reach the national goal of 66% of patients with AV fistulas. For 2012, the Network recognized 90 facilities that had already reached the goal. This number increased substantially from the 2011 total of 79 recipients. Additionally, the Network was pleased to honor three facilities that demonstrated the greatest AVF improvements from 2011 – 2012.

Data Achievement Awards

This award was given to 33 ESRD facilities exemplifying excellence in data management. Five of those facilities were receiving the Data Achievement Award for the ninth year in a row. Criteria for consideration included the consistent submission of 100% accurate and timely data for all CMS- 2728 and 2746 Forms and the *Network Patient Activity Reports*.

Community Services Award

The Community Services Award is presented annually to the organization or individual who has made an outstanding effort to improve the quality of services for Florida kidney patients. For 2012, the award was presented to the Richard "Rich" Salick. The award read: *"FMQAI: The Florida ESRD Network, Community Services Award, presented in memory of Richard K. Salick. In recognition of the dedication and inspiration that enriched the quality of life of kidney patients. October 2012."*

John Cunio, MD, Memorial Award for Excellence

The John Cunio, MD, Memorial Award for Excellence is presented to the ESRD facility exemplifying excellence in the management of patient outcomes. Dr. Cunio was a long-time volunteer of the Network, a past president, and with Dr. Bill Anderson, opened the first dialysis center in Florida. This Award for Excellence serves to acknowledge his contribution to the care of ESRD patients. The criteria used in assessing potential candidates for the award were: standardized mortality and hospitalization ratios, anemia management, adequacy of dialysis and AVF rates. Four facilities received an honorable mention for their outstanding achievements and one facility was awarded the Award for Excellence. The award read*:* "*FMQAI: The Florida ESRD Network, John Cunio MD Memorial Award for Excellence, presented to Cape Coral North Dialysis (682501). For your excellence in the management of patient outcomes for Florida ESRD patients. October 2012.*"

Volunteer of the Year Award

Florida renal professionals play an important role in the success of Network 7. The Volunteer of the Year Award is presented to an individual who has contributed significantly with their valuable leadership, dedication, and commitment to the Florida renal community. For 2012, the Network was pleased to honor a dedicated individual for his efforts to improve the lives of Florida's kidney patients. The award read: *"FMQAI: The Florida ESRD Network, Volunteer of the Year Award, presented to Beverly Moreland, LCSW. In grateful acknowledgement of your valuable leadership, talents, and dedicated willingness to serve. October 2012."*

Susan V. McGovern, ARNP, MS, Memorial Award

Seven years ago, the Network staff lost a key member of its team—Susan McGovern—after a two-year battle with breast cancer. Susan made a tremendous difference to our staff and to our community. To honor her memory, the Network created an award in her name. The Susan V. McGovern Memorial Award is presented annually to an individual who has demonstrated the qualities and skills that represented Susan's contribution to our community—continuous quality improvement, teaching, and service.

For 2012, the Network was pleased to honor a dedicated volunteer who, through his expertise and passion, has improved the quality of care and quality of life for kidney patients. The award read: "*FMQAI: The Florida ESRD Network, Susan V. McGovern, ARNP, MS, Award, presented to Helen Hutteri, RN, CDN. Honoring the quest for continuous quality improvement, the desire to teach others, and the willingness to serve the renal community at the highest level. October 2012."*

Florida Kidney Disaster Coalition Disaster Preparedness Award

The Florida Kidney Disaster Coalition's (FKDC) mission is to establish and facilitate partnerships that provide a framework for disaster readiness and continuity of care for the renal community. The FKDC Disaster Preparedness Award was developed to honor an individual or organization that has made outstanding contributions in disaster preparedness for dialysis and kidney transplant patients, healthcare workers, and emergency management in the state of Florida.

The 2012 winner truly upholds the mission of FKDC and is one of the driving forces behind the coalition. The award read: "*Florida Kidney Disaster Coalition Disaster Preparedness Award, presented to Denise Heady, MSHS, FPEM. Your outstanding dedication, energy, and service have increased disaster awareness and preparation for ESRD patients, providers and stakeholders. October 2012."*

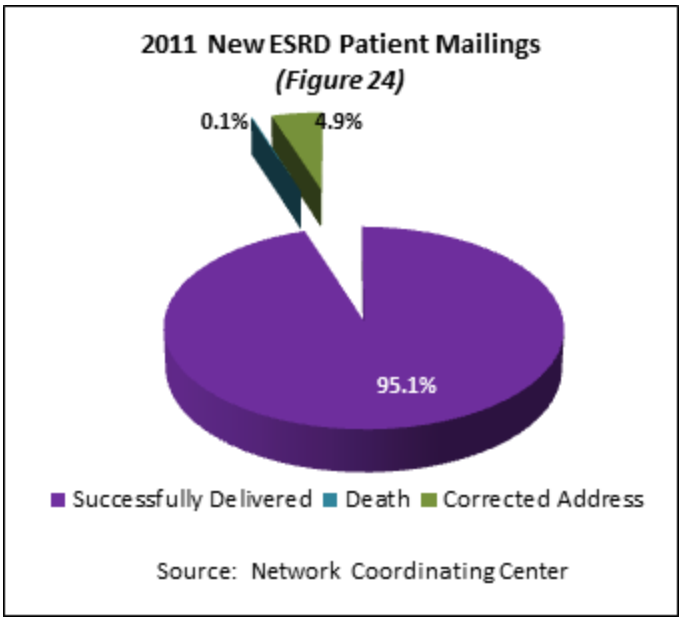
DATA MANAGEMENT

CMS National Goal: *Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes; to maintain a patient registry; and to support the goals of the ESRD Network Program.*

Network 7 is tasked with maintaining a patient and facility database and ensuring confidentiality, integrity, timeliness, accuracy, and security of the data. To fulfill these requirements, Network 7 enters and maintains patient information in the Standard Information Management System (SIMS) database and replicates it to the central SIMS database repository on a daily basis. The purpose of maintaining the Network patient registry is to ensure that a patient's renal disease has reached end stage and to register all ESRD patients (both Medicare and non-Medicare) with the United States Renal Data System (USRDS), as mandated by law.

NEW ESRD PATIENT MAILING

The mailing of the New ESRD Patient Orientation Packet (NEPOP) was initiated in the fourth quarter of 2000 through a collaborative effort with CMS and the Network Coordinating Center (NCC). The NEPOP entails identifying new ESRD patients upon entry into the Network data system (via the CMS-2728 Form) and sending out a package of orientation materials to their home addresses. Throughout the year, the Network facilitated the delivery of the NEPOP mailings by working collaboratively with the NCC to provide follow-up information regarding returned new patient mailings.



The Network tracked the percentage of NEPOP initial mailings returned due to error (i.e., mailing address, death) on a quarterly basis. In 2012, only 4.9% of the New Patient Mailings were returned to the Network *(Figure 24)*, which was well within the Network target of a less than 10% return rate on initial mailings.

The NEPOP educational materials included:

- A Medicare beneficiary letter from the Administrator of CMS
- A letter from the Network Executive Director (English/Spanish)
- *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services* (CMS booklet)
- *Preparing for Emergencies: A Guide for People on Dialysis* (CMS booklet)
- *The Voice, The Home, The Hope* (NKF brochure)

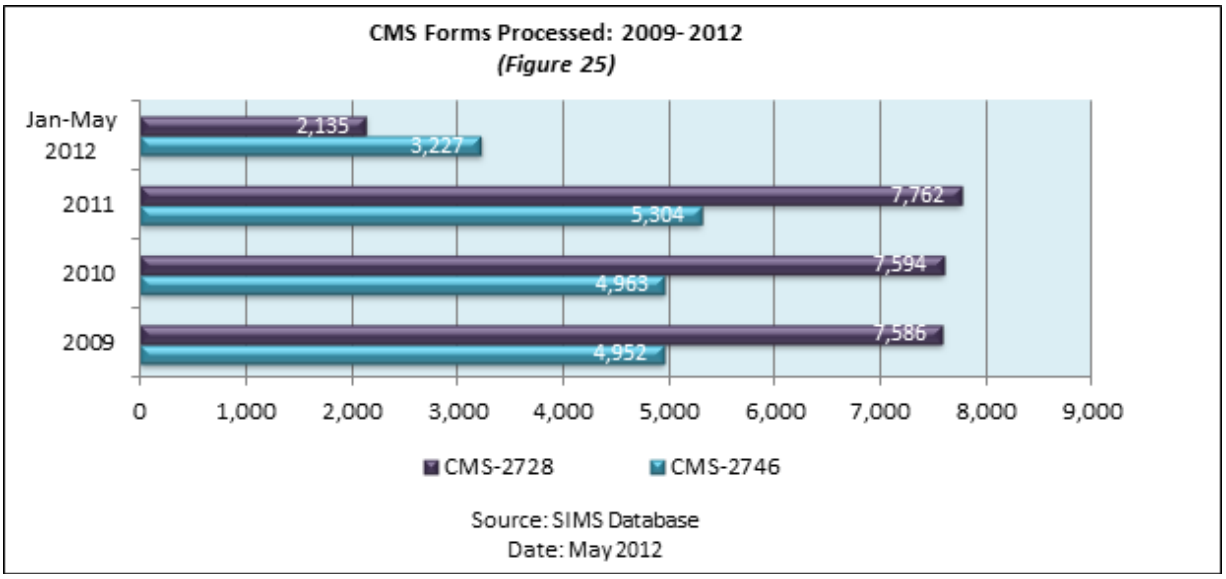
- *AAKP Resources* (AAKP Brochure)
- *Dialysis Facility Compare* (CMS Brochure)

CMS FORMS

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

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

Upon the death of a patient, the provider must submit a Death Notification form (CMS-2746 Form) to the Network within 30 days of the patient's date of death. Through May 2012, FMQAI worked directly with all dialysis and transplant providers to obtain either hardcopy or electronic versions of the CMS-2728, 2746, and 2744 (Facility Survey) forms. Hardcopy forms were keyed into the Network's Standard Information Management System (SIMS) on a daily basis. After being entered into SIMS, forms were proofread to ensure accurate processing. Additionally, Reject Reports indicating outstanding errors on forms were sent to facilities no later than the following business day after receipt. Through May 2012, the Network Data Department processed more than 5,300 forms (*Figure 25*), for an average of 55 forms per working day. Beginning with the National Rollout of CROWNWeb in June 2012, the Network only enters forms for transplant centers and Veterans Administration (VA) facilities. The Network staff entered 318 forms on behalf of these facilities.



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

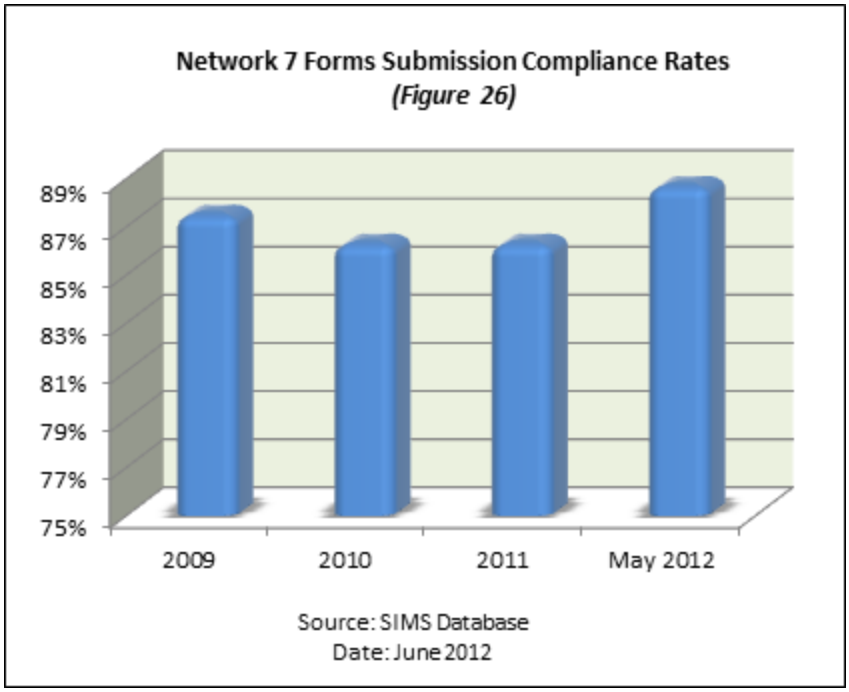
- CROWN UPI (Unique Patient Identifier)
- Type of Form Missing or Saved (CMS-2728, 2746)
- Admit or Death Date, as appropriate

- Due Date (admission date plus 45 days for 2728s or death date plus 30 days for 2746s)
- Step-by-step instructions on how to complete the form in CROWNWeb

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

COMPLIANCE REPORTS

Beginning in July 2007, the CMS guidelines for forms compliance changed, requiring that the combined forms compliance rate for ESRD providers should not be less than 90% for both annual and semi-annual rates. In order to track adherence to these guidelines, the SIMS software date-stamped the record for each CMS Form submitted with the date received and the date entered into SIMS. It also edited the forms for completeness and accuracy of critical data fields and marked each record with timeliness and accuracy indicators. Facilities were notified of inaccurate/incomplete forms and were asked to submit correct/complete information. Semiannually, all providers were notified of their overall accuracy and timeliness compliance. The Network also provided notification to the CMS Project Officer as required in the Statement of Work.



In response to the declining compliance rates (*Figure 26*), beginning in July 2011 and continuing through SIMS shutdown in May 2012, the Network developed a multi-pronged approach to improving overall compliance rates. This included online training modules for CMS-2728 and 2746 forms, working informally with individual facility personnel to assist in improving their outcomes and focused activities with facilities failing to achieve the CMS compliance rate. With the anticipated full release of CROWNWeb, the Network also worked with facilities throughout 2012 to assist them in being ready for the release of CROWNWeb.

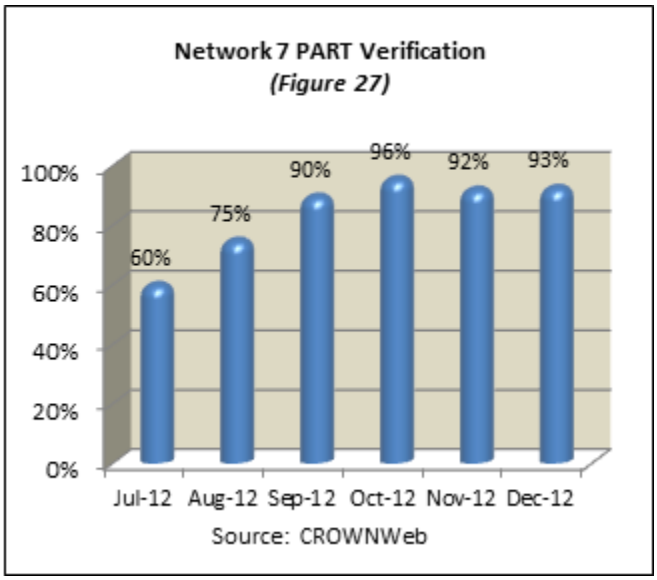
Utilizing the time period of September 1 through August, 31, 2011, the Network identified facilities with a 12-month compliance rate below 75% for inclusion in a Forms Compliance project. The Network compiled the percent of errors by field for each form (CMS-2728 and 2746) to determine the most commonly missed fields and developed a webinar presentation on proper submission of these two forms focusing on common problem areas. The kick-off WebEx was held in 2011. In addition to the monthly *Compliance Summary Report* that was sent to all

facilities, a Forms Compliance Quality Improvement Project report showing gap reduction goals and forms needed to reach goal was sent to the facilities in the project. Of the 49 facilities in the project, 49 (100%) were meeting their gap reduction goal at the end of the project, including 32 who had sustained their improvement for three months or more. As of May 2012, 42 facilities (86%) were above the CMS compliance standard when the final six months of data was analyzed. This included 17 facilities that had achieved 100% compliance.

NETWORK PATIENT ACTIVITY REPORTS

The Network is responsible for ensuring that current patient events are reported to CMS in a timely way to allow for validation of appropriate enrollment into, and disenrollment from, the Medicare program for ESRD benefits. In order to meet this requirement, the Network continued to utilize the NPAR for facilities to update information on their current patient population.

The NPAR allow providers to indicate changes in patient treatment modality status, as well as to update patient events such as transfers in or out of the facility. Facilities submit the completed NPAR to the Network on a monthly basis. On a quarterly basis, the Network sends the information reported on the NPARs back to the facilities for verification of data. The Network received a total of 1,760 NPARs from over 350 facilities through May 2012 when SIMS was shut down.



With the National Rollout of CROWNWeb, the monthly NPARS for dialysis facilities was replaced with the monthly PART Verification. The Network sends monthly reminders to facilities with instructions on how to complete the PART Verification. Additionally, the Network utilizes the *Unverified PART Report* to identify facilities that have not updated their PART in 30 days or more. Once facility users became familiar with the PART process, at least 90% of facilities complete verification before the 10th of each month (*Figure 27*).

MEDICARE ADVANTAGE

The Network also responded to inquiries from Medicare Advantage organizations regarding the status of CMS-2728 Forms and transplant status of ESRD Medicare beneficiaries who were members of Medicare Advantage organizations. In 2012, the Network responded to 67 inquiries regarding the ESRD status of 352 patients from Medicare Advantage organizations. Information

included current dialysis or transplant function, first date of dialysis or transplant date, and the approximate date the CMS-2728 Form was submitted to CMS.

CMS SOFTWARE SUPPORT

CMS and the ESRD Networks continued to work together to build an integrated ESRD information system called Consolidated Renal Operations in a Web-enabled Network (CROWN). CROWN facilitates the collection and maintenance of information about the Medicare ESRD program, its beneficiaries, and the services provided to them. The capabilities allow dialysis facilities to enter information electronically and transmit it to the appropriate ESRD Network. In 2012, CROWN included the following:

- The Vital Information System to Improve Outcomes in Nephrology (VISION), which supported electronic data entry and encrypted transmission of ESRD patient and facility data from dialysis facilities directly to their Networks via a secure, Web-enabled environment called QualityNet Exchange.
- The ESRD Standard Information Management System (SIMS), which supported the business processes of the ESRD Network Organizations and provided communication and data exchange among the Networks, the facilities, and CMS, via the QualityNet Exchange.
- The Renal Management Information System (REMIS), which determines the Medicare coverage periods for ESRD patients and serves as the primary mechanism to store and access ESRD patient and facility information.
- CROWNWeb, which replaced SIMS as the ESRD system of record in June 2012, provides a single, web-enabled, national data warehouse for ESRD patient tracking, forms, and clinical data submission.

VISION

VISION is a software application developed by CMS that allowed facility staff to enter the data for CMS- 2728 and 2746 Forms, and NPARs into a computer and transmit that data via a secure Internet connection to their ESRD Network office. VISION was rolled out to all eligible facilities (defined as a dialysis center that was either independent or part of a regional chain) during 2004. VISION goals were not included in the 2006 – 2012 Network contracts. Although CMS did not recruit or train new facilities to use VISION in 2012, Network 7 continued to actively work with its 25 current VISION users through the CROWNWeb National Rollout.

For VISION users, each electronically submitted CMS-2728 Form is printed out by the facility and signed by the patient and physician in blue ink. The printed form with the original signatures is then sent to the Social Security Office and a copy is placed in the patient's record. As directed in the Statement of Work, the Network conducts an annual validation for 2728 Forms submitted electronically via VISION. For 2012, the Network received 377 forms through VISION. The Network randomly selected a 3% sample of forms to validate the physician and patient signature, which included 11 forms for review. All forms selected had the required signatures in place.

SIMS
SIMS enabled the ESRD Network community to accurately and effectively track the ESRD Patient Registry for Medicare. Network 7 and all other ESRD Networks used SIMS as a source of patient and facility data. This allowed the Networks to track and manage the patient movement across a variety of facilities and states. SIMS was the system of record for all Medicare-certified dialysis facilities and transplant units. In advance of the SIMS shut down on 05/18/2012, the Network staff ran data cleanup utilities against SIMS and reports from CROWNWeb to ensure all CROWNWeb data was entered into SIMS. The staff worked with the CDDS contractor to complete additional cleanup activities during the SIMS to CROWNWeb data conversion. The SIMS databases were converted to CROWNWeb prior to the National Rollout. This conversion pre-loaded facility, patient demographic, and forms into CROWNWeb.

REMIS
REMIS determines the Medicare coverage periods for ESRD patients and serves as the primary mechanism to store and access information in the ESRD Program Management and Medical Information System Database. It provides a secure, role-based access to current ESRD patient and facility data. Additionally, REMIS calculates Medicare ESRD coverage periods for renal patients and includes operational interfaces to the SIMS Central Repository and the Medicare Enrollment Database (EDB). REMIS also includes sophisticated data quality problem resolution support.

As part of CROWNWeb, Network 7 utilized REMIS to improve the efficiency, timeliness, reporting and reliability of ESRD data. For example, the Network utilized REMIS to reconcile discrepancies where multiple facilities claimed to have treated a patient during a specific time period. In addition, during the *Annual Facility Survey* (CMS-2744) preparation period, REMIS provided the Network with the ability to verify a patient's status when a facility reported a patient as "lost to follow-up."

CROWNWeb
Since 2006, CMS, the ESRD Networks, the renal community, and other stakeholders have been preparing for the upcoming transition from CROWN to CROWNWeb. As noted above, the CROWN application currently consists of VISION, SIMS, and REMIS. CROWNWeb is a web-based data collection system designed to collect patient records, clinical performance measures, and facility data. CROWNWeb was implemented using a phased-in approach beginning in February 2009.

In Florida, both the Network and the provider community took an active role in the development of CROWNWeb prior to the National Rollout, including continued participation in Phase 3 of the CROWNWeb rollout, which began in January 2012 and ended in April 2012. Network 7 had 23 facilities participating in CROWNWeb Phase 3, including ten LDOs and 13 Independent facilities. Facilities utilized the CROWNWeb system to submit CMS-2728 and 2746 forms electronically, as well as to input patient treatment information and clinical data.

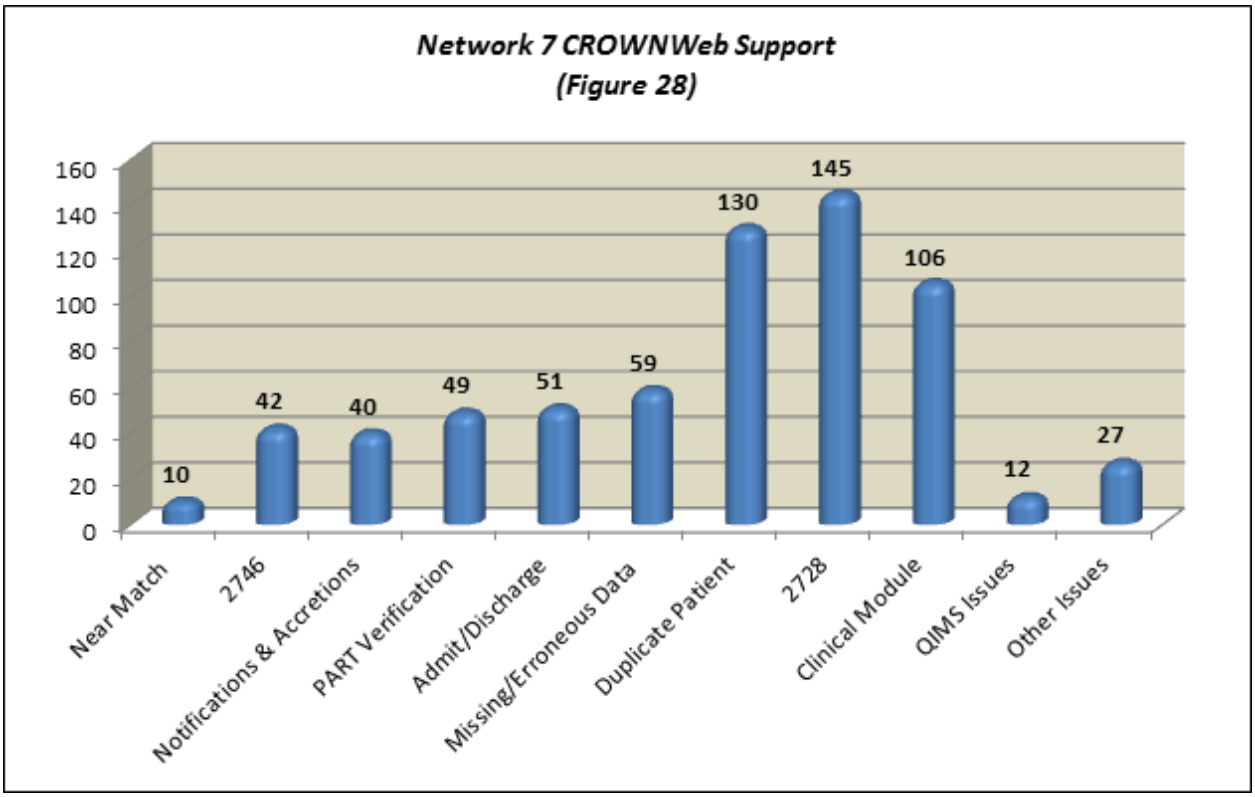
Prior to the National Rollout, the Network utilized spreadsheets provided by the QualityNet Help Desk to identify facilities having difficulty registering for QIMS. On a weekly basis the file was compared against the information provided by facilities identifying who on their staff would be using CROWNWeb. Facilities with no registered users were called to determine what actions were being taken to ensure they were registered and provided guidance or assistance as necessary.

The Network data staff worked with all 363 dialysis facilities, seven transplant centers, one prison facility and four Veterans Administration facilities to ensure the information submitted prior to the 5/17/2012 shutdown of SIMS was as complete and accurate as possible. They also provided assistance to facility staff to make sure they had the access to and took advantage of training on the use of CROWNWeb when it went live on 06/14/2012. Although one transplant center and one VA facility attempted to use CROWNWeb, both reverted to faxing their patient's data to the Network. For the remainder of the year, the Network continued to provide ongoing technical support, guidance, and reminders to the 365 dialysis facilities, and entered data for the transplant centers, prison and VA facilities.

Beginning in August 2012, in addition to the *Missing Forms Report*, *Saved Status Forms Reports*, and PART Verification reminders in those sections above, the Network utilized the *Clinical Data Tracking Reports* provided by CDDS to notify facilities with less than 90% of their clinical data submitted for any collection type for open clinical months. Included in the email are the number and percentage missing for each clinical collection type for all open clinical months. Facilities submitting data directly in CROWNWeb receive instructions on how to submit clinical information. Facilities associated with batch submitters receive instructions to contact the Help Desk for their batch submitter. The Network provides facilities with lists of patients who are missing data allowing them to enter specific patients and/or work with their batch submitters to identify problems preventing clean batch submission.

The Network provided support, training and assistance to CROWNWeb facility users in many areas. The majority of calls were related to submitting CMS-2728 forms, resolving possible duplicate patient records and submitting clinical information (*Figure 28*). In addition to telephone and email support, callers are directed to the ProjectCROWNWeb.org website for self-paced online training.

The table below reflects technical assistance provided to facilities regarding the use of the CROWNWeb system. Each of the bars illustrates the number of contacts received regarding that particular module of CROWNWeb or the QualityNet Identification Management System (QIMS).



This data was collected using a tool developed by Networks to specifically track CROWNWeb related activities separately from the Network Contact Utility. Network 7 began using this tracking tool on 8/13/2012. Utilizing this tool assisted the Network in identifying which CROWNWeb modules facilities were having challenges with and developing newsletter articles focusing on these areas. In addition, it assisted the data staff in focusing technical assistance with individual facilities.

REFERENCES

Schatell, D., Wise, M., Klicko, K., and Becker, B. In-Center Hemodialysis Patients' Use of the Internet in the United States: A National Survey. *American Journal of Kidney Diseases*. August 2006. 48(2): 285-291.

National Kidney Foundation Kidney Disease Outcomes Quality Initiative Guidelines, American Journal of Kidney Diseases Volume 48, Supplement 1, Pages S98-S129, July 2006.

Hall, L. (2009). Involuntary discharge: Alternative strategies to address behaviors. *Dialysis & Transplantation, 38*(6), 221-223.

SPECIAL PROJECTS

RENAL REQUIREMENTS, COMMUNICATION, AND TRAINING

PROJECT CROWNWEB

During 2012, FMQAI: The Florida ESRD Network continued work on the Renal Requirements, Communication, and Training (R-RCT) special project. This project supports the development of CROWNWeb, the ESRD data system officially launched by CMS in June 2012 to serve as the primary source of ESRD data collection from Medicare-certified dialysis facilities and ESRD Networks.

The original CROWN data collection suite (SIMS, VISION, and REMIS) was released in 2003 with the goals of improving data consistency, reducing data complexity, and promoting the collection of ESRD data via electronic means. Although the CROWN data collection suite provided value when first introduced to the ESRD community, these individual offerings lacked the robust capabilities that would be realized in CROWNWeb.

After several phases of pilot testing with ESRD Networks and dialysis facilities representing a diverse cross section of providers, CROWNWeb was launched nationally in June 2012, with over 5,600 dialysis facilities utilizing the system. Now in full release, CROWNWeb allows CMS, ESRD Networks, and dialysis providers to enter and view ESRD patient data through a secured web portal. Data submitted via CROWNWeb will aid the ESRD community in assessing patient progress, measuring provider success, and gauging the overall success of the ESRD initiative through measures reporting and data availability.

CROWNWEB MASTER PROJECT PLAN

The CROWNWeb Master Project Plan (MPP) is a formal, CMS approved document that is used to guide both project execution and project control. The project plan is primarily used to document planning assumptions and decisions, facilitate communication among project stakeholders, and document approved scope, cost, and schedule baselines.

CROWNWEB RESPONSIVENESS AND FEEDBACK TREE

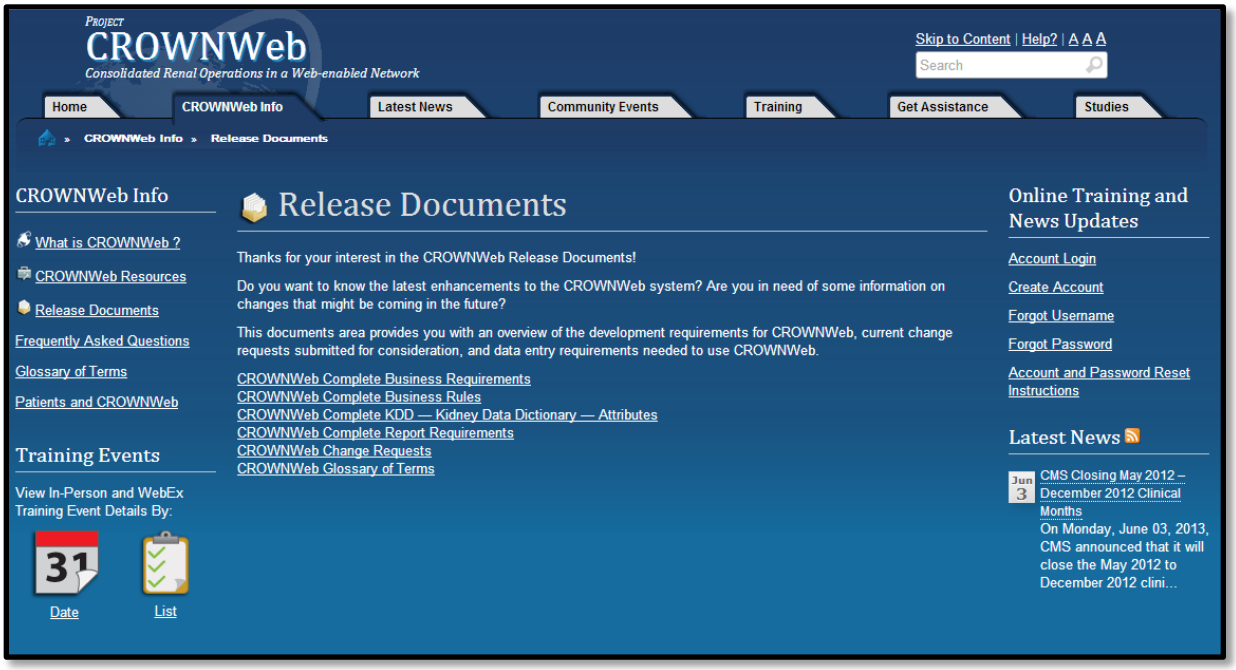
Obtaining input and feedback from the Network and provider community is critical to the success of CROWNWeb. The CROWNWeb Responsiveness and Feedback Tree (CRAFT) was developed in 2007 to establish a two-way communication channel for renal community stakeholders to provide feedback into the CROWNWeb development process. Today, monthly technically-oriented conference calls continue to be held to provide the most current information to ESRD Networks and contractors, and to continue to provide an open line of communication regarding the progress and evolution of CROWNWeb. On average, the CRAFT calls include over 50 attendees. Topics discussed during the CRAFT calls included items such as:

- Electronic Data Interface (Batch) Data Submission Rates
- Notifications and Accretions
- Transient Patients
- CROWNWeb Reporting

- QIMS registration

BUSINESS REQUIREMENTS AND KIDNEY DATA DICTIONARY

As part of the R-RCT Special Study, FMQAI developed and maintains the Business Requirements and Kidney Data Dictionary. These vital community reference documents provide a valuable source of information surrounding the background and design of CROWNWeb, and provide insight into future development of the system.



When originally developing these resources, FMQAI prioritized obtaining direct feedback from ESRD community stakeholders, meeting with and gathering input from ESRD Networks, dialysis providers, and large dialysis organizations.

Since the launch of CROWNWeb, FMQAI continues to engage these important stakeholders via direct contact methods, as well as through open and unsolicited feedback obtained via email as part of the CRAFT program. FMQAI continues to staff the CRAFT email inbox with a business analyst dedicated to responding to CROWNWeb inquiries from individuals directly, and to indexing and prioritizing community feedback. FMQAI also continues to solicit feedback from key community stakeholders, and engages CROWNWeb development teams daily to ensure that CROWNWeb continues to meet the needs of the community as designed.

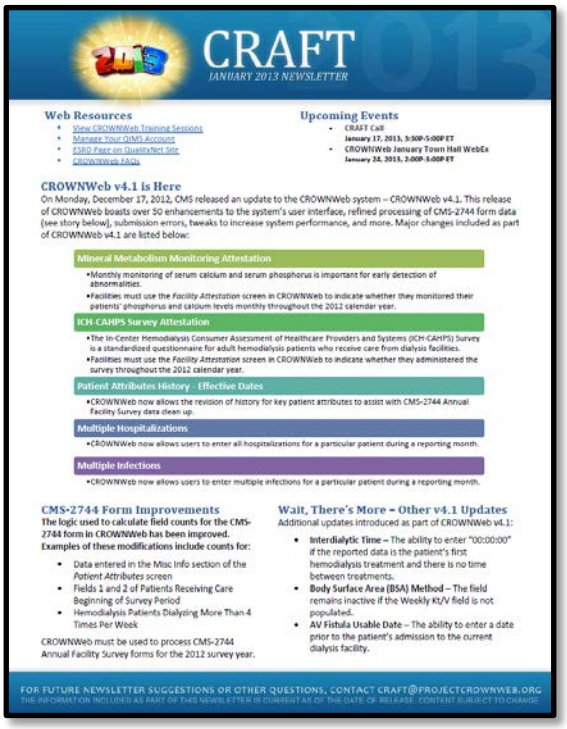
CROWNWEB COMMUNICATION

As part of the R-RCT special study, FMQAI was tasked with increasing the outward visibility of CROWNWeb from a requirements and development perspective. In addition to holding monthly stand-alone national User Group calls (with attendance frequently exceeding 500 users), the R-RCT team also participated in CRAFT Calls and Community Town Halls sponsored

by the CROWNWeb Outreach, Communication, and Training (OCT) team. These meetings and collaborative activities included participation in live presentations, as well as the provision of content for publications and newsletters.

CRAFT Newsletter

The *CRAFT Newsletter* was developed to increase communication of the CROWNWeb development process to the renal community, including Networks, CMS, and ESRD providers. This newsletter, which was first distributed in June 2007, includes updates on recent CROWNWeb news, links to web resources, promotion for future events, training information, and recognitions for Networks participating in CROWNWeb workgroups.


CRAFT
JANUARY 2013 NEWSLETTER

Web Resources
- View CROWNWeb Training Sessions
- Manage Your QIMS Account
- ESRD Peer on QualityNet Site
- CROWNWeb FAQs

Upcoming Events
- CRAFT Call
  January 17, 2013, 3:30P-5:00P ET
- CROWNWeb January Town Hall WebEx
  January 24, 2013, 2:00P-3:00P ET

CROWNWeb v4.1 is Here

On Monday, December 17, 2012, CMS released an update to the CROWNWeb system – CROWNWeb v4.1. This release of CROWNWeb boasts over 50 enhancements to the system's user interface, refined processing of CMS-2744 form data (see story below), submission errors, tweaks to increase system performance, and more. Major changes included as part of CROWNWeb v4.1 are listed below:

Mineral Metabolism Monitoring Attestation
- Monthly monitoring of serum calcium and serum phosphorus is important for early detection of abnormalities.
- Facilities must use the *Facility Attestation* screen in CROWNWeb to indicate whether they monitored their patients' phosphorus and calcium levels monthly throughout the 2012 calender year.

ICH-CAHPS Survey Attestation
- The In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) Survey is a standardized questionnaire for adult hemodialysis patients who receive care from dialysis facilities.
- Facilities must use the *Facility Attestation* screen in CROWNWeb to indicate whether they administered the survey throughout the 2012 calendar year.

Patient Attributes History - Effective Dates
- CROWNWeb now allows the revision of history for key patient attributes to assist with CMS-2744 Annual Facility Survey data clean up.

Multiple Hospitalizations
- CROWNWeb now allows users to enter all hospitalizations for a particular patient during a reporting month.

Multiple Infections
- CROWNWeb now allows users to enter multiple infections for a particular patient during a reporting month.

CMS-2744 Form Improvements

The logic used to calculate field counts for the CMS-2744 form in CROWNWeb has been improved. Examples of these modifications include counts for:
- Data entered in the Misc Info section of the *Patient Attributes* screen
- Fields 1 and 2 of Patients Receiving Care Beginning of Survey Period
- Hemodialysis Patients Dialyzing More Than 4 Times Per Week

CROWNWeb must be used to process CMS-2744 Annual Facility Survey forms for the 2012 survey year.

Wait, There's More – Other v4.1 Updates

Additional updates introduced as part of CROWNWeb v4.1:
- **Interdialytic Time** – The ability to enter "00:00:00" if the reported data is the patient's first hemodialysis treatment and there is no time between treatments.
- **Body Surface Area (BSA) Method** – The field remains inactive if the Weekly Kt/V field is not populated.
- **AV Fistula Usable Date** – The ability to enter a date prior to the patient's admission to the current dialysis facility.

FOR FUTURE NEWSLETTER SUGGESTIONS OR OTHER QUESTIONS, CONTACT CRAFT@PROJECTCROWNWEB.ORG
THE INFORMATION INCLUDED AS PART OF THIS NEWSLETTER IS CURRENT AS OF THE DATE OF RELEASE. CONTENT SUBJECT TO CHANGE.

The newsletter was distributed, in collaboration with OCT, on the last working day of every month in order to allow late-breaking news to be inserted at the last minute, if necessary. Additionally, when needed FMQAI published a special edition of the newsletter to promote particularly important topics.

Newsletters were distributed via the CRAFT mailing list and were also published out to www.projectcrownweb.org. The newsletter and the mailing list were promoted heavily at each speaking opportunity via PowerPoint presentation, and mentioned on CRAFT and WebEx calls.

CROWNWEB TRAINING

As the CROWNWeb OCT contractor, FMQAI developed and maintains a suite of approximately 30 online training modules in support of CROWNWeb, as well as a summary quiz at the conclusion of the online modules to allow learners to gauge their success and print a certificate of completion. These Flash-based online training modules were housed on the CROWNWeb Learning Management System, which was designed and maintained by R-RCT to provide easy, organized access to all training materials.

FMQAI's web tutorials focused primarily on the visual and kinesthetic learning styles, allowing users to read (visual) through slides and click (kinesthetic) through quizzes and simulations through the process to complete the training. Auditory learning styles were supported through the availability of recorded instructor-led training sessions on www.projectcrownweb.org.

KIDNEY COMMUNITY EMERGENCY RESPONSE COALITION

The Kidney Community Emergency Response Coalition (KCER) was formed in January 2006 in an effort to minimize disruption to life-sustaining dialysis and transplant services in the event of any type of emergency or disaster. The Centers for Medicare & Medicaid Services (CMS), through contract with FMQAI: The Florida ESRD Network, convened a National Disaster Summit on January 19, 2006, to review lessons learned, best practices, and to plan for the future. During the Summit, it was determined that the formation of KCER was necessary in order to provide a kidney community-specific national assistance effort that would collaborate with ESRD Networks, dialysis providers, health care practitioners, patient and provider organizations, emergency management entities, and other stakeholders to meet the needs of individuals with kidney disease. Additional partners include CMS and other Federal agencies such as the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and the Office of the Assistant Secretary for Preparedness and Response (ASPR); and other health care systems such as hospitals.

Mission – To collaboratively develop, disseminate, implement, and maintain a coordinated preparedness and response framework for the kidney community to use in the event of any type of emergency or disaster.

Vision – To be the leading authority on emergency preparedness and response for the kidney community by providing organization and guidance that seamlessly bridges emergency management stakeholders and the ESRD community nationwide. The KCER Coalition achieves this by:

- Continuously improving plans by learning from past responses;
- Building lasting partnerships to advance national goals;
- Keeping up with changing national procedures;
- Urging policymakers to integrate the special needs of the kidney community into disaster planning.

Under contract with CMS, Network 7 served as the lead for administrative support of the Coalition for six years. As administrative lead, tasks such as the following were conducted to advance the goals of KCER:

- Supported meetings and teleconferences held with all arms of the Coalition, including Response Teams, the Core Administrative Group, the Strategic Planning Committee, and other ad-hoc groups;
- Arranged at least one annual in-person Summit Meeting of all Coalition members and one in-person Community Partners Meeting;
- Assisted CMS in conducting activities that were part of the national response plan, such as conducting drills; developing resource materials for patients, providers and emergency management entities; promoting resources and tools developed by the Coalition; and raising awareness among the public and emergency responders;

- Supported CMS, ESRD Networks and members of the kidney community through a national website (www.kcercoalition.com), a toll-free hotline number, by serving as a central coordination point in the event of a disaster, and by ensuring that emergency backup procedures were in place and tested on a regular basis.

RESPONSE TEAMS

In 2012, KCER's eight national Response Teams continued to meet. These Teams were tasked with holding teleconference meetings with the frequency varying as determined by each team. Each developed a Charter and established team goals. To support the Response Team conference calls, FMQAI maintained a KCER-dedicated teleconference line. Furthermore, KCER's Emergency Management Specialist attended the calls for technical assistance and compiled meeting minutes that were posted on the KCER website. Technical assistance included coordination of teleconference scheduling, collaboration between Response Teams to maximize efficiency of work and avoid duplication, and manage the listserv to enable teams to communicate and share resources.

The eight Response Teams and their areas of focus included:

- **Communications:** This team met three times and focused on facilitation of communication with the renal community during emergencies via a toll-free help-line, email listserv, and conference calls.
- **Coordination of Staff and Volunteers:** This team met four times and focused on maintaining a database of emergency/disaster volunteers and the provision of education.
- **Facility Operations**: This team met twice and focused on issues affecting facilities and assisting with preparedness/response.
- **Federal Response**: This team met three times and focused on education of and collaboration with federal agencies and state partners.
- **Pandemic and Infectious Disease Preparedness**: This team met twice and focused on collaboration with federal and state agencies to continue dialysis services in the event of a major pandemic, as well as extending their scope to address infectious diseases and other public health concerns.
- **Patient Assistance**: This team met seven times and focused on patient preparedness, resources and financial aid, as well as educating the general community on patient needs during a disaster and best practices to assist them.
- **Patient/Provider Tracking**: This team met three times and focused on processes for tracking patient and provider status during disasters, including community collaborations.
- **Physician Response**: This team met twice providing nephrology expertise for management of dialysis and transplant patients during a large-scale crisis and exploring issues such as response teams to manage acute kidney injury patients during emergency and disaster situations.

ADMINISTRATIVE GROUPS

- **Strategic Planning Committee:** This committee met four times and was comprised of the Response Team leaders, meeting in collaboration with KCER staff and the CMS Contracting Officer's Representative (COR). The committee served in an advisory capacity to KCER to identify key issues and concerns, as well as propose activities to pursue and address.
- **Core Administrative Group:** This group met eight times and was comprised of the CMS COR and Network 7 staff including the Executive Director, Project Director, and Emergency Management Specialist. Teleconference meetings were held to monitor progress of and obtain CMS guidance regarding activities conducted in accordance with the KCER Statement of Work.
- **KCER/ESRD Network 12 Backup:** FMQAI established a backup relationship with the Heartland Kidney Network (Network 12) to ensure KCER operations continued seamlessly in the event FMQAI was impacted by an event and unable to perform the key functions. Monthly teleconference meetings were held to discuss upcoming KCER activities including drill scenarios and community outreach events, operational and emergency backup procedures, and establish a fixed schedule for testing the rollover process for the KCER phone lines and website. Processes were reviewed and revised as necessary.

NATIONAL DISASTER SUMMIT

A key factor to KCER's success has always been community collaboration. To facilitate collaboration between Networks, providers, and emergency operations personnel at a national level, KCER held disaster summits in various locations around the country. These meetings were held in-person with Coalition members, and focused on the following primary goals:

- Promote awareness of the special requirements of the renal community to prepare for and respond to disasters.
- Encourage stakeholders to incorporate the special requirements of the kidney community into their jurisdiction's emergency and disaster plans.
- Provide education and networking opportunity necessary to build cohesive community partnerships.

In 2012, two KCER Summit meetings were held:

- On May 9, 2012, KCER held its seventh annual meeting in National Harbor, MD in conjunction with the National Kidney Foundation's Spring Clinical Meeting. The event included presentations by local emergency management personnel, a panel presentation with local emergency management and dialysis organization representatives, and a multi-hazards table top drill. There were 63 registrants and a summary report of the Summit was posted on the KCER website.
- On December 12, 2012, KCER held its eighth meeting in conjunction with the CMS QualityNet Conference in Baltimore, MD. Titled "In the Eye of the Storm," this meeting focused on Hurricane Isaac and Hurricane Sandy responses efforts. Over 50 attendees listened to a panel of Network staff from Networks 2, 3, 8, and 13. Attendees also

participated in roundtable activities and left with actionable items to address future response activities. A summary report of the Summit was posted on the KCER website.

COMMUNITY PARTNERS MEETING

In an effort to increase KCER's public awareness and outreach, the Coalition promotes tools and resources available to emergency responders through their presence at national events and other activities. As part of this effort, KCER hosted an annual Community Partners Meeting that focused on the following goals:

- Educate stakeholders to ensure thorough preparedness and efficient response in the kidney community;
- Encourage stakeholders to incorporate the special requirements and needs of the kidney community into their jurisdiction's emergency and disaster plans; and
- Enhance partnerships between emergency management and the ESRD community.

On December 6, 2012, KCER held its annual Community Partner Meeting via WebEx. Titled "Dialysis and Disasters," the meeting facilitated the development of community partnerships through education and information sharing between all stakeholders in attendance. The meeting agenda included presentations by KCER staff, the Office of the Assistant Secretary for Preparedness and Response (ASPR), and KCER Response Team and Task Force leadership. There were 114 teleconference lines activated during the event. A recording of the meeting was posted to the KCER website.

Additionally, the Coordination of Staff and Volunteers Response Team conducted a WebEx event "Emergency Preparedness and Response for the Dialysis and Transplant Community: What You Need to Know!," on December 18, 2012. There were over 200 teleconference lines activated during the event. A recording of the meeting was posted to the KCER website.

COMMUNITY OUTREACH

In addition to hosting its own meetings, KCER expanded its reach to the kidney community and emergency management communities by attending national events and/or via the KCER tradeshow exhibit booth. In 2012, KCER provided outreach at the following events:

- ESRD Network 12 Annual Meeting (February 2012)
- Annual Dialysis Conference (February 2012)
- National Association of Nephrology Technicians Annual Symposium (March 2012)
- National Hurricane Conference (March 2012)
- American Nephrology Nurses National Spring Symposium (May 2012)
- National Kidney Foundation Spring Clinical Meetings (May 2012)
- Emergency Preparedness & Hazmat Response Conference (September 2012)
- The American Nephrology Nurses Association Fall Conference (September 2012)
- Integrated Medical, Public Health, Preparedness and Response Coalition Annual Conference (October 2012)
- CMS QualityNet Conference (December 2012)

Furthermore, KCER made its materials available to other ESRD Networks for use during their events. KCER assisted the following ESRD Networks by supplying them with materials for their conferences:

- ESRD Network 3 (February and May 2012)
- ESRD Network 7 (October 2012)
- ESRD Network 8 (October 2012)

KCER RESPONSE TEAM EXERCISE

Each year, KCER hosted mock disaster drills or exercises. This activity promoted training, education, and testing.

- **Great Central US ShakeOut Drill**: KCER's spring drill event was held in conjunction with this national earthquake drill on February 7 and 8, 2012. ESRD Networks were provided with a flyer to advertise the drill, which was also issued to all recipients on the KCER listserv. Participants were requested to register with the Great California ShakeOut organization to receive the drill instruction guide, as well as registering with KCER to participate in the kidney community-specific pre-and-post questionnaires. There were 97 dialysis facilities from 24 states registered for the event. A final drill report was posted to the KCER website.
- **KCER National Disaster Summit Drill:** A multi-hazard table-top drill was incorporated into the Summit agenda described earlier in this report and focused on multiple hazards including hurricanes, chemical spills, and large fire events. There were 63 registrants at the Summit meeting held on May 9, 2012.
- **Great ShakeOut Drill:** KCER's fall drill event was held in conjunction with this national drill event, which provided a number of earthquake events to choose from throughout the nation and internationally. The drill took place on October 18 and 19, 2012 and included registration with the Great ShakeOut organization as well as KCER. Promotion of the event was conducted by ESRD Networks and via the KCER listserv. There were 198 renal-related participants representing 20 states and the territory of Guam. A final drill report was posted to the KCER website.

EMERGENCY RESPONSE ACTIVITIES

Serving as a central contact and/or coordination point in the event of an emergency and/or disaster, KCER monitored the news for weather or other events that may have impacted the renal community. Updates and technical assistance regarding potential events were provided to the Networks on a regular basis. New documents were continuously posted to the KCER website and distributed to the community. Additionally, KCER staff coordinated national-level conference calls between CMS, Health and Human Services (HHS) Office of the Assistant Secretary of Preparedness and Response (ASPR), ESRD Networks, facility providers, patient organizations, professional organizations, KCER Coalition members, and others. In response to the 2012 season, KCER performed the following:

- **Hurricane Isaac:** KCER monitored the progression of Isaac as a tropical storm during the week of August 19, 2012, with communication starting with Network 7 as Florida was the first state forecasted with potential impact. As Isaac developed into a hurricane projected to impact Florida, Alabama, Mississippi, and Louisiana, Networks 7, 8, and 13 began sending out alerts to their providers. In addition to website updates and alerts to the ESRD Networks and other renal community stakeholders, the Coalition held daily response calls August 27-31, 2012 to support ESRD Networks, providers, and patient organizations in preparedness and response efforts. The calls were also attended by CMS representatives and other federal and state representatives who were able to provide additional information to support response efforts.
- **Hurricane Sandy**: KCER followed up with ESRD Networks 1-7, dialysis facilities, patient and professional organizations, CMS and ASPR regarding Hurricane Sandy to institute alerts and daily status calls that began in late October and continued into November 2012. Daily status calls were held from October 29-November 8, 2012, with follow-up made to key stakeholders. The response effort will be followed by a debriefing call and After Action Report as directed by CMS. Website and listserv alerts and resources were also shared with the KCER community.
- **Nor'easter:** KCER followed up with Networks 1- 4, dialysis facilities, patient and professional organizations, CMS, and ASPR regarding the Nor'easter in conjunction with Hurricane Sandy alerts and status from November 5-8, 2012. Website and listserv alerts and resources were also shared with the KCER community.

RESOURCE MATERIALS DEVELOPMENT

Over the years, KCER has spearheaded the development of many materials, tools, and programs that have been used by members of the community to assist them with emergency planning efforts. Emergency preparedness materials developed by KCER include, but are not limited to the following:

- KCER technical assistance brochure
- *Save a Life* fact sheet
- *Lavender Identification Card* for patients
- *Get READY!* handout for patients
- KCER *Community Partner Packet*
- *Emergency Management and Dialysis* brochure
- *Preparedness for Kidney Transplant Patients*
- *KCER KIDS Pediatric Program List* and other pediatric preparedness resources
- *Disaster Preparedness: A Guide for Chronic Dialysis Facilities* (2nd edition)

In 2012, KCER continued to lead the effort in producing or linking to more materials that increased the awareness of the importance of an emergency preparedness plan. Additionally, previously created materials were reviewed for necessary updates. Materials created, linked to the KCER website, or enhanced in 2012 include:

- Emergency Preparedness Education Week poster
- Patient Video

- *Acute Kidney Injury (AKI) Protocol* - KCER posted both a short and long version of the long-anticipated Acute Kidney Injury Protocol from the ERBT Renal Disaster Task Force that was published in Nephrology Dialysis Transplantation on the KCER website with permission from the publication
- *Shelter Triage Checklist and Form*
- *Help-line Communication Form*

WWW.KCERCOALITION.COM AND TOLL-FREE NUMBER

FMQAI maintained a website that provided resources, tools, key contact information, links to ESRD Networks, and other sites having emergency information for individuals. This website was hosted at an off-site location to ensure it was always operational. The website also included a translation widget that translated the entire website into different languages.

Additionally, FMQAI maintained a toll-free telephone line that provided vital updates. In non-emergency response periods, a standard message was recorded. In emergency response disaster situations, the message provided critical status information, resources, and information regarding the ESRD Network(s) that were coordinating the situation. The toll-free number was tested weekly

SANCTION RECOMMENDATION

In 2012, FMQAI: The Florida ESRD Network did not recommend sanctions to CMS of any facilities within its Network area.

RECOMMENDATIONS FOR ADDITIONAL FACILITIES

In 2012, FMQAI: The Florida ESRD Network did not recommend to CMS additional facilities within its Network area.

DATA TABLES

APPENDIX

TABLE 1

Newly Diagnosed Chronic ESRD Patients

(ESRD Incidence)

Newly diagnosed chronic ESRD patients by state of residence, age, gender, race and primary diagnosis for calendar year 2012

Age Group	FL	Other	Total
00-04	6	0	6
05-09	8	0	8
10-14	9	0	9
15-19	22	2	24
20-24	53	1	54
25-29	76	4	80
30-34	133	2	135
35-39	162	2	164
40-44	245	7	252
45-49	367	10	377
50-54	484	10	494
55-59	695	15	710
60-64	770	24	794
65-69	886	29	915
70-74	871	32	903
75-79	733	27	760
80-84	681	38	719
>=85	576	28	604
Total	6,777	231	**7,008**

Gender	FL	Other	Total
Female	2,806	95	2,901
Male	3,971	136	4,107
Not Specified	0	0	0
Total	6,777	231	**7,008**

Race	FL	Other	Total
American Indian/Alaska Native	6	0	6
Asian	97	3	100
Black or African American	2,040	35	2,075
Multiracial	7	0	7
Native Hawaiian or Other Pacific Islander	30	0	30
White	4,585	191	4,776
Not Specified	12	2	14
Total	6,777	231	**7,008**

Primary Diagnosis	FL	Other	Total
Cystic/Hereditary/Congenital Diseases	187	9	196
Diabetes	2,757	76	2,833
Glomerulonephritis	336	15	351
Hypertension/Large Vessel Disease	2,445	88	2,533
Interstitial Nephritis/Pyelonephritis	186	4	190
Miscellaneous Conditions	530	18	548
Neoplasms/Tumors	147	2	149
Secondary GN/Vasculitis	129	3	132
Not Specified	60	16	76
Total	6,777	231	**7,008**

Source of Information: CROWNWeb
Race: The categories are from the CMS-2728 Form.
Diagnosis: The categories are from the CMS-2728 Form.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
This table includes 152 patients with transplant therapy as an initial treatment.
This table includes 103 patients receiving treatment at VA facilities.

Table 2

ESRD Dialysis Prevalence

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2012

Age Group	FL	Other	Total
00-04	18	0	18
05-09	13	0	13
10-14	24	0	24
15-19	74	2	76
20-24	191	1	192
25-29	342	5	347
30-34	580	7	587
35-39	799	11	810
40-44	1,266	16	1,282
45-49	1,695	29	1,724
50-54	2,285	36	2,321
55-59	2,872	50	2,922
60-64	3,048	63	3,111
65-69	3,079	105	3,184
70-74	2,680	136	2,816
75-79	2,351	133	2,484
80-84	1,846	117	1,963
>=85	1,424	79	1,503
Total	24,587	790	**25,377**

Gender	FL	Other	Total
Female	10,609	264	10,873
Male	13,978	526	14,504
Total	24,587	790	**25,377**

Ethnicity	FL	Other	Total
Hispanic or Latino	3,786	52	3,838
Not Hispanic or Latino	20,785	738	21,523
Not Specified	16	0	16
Total	24,587	790	**25,377**

Race	FL	Other	Total
American Indian/Alaska Native	40	0	40
Asian	353	8	361
Black or African American	10,236	134	10,370
More than one race selected	37	1	38
Native Hawaiian or Other Pacific Islander	87	3	90

White	13,825	644	14,469
Not Specified	9	0	9
Total	24,587	790	**25,377**

Primary Diagnosis	FL	Other	**Total**
Acquired obstructive uropathy	209	13	222
Acute interstitial nephritis	26	0	26
AIDS nephropathy	309	8	317
Amyloidosis	34	4	38
Analgesic abuse	30	3	33
Cholesterol emboli, renal emboli	54	7	61
Chronic interstitial nephritis	110	14	124
Chronic pyelonephritis, reflux nephropathy	74	0	74
Complications of other specified transplanted organ	1	0	1
Complications of transplanted bone marrow	4	0	4
Complications of transplanted heart	17	2	19
Complications of transplanted intestine	3	0	3
Complications of transplanted kidney	340	8	348
Complications of transplanted liver	37	2	39
Complications of transplanted lung	4	0	4
Complications of transplanted organ unspecified	13	0	13
Congenital nephrotic syndrome	30	1	31
Congenital obstruction of ureterpelvic junction	22	0	22
Congenital obstruction of uretrovesical junction	5	0	5
Cystinosis	1	0	1
Dense deposit disease, MPGN type 2	2	1	3
Diabetes with renal manifestations Type 1	1,092	34	1,126
Diabetes with renal manifestations Type 2	8,969	252	9,221
Drash syndrome, mesangial sclerosis	3	0	3
Etiology uncertain	504	24	528
Fabry's disease	3	0	3
Focal Glomerulonephritis, focal sclerosing GN	699	18	717
Glomerulonephritis (GN) (histologically not examined)	760	38	798
Goodpasture's syndrome	32	3	35
Gouty nephropathy	3	0	3
Hemolytic uremic syndrome	19	0	19

Henoch-Schonlein syndrome	4	0	4
Hepatorenal syndrome	21	1	22
Hereditary nephritis, Alport's syndrome	34	1	35
Hypertension: Unspecified with renal failure	8,058	231	8,289
IgA nephropathy, Berger's disease (proven by immunofluorescence)	179	8	187
IgM nephropathy (proven by immunofluorescence)	6	0	6
Lead nephropathy	1	0	1
Lupus erythematosus, (SLE nephritis)	382	5	387
Lymphoma of kidneys	4	0	4
Medullary cystic disease, including nephronophthisis	7	0	7
Membranoproliferative GN type 1, diffuse MPGN	70	6	76
Membranous nephropathy	129	6	135
Multiple myeloma	87	6	93
Nephrolithiasis	52	1	53
Nephropathy caused by other agents	72	2	74
Nephropathy due to heroin abuse and related drugs	6	0	6
Other (congenital malformation syndromes)	24	2	26
Other Congenital obstructive uropathy	30	0	30
Other disorders of calcium metabolism	3	0	3
Other immuno proliferative neoplasms (including light chain nephropathy)	13	0	13
Other proliferative GN	65	2	67
Other renal disorders	230	7	237
Other Vasculitis and its derivatives	40	3	43
Polyarteritis	5	0	5
Polycystic kidneys, adult type (dominant)	671	19	690
Polycystic, infantile (recessive)	14	0	14
Post infectious GN, SBE	20	0	20
Post partum renal failure	5	0	5
Prune belly syndrome	10	0	10
Radiation nephritis	3	0	3
Renal artery occlusion	28	0	28
Renal artery stenosis	110	19	129
Renal hypoplasia, dysplasia, oligonephronia	50	0	50
Renal tumor (benign)	3	1	4
Renal tumor (malignant)	91	5	96

Renal tumor (unspecified)	11	0	11
Scleroderma	17	1	18
Secondary GN, other	22	1	23
Sickle cell disease/anemia	27	0	27
Sickle cell trait and other sickle cell (HbS/Hb other)	1	0	1
Traumatic or surgical loss of kidney(s)	24	0	24
Tuberous sclerosis	10	0	10
Tubular necrosis (no recovery)	277	16	293
Urinary tract tumor (benign)	1	0	1
Urinary tract tumor (malignant)	14	2	16
Urinary tract tumor (unspecified)	6	1	7
Urolithiasis	14	0	14
Wegener's granulomatosis	54	3	57
With lesion of rapidly progressive GN	36	0	36
Not Specified	137	9	146
Total	24,587	790	**25,377**

Source of Information: CROWNWeb
Race: The categories are from the CMS-2728 Form.
Diagnosis: The categories are from the CMS-2728 Form.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.

TABLE 3

Dialysis Modality –Self Care Settings Home

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
100001	N/A	0	N/A	7	N/A	23	N/A	0	N/A	30
100006	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
100007	N/A	8	N/A	0	N/A	0	N/A	0	N/A	8
100022	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3
100038	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
100088	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
10009F	N/A	1	N/A	0	N/A	7	N/A	0	N/A	8
100113	N/A	0	N/A	0	N/A	7	N/A	0	N/A	7
10011F	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
100128	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3
100288	N/A	0	N/A	3	N/A	15	N/A	0	N/A	18
10061F	N/A	0	N/A	4	N/A	7	N/A	0	N/A	11
10065F	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102501	N/A	0	N/A	7	N/A	33	N/A	0	N/A	40
102502	N/A	6	N/A	1	N/A	13	N/A	0	N/A	20
102503	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102504	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102505	N/A	0	N/A	4	N/A	35	N/A	0	N/A	39
102506	N/A	1	N/A	1	N/A	12	N/A	0	N/A	14
102510	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102511	N/A	2	N/A	3	N/A	18	N/A	0	N/A	23
102512	N/A	0	N/A	5	N/A	19	N/A	0	N/A	24
102513	N/A	0	N/A	5	N/A	35	N/A	0	N/A	40
102514	N/A	4	N/A	10	N/A	23	N/A	0	N/A	37
102517	N/A	0	N/A	2	N/A	2	N/A	0	N/A	4
102518	N/A	0	N/A	2	N/A	39	N/A	0	N/A	41
102519	N/A	0	N/A	3	N/A	3	N/A	0	N/A	6
102520	N/A	0	N/A	4	N/A	7	N/A	0	N/A	11
102521	N/A	10	N/A	6	N/A	55	N/A	0	N/A	71
102522	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102524	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102525	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102527	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3
102528	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102529	N/A	17	N/A	0	N/A	2	N/A	0	N/A	19
102530	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
102531	N/A	1	N/A	3	N/A	38	N/A	0	N/A	42
102532	N/A	3	N/A	13	N/A	24	N/A	0	N/A	40
102534	N/A	0	N/A	0	N/A	2	N/A	0	N/A	2
102536	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102538	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1
102542	N/A	0	N/A	3	N/A	3	N/A	0	N/A	6
102543	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102544	N/A	0	N/A	10	N/A	13	N/A	0	N/A	23
102545	N/A	0	N/A	9	N/A	30	N/A	0	N/A	39
102546	N/A	0	N/A	1	N/A	5	N/A	0	N/A	6
102547	N/A	0	N/A	3	N/A	5	N/A	0	N/A	8
102548	N/A	0	N/A	5	N/A	14	N/A	0	N/A	19
102549	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102551	N/A	0	N/A	3	N/A	10	N/A	0	N/A	13
102553	N/A	8	N/A	1	N/A	13	N/A	0	N/A	22
102554	N/A	0	N/A	3	N/A	19	N/A	0	N/A	22
102555	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102557	N/A	0	N/A	1	N/A	4	N/A	0	N/A	5
102558	N/A	81	N/A	3	N/A	0	N/A	0	N/A	84
102559	N/A	0	N/A	1	N/A	3	N/A	0	N/A	4
102562#	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102563	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102564	N/A	0	N/A	2	N/A	3	N/A	0	N/A	5
102565	N/A	0	N/A	2	N/A	10	N/A	0	N/A	12
102566	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102569	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102571	N/A	0	N/A	1	N/A	3	N/A	0	N/A	4
102573	N/A	0	N/A	1	N/A	25	N/A	0	N/A	26
102574	N/A	5	N/A	0	N/A	6	N/A	0	N/A	11
102576	N/A	0	N/A	0	N/A	15	N/A	0	N/A	15
102578	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102579	N/A	0	N/A	1	N/A	4	N/A	0	N/A	5
102581	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102582	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102583	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102584	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1
102585	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102586	N/A	11	N/A	6	N/A	14	N/A	0	N/A	31
102587	N/A	0	N/A	0	N/A	2	N/A	0	N/A	2
102589	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102590	N/A	6	N/A	6	N/A	18	N/A	1	N/A	31
102591	N/A	0	N/A	4	N/A	10	N/A	0	N/A	14
102592	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102593	N/A	0	N/A	3	N/A	21	N/A	0	N/A	24
102594	N/A	4	N/A	0	N/A	6	N/A	0	N/A	10

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
102595	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102596	N/A	4	N/A	2	N/A	15	N/A	0	N/A	21
102597	N/A	0	N/A	6	N/A	0	N/A	0	N/A	6
102598	N/A	7	N/A	2	N/A	4	N/A	0	N/A	13
102601	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102602	N/A	0	N/A	8	N/A	21	N/A	0	N/A	29
102603	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102604	N/A	5	N/A	0	N/A	12	N/A	0	N/A	17
102605	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102609	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1
102610	N/A	1	N/A	4	N/A	9	N/A	0	N/A	14
102612	N/A	0	N/A	8	N/A	20	N/A	0	N/A	28
102613	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102614	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102615	N/A	0	N/A	1	N/A	11	N/A	0	N/A	12
102616	N/A	0	N/A	1	N/A	3	N/A	0	N/A	4
102617	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102618	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102619	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102623	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102624	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102626	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102627	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102628	N/A	0	N/A	5	N/A	11	N/A	0	N/A	16
102629	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102630	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102632	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102634	N/A	6	N/A	2	N/A	14	N/A	0	N/A	22
102635	N/A	0	N/A	3	N/A	0	N/A	0	N/A	3
102636	N/A	0	N/A	1	N/A	3	N/A	0	N/A	4
102637	N/A	3	N/A	1	N/A	6	N/A	0	N/A	10
102638	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102639	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102642	N/A	2	N/A	0	N/A	6	N/A	0	N/A	8
102645	N/A	24	N/A	2	N/A	8	N/A	0	N/A	34
102646	N/A	3	N/A	0	N/A	2	N/A	0	N/A	5
102647	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102648	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3
102649	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102650#	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102651	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102652	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102653	N/A	0	N/A	1	N/A	1	N/A	0	N/A	2
102654	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102655	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
102656	N/A	10	N/A	0	N/A	0	N/A	0	N/A	10
102658	N/A	0	N/A	1	N/A	3	N/A	0	N/A	4
102659	N/A	1	N/A	0	N/A	18	N/A	0	N/A	19
102660	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102662	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102664	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102665	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102666	N/A	0	N/A	1	N/A	4	N/A	0	N/A	5
102668	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102670	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102673	N/A	9	N/A	1	N/A	50	N/A	0	N/A	60
102674	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102675	N/A	0	N/A	2	N/A	0	N/A	0	N/A	2
102676	N/A	0	N/A	1	N/A	4	N/A	0	N/A	5
102678	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102679	N/A	0	N/A	0	N/A	4	N/A	0	N/A	4
102680	N/A	0	N/A	11	N/A	3	N/A	0	N/A	14
102681	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102683	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102684	N/A	0	N/A	2	N/A	8	N/A	0	N/A	10
102687	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102689	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102690	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102692	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102693	N/A	2	N/A	0	N/A	3	N/A	0	N/A	5
102694	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102695	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102696	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102697	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102699	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102700	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102701	N/A	0	N/A	6	N/A	30	N/A	0	N/A	36
102702	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102703	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102704	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102705	N/A	2	N/A	21	N/A	22	N/A	1	N/A	46
102706	N/A	8	N/A	3	N/A	13	N/A	0	N/A	24
102707	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102708	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102709	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102710	N/A	0	N/A	0	N/A	4	N/A	0	N/A	4
102712	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102714	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102715	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102716	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
102717	N/A	0	N/A	0	N/A	11	N/A	0	N/A	11
102718	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102719	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102720	N/A	0	N/A	11	N/A	8	N/A	0	N/A	19
102721	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102722	N/A	0	N/A	4	N/A	7	N/A	0	N/A	11
102726	N/A	11	N/A	0	N/A	0	N/A	0	N/A	11
102727	N/A	0	N/A	1	N/A	7	N/A	0	N/A	8
102728	N/A	0	N/A	3	N/A	12	N/A	1	N/A	16
102731	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102732	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102733	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102736	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102737	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102738	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102739	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102740	N/A	30	N/A	0	N/A	0	N/A	0	N/A	30
102741	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102742	N/A	0	N/A	3	N/A	4	N/A	0	N/A	7
102743	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102744	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1
102745	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102746	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102747	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102748	N/A	0	N/A	2	N/A	15	N/A	0	N/A	17
102749	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102750	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102751	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102752	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102754	N/A	0	N/A	1	N/A	15	N/A	0	N/A	16
102756	N/A	0	N/A	2	N/A	8	N/A	0	N/A	10
102757	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102759	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102760	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102761	N/A	5	N/A	0	N/A	13	N/A	0	N/A	18
102762	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3
102763	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102764	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102765	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102766	N/A	0	N/A	0	N/A	2	N/A	0	N/A	2
102767	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102768	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102769	N/A	2	N/A	2	N/A	6	N/A	0	N/A	10
102770	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102771	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
102772	N/A	0	N/A	2	N/A	70	N/A	0	N/A	72
102773	N/A	0	N/A	0	N/A	12	N/A	0	N/A	12
102774	N/A	0	N/A	1	N/A	6	N/A	0	N/A	7
102775	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102776	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102777	N/A	0	N/A	1	N/A	3	N/A	0	N/A	4
102778	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102779	N/A	0	N/A	0	N/A	4	N/A	0	N/A	4
102782	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102783	N/A	0	N/A	0	N/A	10	N/A	0	N/A	10
102784	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102786	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102787	N/A	0	N/A	2	N/A	13	N/A	0	N/A	15
102788	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102789	N/A	0	N/A	4	N/A	0	N/A	0	N/A	4
102790	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102791	N/A	0	N/A	4	N/A	1	N/A	0	N/A	5
102792	N/A	0	N/A	6	N/A	29	N/A	0	N/A	35
102793	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102794	N/A	1	N/A	13	N/A	16	N/A	0	N/A	30
102795	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102796	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102800	N/A	16	N/A	0	N/A	0	N/A	0	N/A	16
102801	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102802	N/A	0	N/A	0	N/A	2	N/A	0	N/A	2
102803	N/A	9	N/A	0	N/A	0	N/A	0	N/A	9
102804	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102805	N/A	0	N/A	9	N/A	14	N/A	0	N/A	23
102806	N/A	1	N/A	1	N/A	5	N/A	0	N/A	7
102807	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102808	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102809	N/A	0	N/A	2	N/A	6	N/A	0	N/A	8
102810	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102811	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3
102812	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102813	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102814	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102815	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102816	N/A	0	N/A	0	N/A	10	N/A	0	N/A	10
102817	N/A	0	N/A	2	N/A	8	N/A	0	N/A	10
102818	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102819	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102820	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102821	N/A	0	N/A	1	N/A	12	N/A	0	N/A	13
102822	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
102823	N/A	0	N/A	1	N/A	39	N/A	0	N/A	40
102824	N/A	2	N/A	2	N/A	24	N/A	0	N/A	28
102825	N/A	18	N/A	33	N/A	95	N/A	0	N/A	146
102826	N/A	0	N/A	0	N/A	9	N/A	0	N/A	9
102827	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102828	N/A	1	N/A	0	N/A	8	N/A	0	N/A	9
102829	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102830	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102831	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102832	N/A	0	N/A	5	N/A	70	N/A	0	N/A	75
102833	N/A	0	N/A	11	N/A	18	N/A	0	N/A	29
102834	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102835	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102836	N/A	0	N/A	0	N/A	4	N/A	0	N/A	4
102837	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102838	N/A	0	N/A	1	N/A	7	N/A	0	N/A	8
102839	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102840	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102841	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102843	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102844	N/A	2	N/A	3	N/A	3	N/A	0	N/A	8
102845	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102847	N/A	7	N/A	4	N/A	9	N/A	0	N/A	20
102848	N/A	0	N/A	1	N/A	21	N/A	0	N/A	22
102849	N/A	0	N/A	1	N/A	17	N/A	0	N/A	18
102850	N/A	3	N/A	2	N/A	6	N/A	0	N/A	11
102851	N/A	0	N/A	3	N/A	18	N/A	0	N/A	21
102853	N/A	0	N/A	2	N/A	8	N/A	0	N/A	10
102854	N/A	0	N/A	2	N/A	2	N/A	0	N/A	4
102855	N/A	5	N/A	2	N/A	11	N/A	0	N/A	18
102856	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102857	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102858	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102859	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102860	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102861	N/A	0	N/A	3	N/A	13	N/A	0	N/A	16
102862	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102863	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102864	N/A	0	N/A	3	N/A	3	N/A	0	N/A	6
102865	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102866	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102867	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1
102868	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102869	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102870	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
102871	N/A	2	N/A	0	N/A	0	N/A	0	N/A	2
102872	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102873	N/A	2	N/A	0	N/A	9	N/A	0	N/A	11
102874	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102875	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102876	N/A	0	N/A	0	N/A	12	N/A	0	N/A	12
102877	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102878	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102879	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102880	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102881	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1
102882	N/A	0	N/A	0	N/A	17	N/A	0	N/A	17
102883	N/A	1	N/A	0	N/A	0	N/A	0	N/A	1
102884	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102885	N/A	22	N/A	1	N/A	15	N/A	0	N/A	38
102886	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102887	N/A	5	N/A	0	N/A	7	N/A	0	N/A	12
102888	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102889	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3
102890	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102891	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102892	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102893	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102894	N/A	14	N/A	0	N/A	0	N/A	0	N/A	14
102895	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
102896	N/A	2	N/A	2	N/A	27	N/A	0	N/A	31
102897	N/A	0	N/A	3	N/A	9	N/A	0	N/A	12
102898	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3
102899	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
103300	N/A	0	N/A	1	N/A	3	N/A	0	N/A	4
103301	N/A	0	N/A	0	N/A	9	N/A	0	N/A	9
103502	N/A	2	N/A	5	N/A	4	N/A	0	N/A	11
103503	N/A	2	N/A	2	N/A	4	N/A	0	N/A	8
682500	N/A	0	N/A	1	N/A	5	N/A	0	N/A	6
682501	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682502	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682503	N/A	2	N/A	0	N/A	2	N/A	0	N/A	4
682504	N/A	0	N/A	1	N/A	2	N/A	0	N/A	3
682505	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682506	N/A	1	N/A	2	N/A	7	N/A	0	N/A	10
682507	N/A	10	N/A	0	N/A	0	N/A	0	N/A	10
682508	N/A	1	N/A	1	N/A	3	N/A	0	N/A	5
682509	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682510	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682511	N/A	16	N/A	0	N/A	0	N/A	0	N/A	16

	Hemo		CAPD		CCPD		Other		Total	
Facility CCN	**2011**	**2012**	**2011**	**2012**	**2011**	**2012**	**2011**	**2012**	**2011**	**2012**
682512	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682513	N/A	6	N/A	1	N/A	0	N/A	0	N/A	7
682514	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682515	N/A	0	N/A	2	N/A	5	N/A	0	N/A	7
682516	N/A	0	N/A	0	N/A	3	N/A	0	N/A	3
682517^	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682518	N/A	0	N/A	1	N/A	2	N/A	0	N/A	3
682519^	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682520^	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682521^	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682522^	N/A	0	N/A	0	N/A	21	N/A	0	N/A	21
682523^	N/A	3	N/A	2	N/A	0	N/A	0	N/A	5
682524^	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682525	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682526^	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1
682527^	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
682531^	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1
FL Totals	**N/A**	**459**	**N/A**	**429**	**N/A**	**1,902**	**N/A**	**3**	**N/A**	**2,793**
Network Totals	**N/A**	**459**	**N/A**	**429**	**N/A**	**1,902**	**N/A**	**3**	**N/A**	**2,793**

Source of Information: Facility Survey (CMS 2744) and CROWNWeb
Date of Preparation: June 2013
This table includes 19 Veterans Affairs Facility patients for 2012
^ Facility not operational in 2011
# Facility not operational in 2012
* Facility does not have a generated 2744 in 2012
2011 Survey Year Data is not available in CROWNWeb

Table 4

Dialysis Modality –In Center

Number of living patients by modality by dialysis facility in-center as of December 31, 2011 and December 31, 2012

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012
100001	N/A	198	N/A	1	N/A	199	N/A	229
100006	N/A	6	N/A	0	N/A	6	N/A	6
100007	N/A	8	N/A	0	N/A	8	N/A	16
100022	N/A	31	N/A	0	N/A	31	N/A	34
100038	N/A	7	N/A	0	N/A	7	N/A	7
100088	N/A	4	N/A	0	N/A	4	N/A	4
10009F	N/A	34	N/A	0	N/A	34	N/A	42
100113	N/A	7	N/A	0	N/A	7	N/A	14
10011F	N/A	43	N/A	0	N/A	43	N/A	43
100128	N/A	9	N/A	0	N/A	9	N/A	12
100288	N/A	83	N/A	1	N/A	84	N/A	102
10061F	N/A	26	N/A	0	N/A	26	N/A	37
10065F	N/A	33	N/A	0	N/A	33	N/A	33
102501	N/A	102	N/A	0	N/A	102	N/A	142
102502	N/A	100	N/A	1	N/A	101	N/A	121
102503	N/A	68	N/A	0	N/A	68	N/A	68
102504	N/A	167	N/A	0	N/A	167	N/A	167
102505	N/A	139	N/A	0	N/A	139	N/A	178
102506	N/A	51	N/A	0	N/A	51	N/A	65
102510	N/A	52	N/A	0	N/A	52	N/A	52
102511	N/A	0	N/A	0	N/A	0	N/A	23
102512	N/A	76	N/A	0	N/A	76	N/A	100
102513	N/A	109	N/A	0	N/A	109	N/A	149
102514	N/A	93	N/A	0	N/A	93	N/A	130
102517	N/A	92	N/A	0	N/A	92	N/A	96
102518	N/A	82	N/A	0	N/A	82	N/A	123
102519	N/A	86	N/A	0	N/A	86	N/A	92
102520	N/A	31	N/A	1	N/A	32	N/A	43
102521	N/A	76	N/A	0	N/A	76	N/A	147
102522	N/A	103	N/A	0	N/A	103	N/A	103
102524	N/A	83	N/A	0	N/A	83	N/A	83
102525	N/A	98	N/A	0	N/A	98	N/A	98
102527	N/A	75	N/A	1	N/A	76	N/A	79
102528	N/A	60	N/A	0	N/A	60	N/A	60

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012
102529	N/A	35	N/A	0	N/A	35	N/A	54
102530	N/A	68	N/A	0	N/A	68	N/A	71
102531	N/A	93	N/A	0	N/A	93	N/A	135
102532	N/A	98	N/A	0	N/A	98	N/A	138
102534	N/A	48	N/A	0	N/A	48	N/A	50
102536	N/A	110	N/A	0	N/A	110	N/A	110
102538	N/A	58	N/A	0	N/A	58	N/A	59
102542	N/A	50	N/A	0	N/A	50	N/A	56
102543	N/A	37	N/A	0	N/A	37	N/A	37
102544	N/A	72	N/A	0	N/A	72	N/A	95
102545	N/A	90	N/A	0	N/A	90	N/A	129
102546	N/A	74	N/A	0	N/A	74	N/A	80
102547	N/A	119	N/A	0	N/A	119	N/A	127
102548	N/A	96	N/A	0	N/A	96	N/A	115
102549	N/A	62	N/A	0	N/A	62	N/A	62
102551	N/A	61	N/A	0	N/A	61	N/A	74
102553	N/A	149	N/A	1	N/A	150	N/A	172
102554	N/A	70	N/A	0	N/A	70	N/A	92
102555	N/A	88	N/A	0	N/A	88	N/A	88
102557	N/A	63	N/A	0	N/A	63	N/A	68
102558	N/A	105	N/A	0	N/A	105	N/A	189
102559	N/A	149	N/A	0	N/A	149	N/A	153
102562#	N/A	0	N/A	0	N/A	0	N/A	0
102563	N/A	35	N/A	0	N/A	35	N/A	35
102564	N/A	86	N/A	0	N/A	86	N/A	91
102565	N/A	110	N/A	0	N/A	110	N/A	122
102566	N/A	93	N/A	0	N/A	93	N/A	93
102569	N/A	88	N/A	0	N/A	88	N/A	88
102571	N/A	75	N/A	0	N/A	75	N/A	79
102573	N/A	74	N/A	1	N/A	75	N/A	101
102574	N/A	56	N/A	0	N/A	56	N/A	67
102576	N/A	86	N/A	0	N/A	86	N/A	101
102578	N/A	87	N/A	0	N/A	87	N/A	87
102579	N/A	70	N/A	0	N/A	70	N/A	75
102581	N/A	68	N/A	0	N/A	68	N/A	68
102582	N/A	36	N/A	0	N/A	36	N/A	36
102583	N/A	128	N/A	0	N/A	128	N/A	128
102584	N/A	48	N/A	0	N/A	48	N/A	49
102585	N/A	57	N/A	0	N/A	57	N/A	57
102586	N/A	109	N/A	1	N/A	110	N/A	141
102587	N/A	32	N/A	0	N/A	32	N/A	34
102589	N/A	27	N/A	0	N/A	27	N/A	27
102590	N/A	133	N/A	0	N/A	133	N/A	164

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012
102591	N/A	71	N/A	0	N/A	71	N/A	85
102592	N/A	45	N/A	0	N/A	45	N/A	45
102593	N/A	98	N/A	0	N/A	98	N/A	122
102594	N/A	64	N/A	0	N/A	64	N/A	74
102595	N/A	103	N/A	0	N/A	103	N/A	103
102596	N/A	141	N/A	0	N/A	141	N/A	162
102597	N/A	64	N/A	0	N/A	64	N/A	70
102598	N/A	68	N/A	1	N/A	69	N/A	82
102601	N/A	88	N/A	0	N/A	88	N/A	88
102602	N/A	109	N/A	0	N/A	109	N/A	138
102603	N/A	37	N/A	0	N/A	37	N/A	37
102604	N/A	35	N/A	0	N/A	35	N/A	52
102605	N/A	89	N/A	0	N/A	89	N/A	89
102609	N/A	67	N/A	0	N/A	67	N/A	68
102610	N/A	140	N/A	0	N/A	140	N/A	154
102612	N/A	47	N/A	0	N/A	47	N/A	75
102613	N/A	76	N/A	0	N/A	76	N/A	76
102614	N/A	72	N/A	0	N/A	72	N/A	72
102615	N/A	114	N/A	0	N/A	114	N/A	126
102616	N/A	53	N/A	0	N/A	53	N/A	57
102617	N/A	54	N/A	0	N/A	54	N/A	54
102618	N/A	31	N/A	0	N/A	31	N/A	31
102619	N/A	78	N/A	0	N/A	78	N/A	78
102623	N/A	75	N/A	0	N/A	75	N/A	75
102624	N/A	70	N/A	0	N/A	70	N/A	70
102626	N/A	51	N/A	0	N/A	51	N/A	51
102627	N/A	79	N/A	0	N/A	79	N/A	79
102628	N/A	0	N/A	0	N/A	0	N/A	16
102629	N/A	45	N/A	0	N/A	45	N/A	45
102630	N/A	70	N/A	0	N/A	70	N/A	70
102632	N/A	63	N/A	0	N/A	63	N/A	63
102634	N/A	90	N/A	0	N/A	90	N/A	112
102635	N/A	105	N/A	0	N/A	105	N/A	108
102636	N/A	129	N/A	0	N/A	129	N/A	133
102637	N/A	82	N/A	0	N/A	82	N/A	92
102638	N/A	68	N/A	0	N/A	68	N/A	68
102639	N/A	83	N/A	0	N/A	83	N/A	83
102642	N/A	49	N/A	0	N/A	49	N/A	57
102645	N/A	90	N/A	1	N/A	91	N/A	125
102646	N/A	21	N/A	0	N/A	21	N/A	26
102647	N/A	98	N/A	0	N/A	98	N/A	98
102648	N/A	103	N/A	0	N/A	103	N/A	106
102649	N/A	75	N/A	0	N/A	75	N/A	75

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012
102650#	N/A	0	N/A	0	N/A	0	N/A	0
102651	N/A	96	N/A	0	N/A	96	N/A	96
102652	N/A	64	N/A	0	N/A	64	N/A	64
102653	N/A	89	N/A	0	N/A	89	N/A	91
102654	N/A	65	N/A	0	N/A	65	N/A	65
102655	N/A	60	N/A	0	N/A	60	N/A	60
102656	N/A	152	N/A	0	N/A	152	N/A	162
102658	N/A	90	N/A	0	N/A	90	N/A	94
102659	N/A	118	N/A	0	N/A	118	N/A	137
102660	N/A	98	N/A	0	N/A	98	N/A	98
102662	N/A	92	N/A	0	N/A	92	N/A	92
102664	N/A	87	N/A	0	N/A	87	N/A	87
102665	N/A	90	N/A	0	N/A	90	N/A	90
102666	N/A	76	N/A	0	N/A	76	N/A	81
102668	N/A	44	N/A	0	N/A	44	N/A	44
102670	N/A	92	N/A	0	N/A	92	N/A	92
102673	N/A	75	N/A	0	N/A	75	N/A	135
102674	N/A	53	N/A	0	N/A	53	N/A	53
102675	N/A	57	N/A	0	N/A	57	N/A	59
102676	N/A	78	N/A	0	N/A	78	N/A	83
102678	N/A	157	N/A	0	N/A	157	N/A	157
102679	N/A	56	N/A	0	N/A	56	N/A	60
102680	N/A	101	N/A	0	N/A	101	N/A	115
102681	N/A	82	N/A	0	N/A	82	N/A	82
102683	N/A	96	N/A	0	N/A	96	N/A	96
102684	N/A	82	N/A	0	N/A	82	N/A	92
102687	N/A	91	N/A	0	N/A	91	N/A	91
102689	N/A	43	N/A	0	N/A	43	N/A	43
102690	N/A	45	N/A	0	N/A	45	N/A	45
102692	N/A	58	N/A	0	N/A	58	N/A	58
102693	N/A	56	N/A	0	N/A	56	N/A	61
102694	N/A	80	N/A	0	N/A	80	N/A	80
102695	N/A	13	N/A	0	N/A	13	N/A	13
102696	N/A	36	N/A	0	N/A	36	N/A	36
102697	N/A	98	N/A	0	N/A	98	N/A	98
102699	N/A	31	N/A	0	N/A	31	N/A	31
102700	N/A	51	N/A	0	N/A	51	N/A	51
102701	N/A	77	N/A	0	N/A	77	N/A	113
102702	N/A	31	N/A	0	N/A	31	N/A	31
102703	N/A	37	N/A	0	N/A	37	N/A	37
102704	N/A	35	N/A	0	N/A	35	N/A	35
102705	N/A	137	N/A	0	N/A	137	N/A	183
102706	N/A	61	N/A	0	N/A	61	N/A	85

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012
102707	N/A	37	N/A	0	N/A	37	N/A	37
102708	N/A	62	N/A	0	N/A	62	N/A	62
102709	N/A	50	N/A	0	N/A	50	N/A	50
102710	N/A	60	N/A	0	N/A	60	N/A	64
102712	N/A	37	N/A	0	N/A	37	N/A	37
102714	N/A	60	N/A	0	N/A	60	N/A	60
102715	N/A	21	N/A	0	N/A	21	N/A	21
102716	N/A	54	N/A	0	N/A	54	N/A	54
102717	N/A	42	N/A	0	N/A	42	N/A	53
102718	N/A	73	N/A	0	N/A	73	N/A	73
102719	N/A	39	N/A	0	N/A	39	N/A	39
102720	N/A	75	N/A	0	N/A	75	N/A	94
102721	N/A	119	N/A	0	N/A	119	N/A	119
102722	N/A	44	N/A	0	N/A	44	N/A	55
102726	N/A	32	N/A	0	N/A	32	N/A	43
102727	N/A	42	N/A	0	N/A	42	N/A	50
102728	N/A	70	N/A	1	N/A	71	N/A	87
102731	N/A	94	N/A	0	N/A	94	N/A	94
102732	N/A	47	N/A	0	N/A	47	N/A	47
102733	N/A	47	N/A	0	N/A	47	N/A	47
102736	N/A	30	N/A	0	N/A	30	N/A	30
102737	N/A	42	N/A	0	N/A	42	N/A	42
102738	N/A	37	N/A	0	N/A	37	N/A	37
102739	N/A	28	N/A	0	N/A	28	N/A	28
102740	N/A	75	N/A	0	N/A	75	N/A	105
102741	N/A	33	N/A	0	N/A	33	N/A	33
102742	N/A	88	N/A	0	N/A	88	N/A	95
102743	N/A	40	N/A	0	N/A	40	N/A	40
102744	N/A	48	N/A	0	N/A	48	N/A	49
102745	N/A	78	N/A	0	N/A	78	N/A	78
102746	N/A	67	N/A	0	N/A	67	N/A	67
102747	N/A	65	N/A	0	N/A	65	N/A	65
102748	N/A	102	N/A	0	N/A	102	N/A	119
102749	N/A	4	N/A	0	N/A	4	N/A	4
102750	N/A	58	N/A	0	N/A	58	N/A	58
102751	N/A	41	N/A	0	N/A	41	N/A	41
102752	N/A	42	N/A	0	N/A	42	N/A	42
102754	N/A	107	N/A	0	N/A	107	N/A	123
102756	N/A	69	N/A	0	N/A	69	N/A	79
102757	N/A	44	N/A	0	N/A	44	N/A	44
102759	N/A	18	N/A	0	N/A	18	N/A	18
102760	N/A	0	N/A	0	N/A	0	N/A	0
102761	N/A	107	N/A	0	N/A	107	N/A	125

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012
102762	N/A	82	N/A	1	N/A	83	N/A	86
102763	N/A	53	N/A	0	N/A	53	N/A	53
102764	N/A	0	N/A	0	N/A	0	N/A	0
102765	N/A	74	N/A	0	N/A	74	N/A	74
102766	N/A	135	N/A	1	N/A	136	N/A	138
102767	N/A	89	N/A	0	N/A	89	N/A	89
102768	N/A	52	N/A	0	N/A	52	N/A	52
102769	N/A	82	N/A	0	N/A	82	N/A	92
102770	N/A	72	N/A	0	N/A	72	N/A	72
102771	N/A	46	N/A	0	N/A	46	N/A	46
102772	N/A	0	N/A	0	N/A	0	N/A	72
102773	N/A	70	N/A	0	N/A	70	N/A	82
102774	N/A	86	N/A	0	N/A	86	N/A	93
102775	N/A	71	N/A	0	N/A	71	N/A	71
102776	N/A	88	N/A	0	N/A	88	N/A	88
102777	N/A	62	N/A	0	N/A	62	N/A	66
102778	N/A	69	N/A	0	N/A	69	N/A	69
102779	N/A	100	N/A	20	N/A	120	N/A	124
102782	N/A	37	N/A	0	N/A	37	N/A	37
102783	N/A	91	N/A	0	N/A	91	N/A	101
102784	N/A	83	N/A	0	N/A	83	N/A	83
102786	N/A	39	N/A	0	N/A	39	N/A	39
102787	N/A	94	N/A	0	N/A	94	N/A	109
102788	N/A	62	N/A	0	N/A	62	N/A	62
102789	N/A	77	N/A	0	N/A	77	N/A	81
102790	N/A	20	N/A	0	N/A	20	N/A	20
102791	N/A	43	N/A	0	N/A	43	N/A	48
102792	N/A	114	N/A	0	N/A	114	N/A	149
102793	N/A	64	N/A	0	N/A	64	N/A	64
102794	N/A	101	N/A	0	N/A	101	N/A	131
102795	N/A	54	N/A	0	N/A	54	N/A	54
102796	N/A	22	N/A	0	N/A	22	N/A	22
102800	N/A	85	N/A	0	N/A	85	N/A	101
102801	N/A	29	N/A	0	N/A	29	N/A	29
102802	N/A	52	N/A	0	N/A	52	N/A	54
102803	N/A	55	N/A	0	N/A	55	N/A	64
102804	N/A	28	N/A	0	N/A	28	N/A	28
102805	N/A	89	N/A	0	N/A	89	N/A	112
102806	N/A	102	N/A	0	N/A	102	N/A	109
102807	N/A	32	N/A	0	N/A	32	N/A	32
102808	N/A	36	N/A	0	N/A	36	N/A	36
102809	N/A	41	N/A	0	N/A	41	N/A	49
102810	N/A	82	N/A	0	N/A	82	N/A	82

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012
102811	N/A	28	N/A	0	N/A	28	N/A	31
102812	N/A	86	N/A	0	N/A	86	N/A	86
102813	N/A	79	N/A	0	N/A	79	N/A	79
102814	N/A	34	N/A	0	N/A	34	N/A	34
102815	N/A	55	N/A	0	N/A	55	N/A	55
102816	N/A	41	N/A	0	N/A	41	N/A	51
102817	N/A	70	N/A	0	N/A	70	N/A	80
102818	N/A	63	N/A	0	N/A	63	N/A	63
102819	N/A	30	N/A	0	N/A	30	N/A	30
102820	N/A	62	N/A	0	N/A	62	N/A	62
102821	N/A	0	N/A	0	N/A	0	N/A	13
102822	N/A	58	N/A	0	N/A	58	N/A	58
102823	N/A	0	N/A	0	N/A	0	N/A	40
102824	N/A	87	N/A	0	N/A	87	N/A	115
102825	N/A	0	N/A	0	N/A	0	N/A	146
102826	N/A	57	N/A	0	N/A	57	N/A	66
102827	N/A	81	N/A	0	N/A	81	N/A	81
102828	N/A	38	N/A	0	N/A	38	N/A	47
102829	N/A	87	N/A	0	N/A	87	N/A	87
102830	N/A	50	N/A	0	N/A	50	N/A	50
102831	N/A	27	N/A	0	N/A	27	N/A	27
102832	N/A	112	N/A	0	N/A	112	N/A	187
102833	N/A	0	N/A	0	N/A	0	N/A	29
102834	N/A	51	N/A	0	N/A	51	N/A	51
102835	N/A	76	N/A	0	N/A	76	N/A	76
102836	N/A	59	N/A	0	N/A	59	N/A	63
102837	N/A	94	N/A	0	N/A	94	N/A	94
102838	N/A	63	N/A	0	N/A	63	N/A	71
102839	N/A	87	N/A	0	N/A	87	N/A	87
102840	N/A	90	N/A	0	N/A	90	N/A	90
102841	N/A	48	N/A	0	N/A	48	N/A	48
102843	N/A	68	N/A	1	N/A	69	N/A	69
102844	N/A	104	N/A	0	N/A	104	N/A	112
102845	N/A	64	N/A	0	N/A	64	N/A	64
102847	N/A	80	N/A	0	N/A	80	N/A	100
102848	N/A	48	N/A	0	N/A	48	N/A	70
102849	N/A	65	N/A	0	N/A	65	N/A	83
102850	N/A	88	N/A	0	N/A	88	N/A	99
102851	N/A	65	N/A	1	N/A	66	N/A	87
102853	N/A	71	N/A	0	N/A	71	N/A	81
102854	N/A	74	N/A	0	N/A	74	N/A	78
102855	N/A	121	N/A	0	N/A	121	N/A	139
102856	N/A	62	N/A	0	N/A	62	N/A	62

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012
102857	N/A	71	N/A	0	N/A	71	N/A	71
102858	N/A	101	N/A	0	N/A	101	N/A	101
102859	N/A	35	N/A	0	N/A	35	N/A	35
102860	N/A	25	N/A	0	N/A	25	N/A	25
102861	N/A	94	N/A	0	N/A	94	N/A	110
102862	N/A	0	N/A	0	N/A	0	N/A	0
102863	N/A	19	N/A	0	N/A	19	N/A	19
102864	N/A	71	N/A	0	N/A	71	N/A	77
102865	N/A	22	N/A	0	N/A	22	N/A	22
102866	N/A	53	N/A	0	N/A	53	N/A	53
102867	N/A	15	N/A	0	N/A	15	N/A	16
102868	N/A	55	N/A	0	N/A	55	N/A	55
102869	N/A	45	N/A	0	N/A	45	N/A	45
102870	N/A	96	N/A	0	N/A	96	N/A	96
102871	N/A	27	N/A	0	N/A	27	N/A	29
102872	N/A	104	N/A	0	N/A	104	N/A	104
102873	N/A	54	N/A	0	N/A	54	N/A	65
102874	N/A	51	N/A	0	N/A	51	N/A	51
102875	N/A	52	N/A	0	N/A	52	N/A	52
102876	N/A	51	N/A	1	N/A	52	N/A	64
102877	N/A	48	N/A	0	N/A	48	N/A	48
102878	N/A	84	N/A	0	N/A	84	N/A	84
102879	N/A	38	N/A	0	N/A	38	N/A	38
102880	N/A	44	N/A	0	N/A	44	N/A	44
102881	N/A	10	N/A	0	N/A	10	N/A	11
102882	N/A	79	N/A	0	N/A	79	N/A	96
102883	N/A	43	N/A	0	N/A	43	N/A	44
102884	N/A	70	N/A	0	N/A	70	N/A	70
102885	N/A	0	N/A	0	N/A	0	N/A	38
102886	N/A	74	N/A	0	N/A	74	N/A	74
102887	N/A	0	N/A	0	N/A	0	N/A	12
102888	N/A	23	N/A	0	N/A	23	N/A	23
102889	N/A	32	N/A	0	N/A	32	N/A	35
102890	N/A	21	N/A	0	N/A	21	N/A	21
102891	N/A	26	N/A	0	N/A	26	N/A	26
102892	N/A	42	N/A	0	N/A	42	N/A	42
102893	N/A	40	N/A	0	N/A	40	N/A	40
102894	N/A	4	N/A	0	N/A	4	N/A	18
102895	N/A	19	N/A	0	N/A	19	N/A	19
102896	N/A	88	N/A	0	N/A	88	N/A	119
102897	N/A	48	N/A	0	N/A	48	N/A	60
102898	N/A	78	N/A	0	N/A	78	N/A	81
102899	N/A	42	N/A	0	N/A	42	N/A	42

	Hemo		PD		Total		Total In-Center & Home[1]	
Facility CCN	2011	2012	2011	2012	2011	2012	2011	2012
103300	N/A	3	N/A	0	N/A	3	N/A	7
103301	N/A	13	N/A	0	N/A	13	N/A	22
103502	N/A	60	N/A	0	N/A	60	N/A	71
103503	N/A	78	N/A	0	N/A	78	N/A	86
682500	N/A	32	N/A	0	N/A	32	N/A	38
682501	N/A	29	N/A	0	N/A	29	N/A	29
682502	N/A	32	N/A	0	N/A	32	N/A	32
682503	N/A	18	N/A	0	N/A	18	N/A	22
682504	N/A	0	N/A	0	N/A	0	N/A	3
682505	N/A	29	N/A	0	N/A	29	N/A	29
682506	N/A	27	N/A	0	N/A	27	N/A	37
682507	N/A	41	N/A	0	N/A	41	N/A	51
682508	N/A	52	N/A	0	N/A	52	N/A	57
682509	N/A	22	N/A	0	N/A	22	N/A	22
682510	N/A	70	N/A	0	N/A	70	N/A	70
682511	N/A	16	N/A	0	N/A	16	N/A	32
682512	N/A	24	N/A	0	N/A	24	N/A	24
682513	N/A	10	N/A	0	N/A	10	N/A	17
682514	N/A	0	N/A	0	N/A	0	N/A	0
682515	N/A	32	N/A	0	N/A	32	N/A	39
682516	N/A	42	N/A	0	N/A	42	N/A	45
682517^	N/A	94	N/A	0	N/A	94	N/A	94
682518	N/A	20	N/A	0	N/A	20	N/A	23
682519^	N/A	40	N/A	0	N/A	40	N/A	40
682520^	N/A	29	N/A	0	N/A	29	N/A	29
682521^	N/A	17	N/A	0	N/A	17	N/A	17
682522^	N/A	82	N/A	2	N/A	84	N/A	105
682523^	N/A	3	N/A	0	N/A	3	N/A	8
682524^	N/A	0	N/A	0	N/A	0	N/A	0
682525	N/A	18	N/A	0	N/A	18	N/A	18
682526^	N/A	14	N/A	0	N/A	14	N/A	15
682527^	N/A	12	N/A	0	N/A	12	N/A	12
682531^	N/A	0	N/A	0	N/A	0	N/A	1
FL Totals	**N/A**	**22,512**	**N/A**	**38**	**N/A**	**22,550**	**N/A**	**25,343**

Network Totals	**N/A**	**22,512**	**N/A**	**38**	**N/A**	**22,550**	**N/A**	**25,343**

Source of Information: Facility Survey (CMS 2744) and CROWNWeb
Date of Preparation: June 2013
[1] The last column of the report displays the total from Table #3 plus total from Table #4
This table includes 136 Veterans Affairs Facility patients for 2012

^ Facility not operational in 2011
# Facility not operational in 2012
* Facility does not have a generated 2744 in 2012
2011 Survey Year Data is not available in CROWNWeb

Table 5

Renal Transplant by Transplant Center

Number of transplants performed by transplant center
calendar year 2011 and calendar year 2012

	Total Transplants Performed		Patients Awaiting Transplant*	
Transplant Center	**2011**	**2012**	**2011**	**2012**
109801	N/A	196	N/A	0
109802	N/A	180	N/A	511
109803	N/A	89	N/A	425
109804	N/A	280	N/A	0
109806	N/A	160	N/A	1,078
109807	N/A	17	N/A	45
109809	N/A	38	N/A	114
FL Total	**N/A**	**960**	**N/A**	**2173**

Source of Information: Facility Survey (CMS 2744) and CROWNWeb
Date of Preparation: June 2013
*These numbers are not added to State or Network totals because some patients may be placed on more than one waiting list.
2011 Survey Year Data is not available in CROWNWeb.

TABLE 6

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2012

Age Group	Transplant Type				Total
	Deceased	Living Related	Living Unrelated	Unknown	
00-04	5	3	0	0	8
05-09	7	0	0	0	7
10-14	4	2	0	0	6
15-19	11	5	1	0	17
20-24	14	12	2	0	28
25-29	19	16	2	0	37
30-34	29	10	4	0	43
35-39	44	15	3	0	62
40-44	68	10	9	0	87
45-49	83	14	8	0	105
50-54	80	17	9	0	106
55-59	82	16	9	0	107
60-64	105	13	12	0	130
65-69	101	9	7	0	117
70-74	60	12	4	0	76
75-79	12	3	1	0	16
80-84	6	2	0	0	8
>=85	0	0	0	0	0
Total	**730**	**159**	**71**	**0**	**960**

Gender	Transplant Type				Total
	Deceased	Living Related	Living Unrelated	Unknown	
Female	284	69	20	0	373
Male	446	90	51	0	587
Total	**730**	**159**	**71**	**0**	**960**

Race	Transplant Type				Total
	Deceased	Living Related	Living Unrelated	Unknown	
American Indian/Alaska Native	2	0	0	0	2
Asian	20	2	1	0	23
Black or African American	208	34	6	0	248
Multiracial	1	0	0	0	1
Native Hawaiian or Other Pacific Islander	6	0	0	0	6
White	484	118	64	0	666
Not Specified	9	5	0	0	14
Total	**730**	**159**	**71**	**0**	**960**

Primary Diagnosis	Transplant Type				Total
	Deceased	Living Related	Living Unrelated	Unknown	
Acquired obstructive uropathy	2	2	0	0	**4**
Acute interstitial nephritis	1	0	1	0	**2**
AIDS nephropathy	1	1	0	0	**2**
Amyloidosis	2	0	1	0	**3**
Analgesic abuse	3	0	0	0	**3**
Cholesterol emboli, renal emboli	0	0	0	0	**0**
Chronic interstitial nephritis	7	1	0	0	**8**
Chronic pyelonephritis, reflux nephropathy	7	3	0	0	**10**
Complications of other specified transplanted organ	0	0	0	0	**0**
Complications of transplanted bone marrow	0	0	0	0	**0**
Complications of transplanted heart	3	0	0	0	**3**
Complications of transplanted intestine	0	0	0	0	**0**
Complications of transplanted kidney	40	5	0	0	**45**
Complications of transplanted liver	2	1	0	0	**3**
Complications of transplanted lung	0	0	0	0	**0**
Complications of transplanted organ unspecified	1	0	0	0	**1**
Complications of transplanted pancreas	0	0	0	0	**0**
Congenital nephrotic syndrome	2	2	1	0	**5**
Congenital obstruction of ureterpelvic junction	3	1	0	0	**4**
Congenital obstruction of uretrovesical junction	0	1	0	0	**1**
Cystinosis	0	0	0	0	**0**
Dense deposit disease, MPGN type 2	1	0	0	0	**1**
Diabetes with renal manifestations Type 1	52	1	2	0	**55**
Diabetes with renal manifestations Type 2	152	20	8	0	**180**
Drash syndrome, mesangial sclerosis	0	0	0	0	**0**
Etiology uncertain	22	4	7	0	**33**
Fabry's disease	0	0	0	0	**0**
Focal Glomerulonephritis, focal sclerosing GN	29	15	10	0	**54**
Glomerulonephritis (GN) (histologically not examined)	37	5	3	0	**45**
Goodpasture's syndrome	0	1	1	0	**2**
Gouty nephropathy	0	1	0	0	**1**
Hemolytic uremic syndrome	1	1	0	0	**2**
Henoch-Schonlein syndrome	0	0	0	0	**0**
Hepatorenal syndrome	7	0	0	0	**7**
Hereditary nephritis, Alport's syndrome	6	0	0	0	**6**
Hypertension: Unspecified with renal failure	162	37	15	0	**214**
IgA nephropathy, Berger's disease (proven by immunofluorescence)	25	10	5	0	**40**
IgM nephropathy (proven by immunofluorescence)	4	0	0	0	**4**

Lead nephropathy	0	0	0	0	**0**
Lupus erythematosus, (SLE nephritis)	18	7	1	0	**26**
Lymphoma of kidneys	0	0	0	0	**0**
Medullary cystic disease, including nephronophthisis	2	2	1	0	**5**
Membranoproliferative GN type 1, diffuse MPGN	4	0	0	0	**4**
Membranous nephropathy	4	0	1	0	**5**
Multiple myeloma	0	1	0	0	**1**
Nephrolithiasis	0	0	0	0	**0**
Nephropathy caused by other agents	5	1	2	0	**8**
Nephropathy due to heroin abuse and related drugs	0	0	0	0	**0**
Other (congenital malformation syndromes)	3	2	0	0	**5**
Other Congenital obstructive uropathy	3	2	1	0	**6**
Other disorders of calcium metabolism	0	1	0	0	**1**
Other immuno proliferative neoplasms (including light chain nephropathy)	0	0	0	0	**0**
Other proliferative GN	6	3	0	0	**9**
Other renal disorders	13	2	1	0	**16**
Other Vasculitis and its derivatives	0	1	0	0	**1**
Polyarteritis	0	0	0	0	**0**
Polycystic kidneys, adult type (dominant)	62	13	7	0	**82**
Polycystic, infantile (recessive)	3	0	1	0	**4**
Post infectious GN, SBE	0	0	0	0	**0**
Post partum renal failure	0	0	0	0	**0**
Primary oxalosis	1	0	0	0	**1**
Prune belly syndrome	1	0	0	0	**1**
Radiation nephritis	0	0	0	0	**0**
Renal artery occlusion	0	0	0	0	**0**
Renal artery stenosis	3	0	0	0	**3**
Renal hypoplasia, dysplasia, oligonephronia	3	2	0	0	**5**
Renal tumor (benign)	0	0	0	0	**0**
Renal tumor (malignant)	1	0	1	0	**2**
Renal tumor (unspecified)	0	0	0	0	**0**
Scleroderma	1	0	0	0	**1**
Secondary GN, other	2	0	0	0	**2**
Sickle cell disease/anemia	0	0	0	0	**0**
Sickle cell trait and other sickle cell (HbS/Hb other)	0	0	0	0	**0**
Traumatic or surgical loss of kidney(s)	0	0	0	0	**0**
Tuberous sclerosis	0	0	0	0	**0**
Tubular necrosis (no recovery)	6	1	0	0	**7**
Urinary tract tumor (benign)	0	0	0	0	**0**
Urinary tract tumor (malignant)	0	0	0	0	**0**
Urinary tract tumor (unspecified)	0	0	0	0	**0**
Urolithiasis	0	0	0	0	**0**

Wegener's granulomatosis	5	1	0	0	**6**
With lesion of rapidly progressive GN	1	1	1	0	**3**
Not Specified	11	7	0	0	**18**
Total	**730**	**159**	**71**	**0**	**960**

Source of Information: CROWNWeb
Race: The categories are from the CMS-2728 Form.
Primary Diagnosis: The categories are from the CMS-2746 Form.

This table cannot be compared to the CMS facility survey because the CMS Facility.

Table 7

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2012

Age Group	FL	Other	Total
00-04	0	0	0
05-09	0	0	0
10-14	0	0	0
15-19	1	0	1
20-24	4	0	4
25-29	17	1	18
30-34	35	1	36
35-39	58	3	61
40-44	83	0	83
45-49	155	0	155
50-54	233	1	234
55-59	385	1	386
60-64	482	1	483
65-69	583	2	585
70-74	656	9	665
75-79	634	3	637
80-84	695	6	701
>=85	679	3	682
Total	**4,700**	**31**	**4,731**

Gender	FL	Other	Total
Female	1,836	13	1,849
Male	2,864	18	2,882
Not Specified	0	0	0
Total	**4,700**	**31**	**4,731**

Race	FL	Other	Total
American Indian/Alaska Native	4	0	4
Asian	42	0	42
Black or African American	1,339	8	1,347
Multiracial	11	0	11
Native Hawaiian or Other Pacific Islander	16	0	16
White	3,287	23	3,310
Not Specified	1	0	1
Total	**4,700**	**31**	**4,731**

Primary Diagnosis	FL	Other	Total
Cystic/Hereditary/Congenital Diseases	89	0	89
Diabetes	2,093	13	2,106
Glomerulonephritis	208	3	211
Hypertension/Large Vessel Disease	1,561	11	1,572
Interstitial Nephritis/Pyelonephritis	115	0	115
Miscellaneous Conditions	373	3	376
Neoplasms/Tumors	170	1	171
Secondary GN/Vasculitis	67	0	67
Not Specified	24	0	24
Total	**4,700**	**31**	**4,731**

Primary Cause of Death	FL	Other	Total
Cardiac	2,101	14	2,115
Gastro-Intestinal	33	1	34
Infection	334	2	336
Liver Disease	47	0	47
Not Specified	163	4	167
Other	1,137	5	1,142
Unknown	714	4	718
Vascular	171	1	172
Total	**4,700**	**31**	**4,731**

Source of Information: CROWNWeb
Race: The categories are from the CMS-2728 Form
Diagnosis: The categories are from the CMS-2728 Form
This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities.
This table includes 54 patients receiving treatment at VA facilities.

TABLE 8

Vocational Rehabilitation

Beginning Through End of Survey Period 2012

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time
102518	32	0	0	0
102501	51	0	2	0
102514	48	1	14	2
102512	37	0	4	0
102548	34	0	0	0
102551	18	0	0	0
100001	105	1	0	0
102531	53	0	9	3
102521	44	0	3	3
102557	16	0	0	0
102573	36	0	3	0
102519	25	0	2	0
102528	17	0	2	0
102529	8	0	1	0
102506	25	0	0	0
102542	13	0	1	0
102538	18	0	0	0
102547	37	0	1	0
102563	4	0	0	0
102554	28	0	0	0
103300	2	0	0	2
100007	8	0	0	0
102505	86	2	17	2
102517	23	0	3	0
102511	11	0	0	0
102546	45	0	2	0
102553	45	0	6	0
102569	29	0	0	0
102513	49	0	1	0
102524	24	0	0	0
102534	14	0	1	0
102549	9	0	2	0
102545	46	0	1	0
102564	18	0	1	0
102520	11	0	2	0
102525	15	0	0	0

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time
102527	11	0	2	0
102510	10	0	0	0
100288	44	0	0	0
102571	28	0	0	0
102555	37	0	0	0
100038	2	0	0	0
102536	34	0	1	0
102559	39	0	1	0
102504	61	0	3	2
102544	26	0	3	1
102718	21	0	2	0
102503	18	0	2	0
102530	19	0	0	1
102532	41	0	4	0
102502	36	0	2	0
102543	13	0	0	0
102558	39	0	5	0
102565	47	0	1	0
102566	23	3	13	3
102574	27	0	0	0
102576	25	0	1	0
102578	20	0	1	0
102579	12	0	1	0
102581	28	1	0	0
102582	6	0	0	0
102583	39	1	1	0
102584	13	0	0	0
102585	22	0	1	0
102586	78	2	8	1
102587	5	0	0	0
102589	12	0	0	0
102590	50	0	0	0
102591	25	0	4	0
102592	13	0	0	0
102593	31	0	3	0
102594	27	0	1	0
102595	23	2	12	2
102596	38	0	6	0
102597	10	0	2	0
102598	15	0	0	0
102601	25	0	1	0
102602	40	0	0	0
102603	6	0	0	0

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time
102604	23	0	1	0
102605	28	0	3	0
102609	21	0	0	0
102610	46	1	6	1
102689	10	0	0	0
102612	31	0	2	0
100022	16	0	0	0
100113	6	0	0	0
100128	4	0	0	0
109802	0	0	0	0
109804	0	0	0	0
109803	0	0	0	0
109801	0	0	0	0
102616	22	0	1	0
102618	11	0	2	0
102613	29	0	0	0
102614	17	0	0	0
102615	35	0	0	0
102619	15	0	0	0
102617	17	0	1	0
102623	22	0	3	0
102624	27	0	2	0
109809	0	0	0	0
102626	16	0	0	0
102627	28	0	0	0
10061F	2	0	0	0
10011F	12	0	0	0
102629	6	0	1	0
102630	19	0	0	0
102632	20	0	0	0
102635	27	0	2	0
102634	34	0	4	0
102636	49	0	0	0
102558	6	0	0	0
102638	17	0	0	0
102637	34	0	0	0
102628	3	0	1	0
102639	31	0	4	0
102642	16	0	0	0
102647	23	0	2	0
102646	7	0	0	0
103301	6	0	0	0
102645	47	0	0	0

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time
102648	20	0	11	1
102649	13	0	5	0
102652	12	0	0	0
102651	18	0	2	0
102653	15	1	1	1
102656	83	0	1	0
102654	6	0	2	0
102655	14	0	1	0
102658	11	0	1	0
102662	23	0	0	0
102659	44	0	2	0
102660	21	0	2	3
102664	28	0	0	0
102665	21	0	1	0
10009F	8	0	0	0
102529	8	0	0	0
102666	25	2	5	2
102670	16	0	0	0
102668	10	0	1	0
102695	4	0	0	0
102674	19	0	1	0
102673	66	0	11	0
102675	4	0	0	0
102683	23	0	0	0
102676	27	0	1	0
102678	39	1	0	1
102679	17	0	1	0
102684	29	1	8	1
102687	12	1	4	2
102680	34	0	4	0
102681	31	0	2	0
102692	9	0	0	0
102690	10	0	0	0
10065F	4	0	0	0
102693	19	0	2	0
102705	50	0	7	1
102694	18	0	2	0
102696	8	0	0	0
102699	5	0	0	0
102697	42	0	1	0
102702	10	0	1	0
102708	16	0	0	0
102701	40	0	3	0

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time
102715	5	0	0	0
102700	13	0	0	0
102704	19	0	4	1
102719	8	0	1	0
102707	12	0	0	0
102710	20	0	0	0
102712	10	0	0	0
102716	20	0	0	0
102714	9	0	1	0
102717	7	0	0	0
102720	11	0	0	0
102721	34	1	15	3
102722	14	0	0	0
102733	9	0	0	0
102703	11	0	1	0
102726	9	0	0	1
102728	20	0	1	0
102709	11	0	0	0
102748	39	0	1	0
102731	14	0	1	0
102727	6	0	0	0
102737	15	0	0	0
102732	11	0	2	0
102739	12	0	0	0
102736	5	0	0	0
102746	11	0	6	0
100088	0	0	0	0
102740	35	0	6	4
102738	8	0	0	0
102741	13	0	1	0
102893	16	1	7	0
102742	23	0	1	0
102744	5	0	0	0
102743	9	0	0	0
102756	22	0	0	1
102752	7	0	0	0
102750	13	0	4	0
102745	31	0	1	0
102749	0	0	0	0
102747	18	0	0	0
102751	18	0	1	0
102522	20	0	5	0
102706	14	0	1	0

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time
102760	0	0	0	0
102759	4	0	0	0
102757	17	0	0	0
102763	6	0	0	0
102766	37	1	10	0
102764	0	0	0	0
102768	17	0	1	0
102754	40	3	5	1
102761	44	4	7	2
102767	30	0	0	0
102762	27	0	1	0
102765	25	0	1	0
102770	14	0	0	0
102772	31	0	10	2
102769	33	0	2	0
102773	25	0	1	0
102774	6	0	1	0
102776	38	1	2	0
109806	0	0	0	0
102771	11	0	0	0
102775	15	0	0	0
102778	16	0	1	0
102783	20	0	2	0
102782	15	0	0	0
102777	27	0	1	0
102779	39	0	13	0
102784	41	0	4	3
102792	27	0	3	0
102786	9	0	0	0
102790	5	0	0	0
102789	14	1	3	1
102788	11	0	0	0
102787	27	1	2	1
102791	8	0	1	0
102793	25	0	2	0
102794	50	0	3	0
102795	18	0	1	0
102801	10	0	2	0
102796	2	0	0	0
102800	27	0	4	1
102805	51	0	0	0
102811	7	0	2	0
102803	18	0	0	0

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time
102804	4	0	1	0
102806	23	0	1	0
102808	7	0	1	0
102807	7	0	1	0
102802	8	0	0	0
102812	28	1	4	0
102809	6	0	0	0
102810	21	0	0	0
102813	32	0	1	0
103502	18	0	1	0
102815	32	0	2	0
102814	10	0	1	0
102817	26	0	1	0
102818	11	0	0	0
102819	12	0	0	0
102820	27	0	5	0
102816	11	0	0	0
102856	20	0	0	2
102832	54	0	1	0
102823	15	0	0	0
102825	51	2	10	2
102824	26	1	1	1
102828	21	0	1	0
102826	11	0	0	1
102827	16	0	0	0
102821	3	0	0	0
102822	13	0	0	0
102829	24	0	0	0
102830	14	0	2	0
102831	6	0	0	0
102834	13	0	2	0
102833	8	0	1	0
102835	14	0	1	0
102860	8	0	0	0
102836	10	0	3	0
102838	8	0	0	0
102839	37	0	1	0
102840	24	0	0	0
102841	10	0	0	0
109807	0	0	0	0
102843	6	0	0	0
102844	7	0	0	0
102845	17	0	2	0

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time
102883	11	0	0	0
102851	19	0	0	0
103503	46	0	1	0
102848	16	0	1	1
102849	21	1	5	1
102850	40	0	2	0
102847	21	0	0	0
102853	16	0	0	0
102855	42	0	1	0
102861	23	0	0	0
102837	33	0	0	0
102854	6	1	1	0
102885	17	0	3	0
102857	10	0	0	1
102858	27	0	2	0
102859	3	0	0	0
102862	0	0	0	0
102874	13	0	1	0
682504	1	0	0	0
102875	7	0	0	0
102873	21	0	2	0
102881	3	0	0	0
102871	7	0	3	1
102863	4	0	0	0
102864	18	0	0	0
102865	6	0	1	0
102876	21	1	2	0
102866	16	0	0	0
102867	4	0	0	0
102868	18	0	0	0
102869	7	0	0	0
102870	29	4	1	3
102890	10	0	0	0
102880	12	1	5	1
102879	12	0	1	0
102884	22	0	2	0
102872	23	0	4	0
102882	32	0	0	0
102877	9	1	1	0
102887	2	0	1	0
102878	31	0	0	0
102888	5	0	1	0
102886	28	0	2	0

Facility CCN	Aged 18 through 54	Patients Receiving Services from Voc Rehab	Patients Employed Full-Time or Part-Time	Patients Attending School Full-Time or Part-Time
102892	10	0	2	0
102894	4	0	0	0
102889	5	0	0	0
682500	18	0	0	0
102895	6	0	0	0
102891	8	0	1	0
102896	57	0	9	1
102897	17	0	1	0
682513	8	0	0	0
682501	4	0	0	0
682514	0	0	0	0
682502	7	0	0	0
102898	17	0	0	0
682511	5	0	0	0
682503	2	0	1	0
682507	7	0	0	0
682508	24	0	0	0
102899	6	0	0	0
682505	9	0	0	0
682509	4	0	0	0
682506	18	0	1	0
682510	11	0	2	0
682512	8	0	1	0
682515	9	1	2	0
682525	5	0	0	0
682516	16	0	0	0
682523	5	0	3	0
682517	30	0	1	1
682527	1	0	0	0
100006	1	0	0	0
682520	3	0	0	0
682521	1	0	0	0
682518	4	0	0	0
682519	10	0	0	0
682522	34	0	2	0
682526	7	0	0	0
682531	0	0	0	0
682524	0	0	0	0
FL Total	**7,244**	**47**	**535**	**72**