Quality Insights
Renal Network 4

2013 Annual Report

Quality Insights
Renal Network 4

Serving ESRD Patients in Delaware and Pennsylvania.

Contract Number: HHSM-500-2013-NW004C, June 15, 2014

Submitted to: Marie Wagner-Clarke, CMS COR, Centers for Medicare & Medicaid Services, Division of Quality Improvement
Submitted by: Quality Insights Renal Network 4, 630 Freedom Business Center, Suite 116, King of Prussia, PA

Definition of Quality:

Quality of care is the degree to which health services to individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

- **Institute of Medicine**

Preface

Quality Insights Renal Network 4 (QIRN 4) is pleased to present our 2013 Annual Report. 2013 was an exciting and challenging inaugural year for us. We began our quality improvement journey on June 10th 2013, when we were notified by the Centers for Medicare & Medicaid Services (CMS) that we would be the new Network 4 contractor. Our number one goal from that day forward was to ensure a seamless transition of activities from the previous ESRD Network contractor. This meant no disruption of services for patients and providers in the Network. We also set about to design and launch exciting new quality improvement programs.

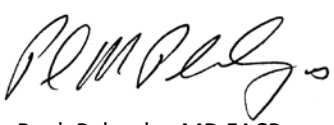
Thus immediately after notification in June of 2013, we began our work under the leadership of the QIRN 4 Medical Review Board and the QIRN 4 Board of Directors. After the completion of hiring new staff and relocating our business offices to the eastern portion of the state of Pennsylvania at King of Prussia, we were ready to tackle the bold ESRD Network goals established by CMS for the 2013, despite having only six months remaining.

As we developed our work plan, we forged relationships with stakeholders from the State Departments of Health in Pennsylvania and Delaware, the Centers for Disease Control and Prevention (CDC), the Philadelphia Department of Health, Quality Insights of Pennsylvania (the state's Medicare Quality Improvement Organization and our sister company), as well as other ESRD Networks throughout the country. Together, we completed a host of activities that led to QIRN 4 successfully meeting all of CMS's core requirements and clinical benchmarks. This report details those activities.

As we reflect back on 2013, our first CMS ESRD Contract year, we are inspired by the quality improvement achievements of our Network providers, and we look forward to continuing our partnerships and our progress. Looking ahead, we will continue to explore quality improvement opportunities and bridge relationships with providers, patients, caregivers and stakeholders. We will remain motivated and vigilant in helping providers deliver high quality care safely while meeting the National Quality Standards and CMS's three part aim of better care, better health and lower costs.

We hope you find the 2013 annual report useful and we look forward to hearing about any potential improvements or partnership opportunities you have to share. We are also looking forward to working with you, our valued partners, in the coming year to improve the health of all patients in our Network area.

John C. Wiesendanger
CEO
WVMI & Quality Insights



Paul Palevsky, MD FACP
Vice-Chairperson
QIRN 4 Board of Directors

Marc Weiner, MD
Chairperson
QIRN 4 Medical Review Board

Mission

The QIRN 4 Mission, in support of achieving national quality improvement goals and statutory requirements as set forth in Section 1881 of the Social Security Act and the Omnibus Budget Reconciliation Act of 1986, is to ensure Network activities align with the Department of Health and Human Services (HHS) National Quality Strategy (NQS), the Centers for Medicare & Medicaid Services (CMS) three-part aim, and other CMS priorities designed to result in the improvements of care for individuals with ESRD. To that end, QIRN 4 support is critical to achieving bold CMS goals for health care transformation for the patient with ESRD. The role of QIRN 4 will be to lead Network transformation by:

- Serving as convener, organizer, motivator, and change agents
- Leveraging technology to provide outreach and education
- Serving as partner in quality improvement with beneficiaries, practitioners, health care providers, other health care organizations, and other stakeholders
- Securing commitments to create collaborative relationships
- Achieving and measuring changes at the patient level through real time data collection, analysis and monitoring for improvement
- Disseminating and spreading best practices including those relating to clinical care, quality improvement techniques, and data collection through information and data exchange
- Participating in the CMS National Emergency Preparation Framework by providing emergency preparedness services as needed

QIRN 4 will foster relationships with Medicare beneficiaries by:

- Ensuring representation of Medicare beneficiaries in shared decision making related to ESRD care in order to promote person-centeredness and family engagement (NQS Principle 1)
- Protecting Medicare beneficiaries' access to and quality of dialysis care, especially among vulnerable populations (NQS Principle 3)

QIRN 4 will cultivate relationships with ESRD facilities (NQS Principle 4) by:

- Identifying opportunities for quality improvement at the individual facility level and providing technical assistance (NQS Principle 5)

- Promoting all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes (NQS Principle 5)
- Facilitating processes to promote care coordination between different care settings (NQS Principle 8)
- Ensuring accurate, complete, consistent, and timely data collection, analysis, and reporting by facilities in accordance with national standards and the ESRD QIP (NQS Principle 6)

QIRN 4 will actively participate in coordination and sharing across all 18 ESRD Networks as evidenced by:

- Using standardized procedures to collect data and address grievances to promote consistency across Networks (NQS Principle 6)
- Collaborating to share information such as patient migration across Networks to promote care coordination (NQS Principle 8)
- Coordinating with regional Quality Improvement Organizations (QIOs) and other recognized subject matter experts in the quality improvement field
- Sharing information to promote care coordination for ESRD patients (NQS Principle 8)
- Sharing best practices to improve quality of care for ESRD patients, including Network involvement in LANs (NQS Principle 5)

QIRN 4, acting on behalf of CMS, will:

- Convey information from CMS to facilities on HHS and CMS goals, strategies, policies, and procedures including the ESRD QIP
- Maintain integrity of information and tone of messaging consistent with CMS expectations for entities acting on behalf of the agency
- Interpret and convey to CMS or its designee information relevant to the ESRD health care system to assist with monitoring and evaluation of policy and program impacts including the effects of the ESRD QIP

Table of Contents

Introduction

On April 10, 2013, CMS announced their ESRD Network 4 Contract was awarded to Quality Insights Renal Network 4 (QIRN 4). This announcement began the transition of the ESRD Network 4 Contract from The Renal Network, INC. to QIRN 4. This transition included the opening of a new Network 4 office located in King of Prussia, Pennsylvania, hiring of new network staff, the appointing of a new Boards of Directors and appointment of a new Medical Review Board. The Renal Network, INC. completed its transition of the ESRD Network 4 Contract on June 10, 2013. On that date the incumbent ESRD Network 4 Pittsburgh office was closed and all ESRD Network 4 activity was directed to the new Quality Insights Renal Network 4 office in King of Prussia, Pennsylvania.

As CMS contractors, all work done by ESRD Networks is directed via a contractual Statement of Work (SOW) which describes specific quality improvement activities, quality improvement projects and quality improvement goals. QIRN 4 is one of 18 ESRD Network Organizations in the United states and its territories to participate in the ESRD Network Organization Program as a contractor to the Centers for Medicare and Medicaid Services (CMS).

Description of the ESRD Network System

The ESRD Network Program was established under the ESRD Amendment to the Social Security Act of 1972 for individuals with ESRD. Congress amended Title XVIII of the Social Security Act in 1978 to establish ESRD Network Organizations. Goals and requirements have evolved over the life of the program, and today's Networks provide ESRD health care quality oversight and improvement, resolve patient complaints and grievances, assist with Emergency Preparedness and maintain the ESRD registry.

The current CMS strategic goals for the Network Program are based in accordance with Title XVIII of the Social Security Act as amended by Section 1881(c). The work under this act aand the Omnibus Budget Reconciliation Act of 1986 outlines national quality improvement goals and statutory requirements. In this legislation, and in the ESRD SOW, the term "Network" is used to refer to the ESRD Network contractor. The tasks described in the current ESRD SOW are intended to align Network activities with the Department of Health and Human Services (HHS) National Quality Strategy (NQS), the CMS three-part aim, and other CMS priorities designed to result in improvements in the care of individuals with ESRD. The Networks are

tasked to promote positive change relative to the three aims outlined in the NQS and CMS priorities. The aims are interpreted for purposes of this SOW as:

AIM 1: Better Care for the Individual through Beneficiary and Family Centered Care
AIM 2: Better Health for the ESRD Population
AIM 3: Reduce Costs of ESRD Care by Improving Care.

The three aims are further subdivided into multiple domains. Many factors influence these domains, including patient characteristics, patients' social support/environment, and aspects of the health care delivery system. To substantively impact these domains, the Networks may need to deploy interventions that target patients, dialysis/transplant providers, other providers, and other stakeholders. The Networks shall incorporate a focus on reducing health care related disparities when conducting all of the activities outlined in the ESRD SOW and in each domain; the Networks are tasked with analyzing their Network-specific data and implement interventions aimed at reducing any discovered health care disparities.

The ESRD Networks play a critical role in achieving CMS's bold goals for health care transformation. As noted in the QIRN 4 Mission statement, the QIRN4 team will serve as patient care navigators and lead health care transformation in Network 4 by:

- Serving as conveners, organizers, motivators, and change agents
- Leveraging technology to provide outreach and education
- Serving as partners in quality improvement with beneficiaries, practitioners, health care providers, other health care organizations , and other stakeholders
- Educating partners on process improvement technique to meet improvement goals
- Securing commitments to create collaborative relationships
- Achieving and measuring changes at the patient level through data collection, analysis, and monitoring for improvement
- Participating in the development of a CMS national framework for providing emergency preparedness services
- Disseminating and spreading best practices including those relating to clinical care, quality improvement techniques, and data collection through information exchange

Network 4 Description

Network 4 consists of two neighboring states, Pennsylvania and Delaware, which are located in the Northeast portion of the United States. The states, although in close proximity, vary in size, population, concentration of ESRD providers as well as geographic characteristics.

Pennsylvania

Pennsylvania, one of the two states in Network 4, is made up of 67 counties that cover 44,827 square miles[1]. According to the U.S. Census Bureau, the total population for Pennsylvania was estimated at 12,763,536 (U.S. Census Bureau Quick Facts population estimate; as of June 1, 2012) Pennsylvania is the sixth most populous and the fifth "oldest state", with 15.6% of the population being 65 years old or older[2]. Pennsylvania is bordered on the north and northeast by New York; on the east by New Jersey; on the south by Delaware, Maryland, and West Virginia; and on the west by Ohio. Pennsylvania has bordering bodies of water to the northwest with Lake Erie, and to the East with the Delaware River. Pennsylvania also shares one of its borders with Canada.

In Pennsylvania as of December 31, 2013, there were 279 Medicare approved dialysis centers, one Medicare approved Veterans Administration Medical Center (VAMC), one non-Medicare approved VAMC unit, 19 Medicare approved kidney transplant centers and one UNOS only approved transplant center. Counted together, these 281 chronic dialysis facilities and 19 transplant centers supplied renal replacement services to the local ESRD population.

Delaware

Delaware, the other state in Network 4, is made up of three counties and spans 1,954 square miles[1]. According to the U.S. Census Bureau, the total population for Delaware was estimated at 917,092 (U.S. Census Bureau Quick Facts population estimate; as of June 1, 2012) with 14.5% of the population being 65 years old or older[2]. Delaware is one of the smallest states in the country being 46th. It is bordered by the states of New Jersey to the north east, Pennsylvania to the North and Maryland to the east. Delaware has the Atlantic Ocean bordering the state to the south and the Delaware Bay to the east. Delaware's location provides patients with easy access to the major metropolitan areas of the Northeast including Washington, D.C., Philadelphia, and Baltimore.

In Delaware as of December 31, 2013, there were 24 Medicare approved dialysis centers, one non-Medicare approved VAMC unit and two kidney transplant centers. Counted together,

these 25 chronic dialysis facilities and two transplant centers supplied renal replacement services to the local ESRD population.

Network 4 Combined

As of December 31, 2013, there were 305 chronic ESRD dialysis facilities and 21 renal transplant units in Pennsylvania and Delaware combined.

[1] *http://factfinder2.census.gov)*

[2] *http://en.wikipedia.org/wiki/List_of_U.S._states_and_territories_by_population*

Prevalent Hemodialysis and Peritoneal Dialysis Population

According to the Patient Population Report[3] , the total prevalent ESRD population receiving treatment in Network 4 as of December 31, 2013 was 17,831 for chronic dialysis patients and 10,674 kidney transplant patients. This total number of individuals (28,507) includes all types of renal replacement therapy: in-center and home hemodialysis, peritoneal dialysis, and transplantation.

The prevalent dialysis and transplant population can be stratified by gender, race, age and primary cause of ESRD. For the purposes of the data figures in this section, the race grouping will consist of White, Black or African American, and Other. The group of "other" includes the categories of American Indian/Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and multi-racial individuals.

Also for the purpose of the data figures found in this section, race is grouped within gender. Displaying data by these groupings is done to identify differences in the ESRD population to help target education and reduce disparities[3].

[3] CROWNWeb[1] Patient Population Report as of December 31, 2013 generated June 2014

Figure 1: Network 4 Prevalent HD and PD Population by Male Gender, Race and Age as of December 31, 2013

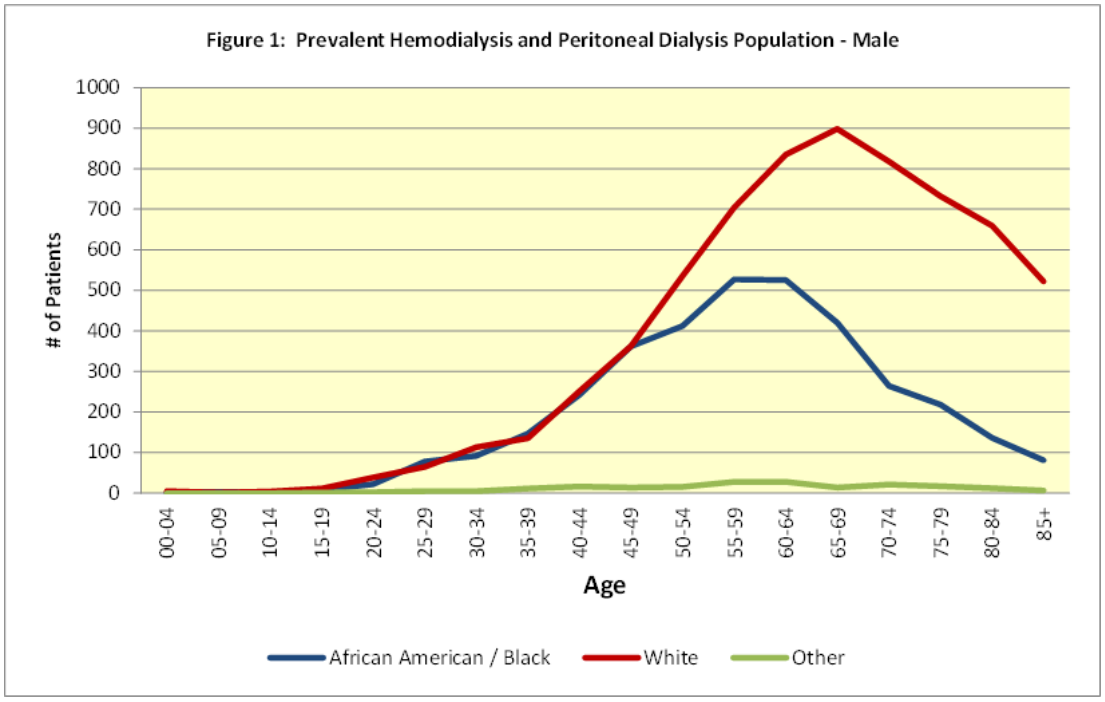


Figure 2: Network 4 Prevalent HD and PD Population by Female Gender, Race and Primary Cause of ESRD as of December 31, 2013

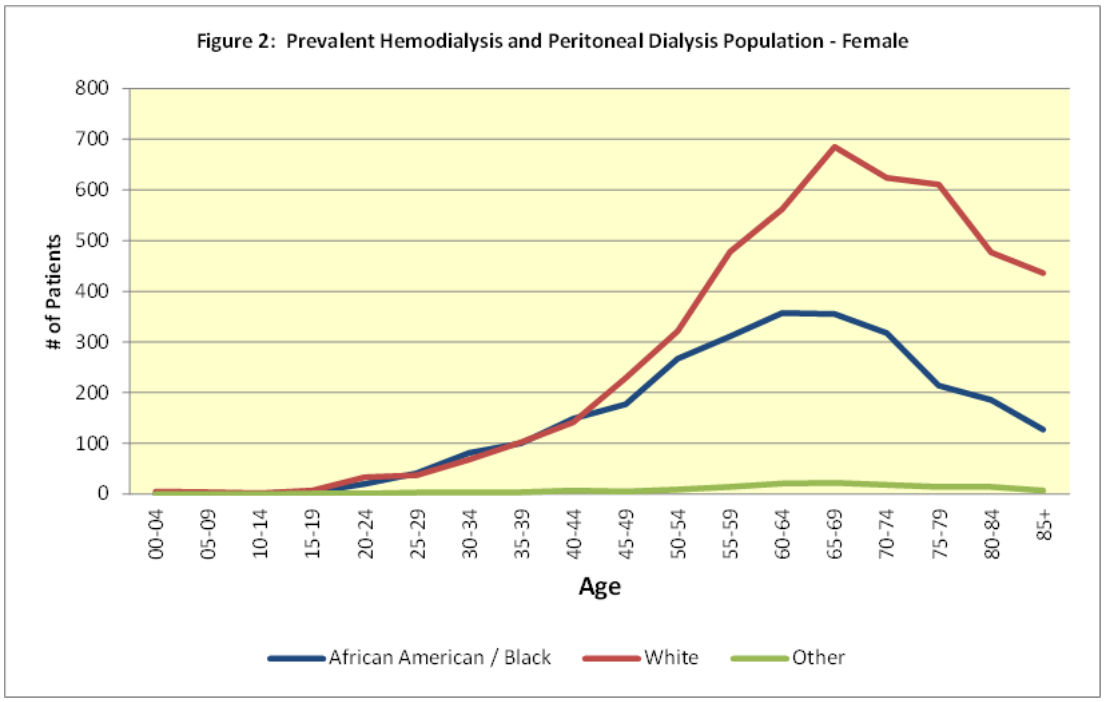


Figure 3: Network 4 Prevalent HD and PD Population by Gender, Race and Primary Cause of ESRD as of December 31, 2013

Figure 3: Gender, Race and Age

	Male			Female		
Age	African American / Black	White	Other	African American / Black	White	Other
00-04	1	5	0	1	5	0
05-09	3	1	0	2	4	0
10-14	1	4	0	1	2	0
15-19	8	11	1	4	7	1
20-24	22	38	2	20	33	1
25-29	78	65	5	41	37	3
30-34	92	113	5	81	68	3
35-39	147	135	11	100	102	4
40-44	242	251	16	149	142	7
45-49	362	363	14	177	229	5
50-54	412	535	15	267	322	9
55-59	527	704	28	311	478	14
60-64	525	835	28	357	562	21
65-69	420	898	14	355	685	22
70-74	264	818	21	318	624	18
75-79	218	732	17	214	611	14
80-84	136	659	12	186	477	14
85+	81	522	6	127	436	7

Figure 4: Network 4 Prevalent Kidney Transplant Recipient Population by Male Gender, Race and Age as of December 31, 2013

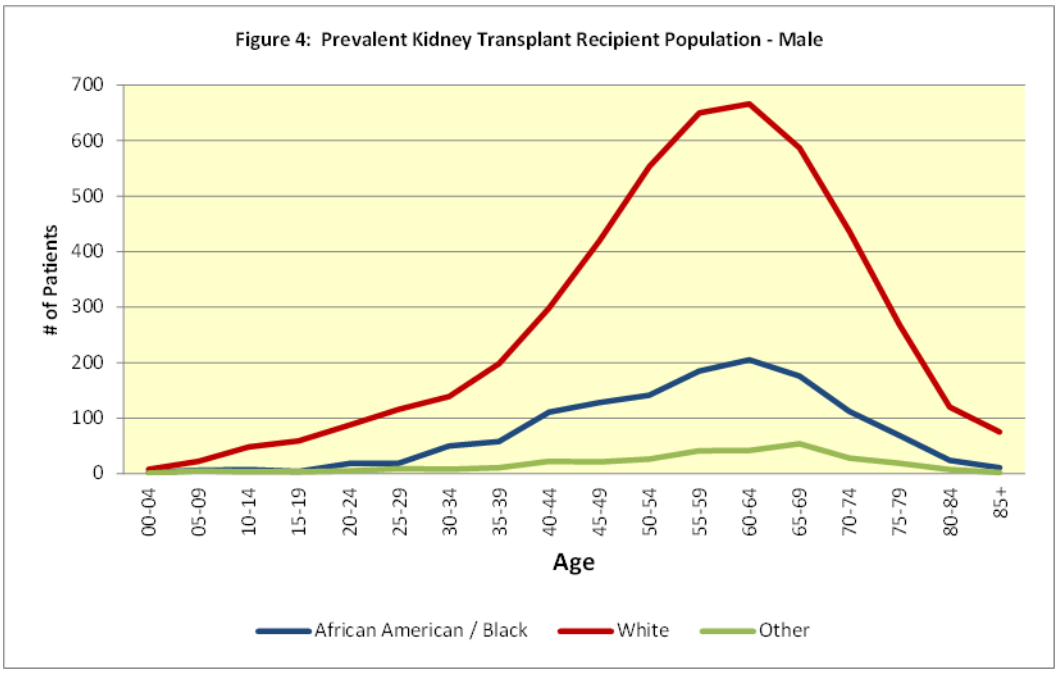
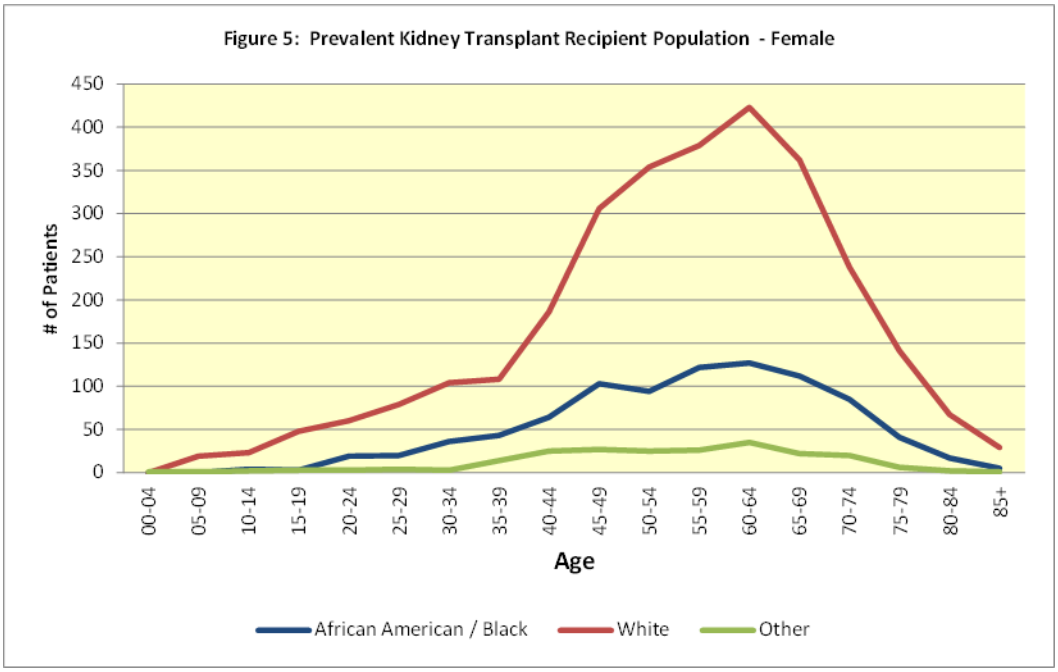


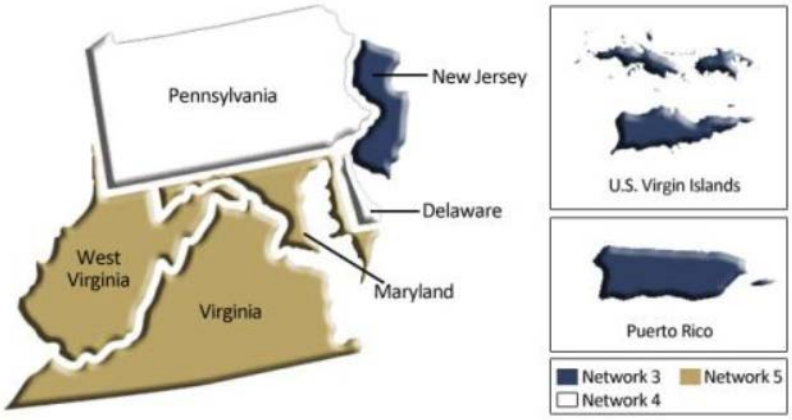
Figure 5: Network 4 Prevalent Kidney Transplant Recipient Population by Female Gender, Race and Age as of December 31, 2013



Network 4 Structure Description

Quality Insights Renal Network 4 is part of the WVMI & Quality Insights family of health care improvement companies. These companies are comprised of our Quality Improvement Organizations (QIOs): WVMI, Quality Insights of Delaware, and Quality Insights of Pennsylvania, and our End Stage Renal Disease (ESRD) Networks: the Mid-Atlantic Renal Coalition (MARC), Quality Insights Renal Network 3 (QIRN3) and Quality Insights Renal Network 4 (QIRN 4). Quality Insights Holdings, Inc. (QIH) is the holding company for QIRN and its affiliated companies.

Figure 6: QIH Renal Networks



By pooling common administrative services such as Information Technology (IT), Human Resources (HR), Communications, Data/Analytic Services, and Financial Services, WVMI & Quality Insights provides efficient centralized support while fielding highly-engaged and collaborative local staff that has developed trusted relationships with local health care provider communities and consumer organizations. QIRN 4 has used this infrastructure and approach to support the outward-facing, high-performing staff in Network 4.

Staffing Structure as of 12/31/2013

QIRN 4 is fully staffed with dedicated individuals who possess the experience, education and training to complete the work of the CMS Network 4 Contract, to develop quality improvement and educational activities, and to provide technical assistance to dialysis facility staff, patients, and the renal community. The QIRN 4 staff collectively has over 203 years of health care experience to build the foundation of administering the CMS Network 4 Contract.

During the Base Year of this ESRD CMS Contract, these individuals have provided clinical and administrative expertise to assure reliability of statistical data and oversight of quality improvement activities. QIRN 4 maintains a relatively small but dedicated staff that continues to meet and at times exceed the expectations and requirements of the CMS ESRD Contract.

During the Base Year of the CMS ESRD Contract, the QIRN 4 staff began developing strong, collegial relationships with Network 4 facility staff, patients and the renal community, including the National Kidney Foundation of Pennsylvania and Delaware, the Kidney Foundation of Central Pennsylvania, the ANNA chapters in Pennsylvania and Delaware, Organ Procurement Agencies in Pittsburgh, Philadelphia and Wilmington DE, as well as many other renal partners. These relationships have fostered open communication and enabled the QIRN 4 staff to address problems and concerns regarding quality improvement, disaster preparedness, complaints and grievances, facility and/or patient education, and CROWNWeb.

During the initial 2013 contract transition, from The Renal Network, Inc. to QIRN 4, all QIRN 4 staff positions were newly appointed. Several incumbent associates; Laura Kanchy and Rhonda Lockett, were kept on as consultants through the end of October, 2013 to assist with continued and seamless transition. The delayed comment of the executed contract (June 10, 2013) resulted in the following QIRN 4 Key Personnel staffing changes during 2013 from those named in the initial contract:

- Executive Director
  - Mary Bliziotes (1/03/13 -04/09/13)
  - Christopher Brown (beginning 04/10/13)
- Quality Improvement Director
  - Julie Voltz (1/03/13 -04/09/13)
  - Carla VanWyck RN (04/10/13 to 9/23/13)
  - Kou Kha-Moua RN (beginning 9/24/13)
- Data Manager
  - Karen Hricak (1/03/13 -04/09/13)
  - Adam Kehler (beginning 04/10/13)

Following is a listing of staff and responsibilities.

Executive Director

Christopher Brown, BS

Responsible for the overall operation of all functions for QIRN 4. Responsible for the total management, supervision and coordination of CMS contract requirements and to assure compliance of deliverable due dates. Responsible for program development and business management. Serves as the primary staff person representing QIRN 4 for the Network 4 Board of Directors, Network Councils and Quality Insights Renal Network Holding Company. Responsible for all Data Management oversight and training of data department. Serves as the primary Security Point of Contact for Network 4. Serves as the supervisor of the Information Specialist. Responsible for orientation and mentoring of all Network 4 staff.

Director, Quality Improvement

Kou Kha-Moua, RN, BSN

Responsible for the design, development and implementation of all quality improvement work plans in consultation with the Medical Review Board (MRB). Oversees and contributes to all network continuous quality improvement initiatives. Supervises the Quality Improvement Coordinator. Serves as the primary staff person to the Network 4 MRB. Leads the team on the Network 4 Newsletter development and distribution.

Director, Patient Services

Paul Gordon, MSW

Serves as the primary staff person to lead all Patient & Family Engagement activates, Patient Learning and Action Network (LAN), Network 4 Patient Advisory Committee (PAC) and Network 4 Patient Representatives. Organizes educational sessions for PAC members/ patient representatives and the general patient community. Develops QIRN4 Newsletter for patients and facility staff for publication. Acts in a liaison capacity to renal-related organizations or agencies. Leads the team on Web site Design and updates, supervises the Patient Services Operational Coordinator and oversees all grievances, concerns and inquiries from patients, family members, and/or facility staff. Serves as the Backup Security Point of Contact (SPOC) for disaster and recovery activities in Network 4.

Data Manager

Adam Kehler

Responsible for the supervision of data entry of all forms as well as answering facility questions regarding forms compliance. Assists with daily operations, maintenance, integrity, and confidentiality of the Network 4 database and data systems as required by the CMS contract.

Quality Improvement Coordinator

Cynthia Vernacchio, RN (effective December 9, 2013)

Responsible for the validation of ESRD patient data used for Network CMS quality improvement activities. Monitors and tracks compliance of required QI submissions and NHSN data input by facilities. Processes requests for information or assistance from ESRD facilities regarding QI projects. Assists the QI Director to educate facility staff and implement QI tools including PDSA cycles. Provides technical assistance to facility staff on QI projects, NHSN and entry of clinical data in CROWNWeb. Obtains and processes required forms for CEs for educational presentations for renal professionals.

Patient Services Coordinator

Deborah Knight

Coordinates and facilitates the grievance protocol of the Network. Serves as the primary telephone respondent and/or interviewer for grievances, concerns and inquiries from patients, family members, and/or facility staff. Communicates patient grievance policies to patients and providers to facilitate processing and resolution of grievances. Provides timely response to beneficiary and provider calls. Obtains initial and/or follow-up information from beneficiaries and providers for all grievances, complaints and concerns as directed by the Patient Services Director. Responsible to provide appropriate documentation of activities conducted with contacts received in Network 4. Maintains the files for the Patient Services Department. Serves as the network Emergency Management Coordinator. Tracks Network 4 facility participation in the Five Diamonds Patient Safety Program.

Project Coordinator

Patricia Lawson

Under the leadership of the Executive Director, responsible for monitoring the Network operations for QIRN 4. Responsible for monitoring project plan to meet CMS contract requirements and to assure compliance of deliverable due dates. Responsible for contributing to program development and business management.

Coordinator, Data Operations

Karen Hricak

Under the leadership of the Executive Director and Adam Kehler Data Manager, coordinates the data activity within Network 4. Responsible for the management of CROWNWeb and QIMS in accordance with contract requirements. Ensures that all facilities have access to QIMS and CROWNWeb. Works directly with dialysis facility staff to promote accurate and timely data submission through CROWNWeb. Provides technical assistance to the dialysis facility staff on data entry of the CMS-2728 (ESRD Medical Evidence Report) and CMS-2746 (ESRD Death Notification) forms in CROWNWeb, including the elimination of duplicate records when necessary. Assists dialysis facility staff to ensure timely and accurate Annual ESRD Facility Surveys (CMS-2744) in CROWNWeb. Monitors the timeliness and accuracy of patient information provided by dialysis facilities in CROWNWeb, including the timely processing and resolution of Notifications, Accretions and Near Match scenarios. Oversees the entry of data forms received from the transplant centers in CROWNWeb with support from the Information Specialist. Provides technical assistance to facility staff in support of CROWNWeb. Provides webinars, training and communication to facility staff as needed.

Information Specialist

Carl Davis

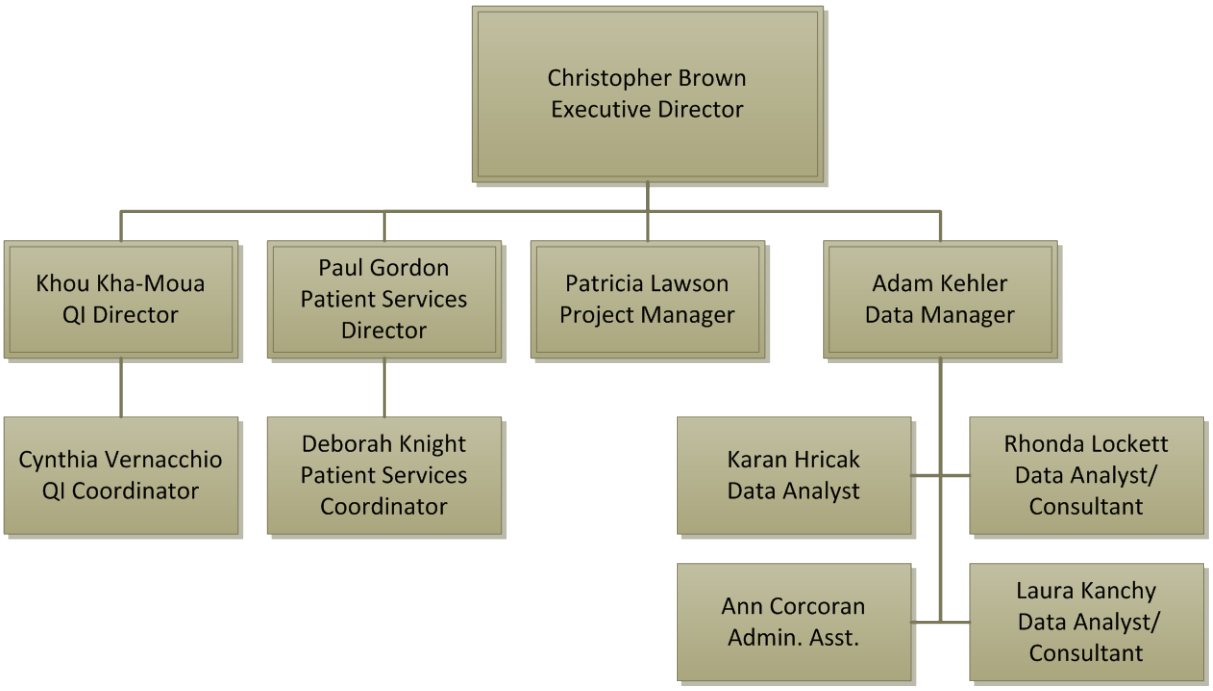
Works as a consultant to QIRN 4 and assists to communicate and resolve all information systems issues within the Network office. Assists with the operation of data administration within Network 4 inclusive of installation, modification, and maintenance of hardware and software. Responsible to ensure data security, strategic computing and disaster recovery for efficient operation according to CMS requirements. Responsible for the direction found in the ESRD Network Administration and Disaster Recovery Handbook, QualityNet ESRD Network Infrastructure Support Manual, QualityNet System Security Policies Handbook, QualityNet ESRD Networks Business Continuity and Contingency Plan and other documentation provided by CMS.

Data Assistant, Secretary

Anne Corcoran

Responsible to answer the telephone, open and distribute mail, and dispense faxes. Responsible to order and maintain supplies and to place service calls for office machines. Responsible for the preparation of correspondence and other all Network 4 documents. Sends letters of invitation to new dialysis and transplant facilities to join Network 4. Assembles and mails the new facility packet to new dialysis and transplant facilities upon receipt of the signed Network 4 Membership Agreement. Coordinates the NEMO/NEPOP data submissions to the Network Coordinating Center (NCC). Provides communications of upcoming CROWNWeb training webinars and distributes all CROWNWeb communications to facility staff as needed. Coordinates the Annual Network Council Meeting. Serves as a back up to assist dialysis facility staff on data entry of the CMS-2728 (ESRD Medical Evidence Report) and CMS-2746 (ESRD Death Notification) forms in CROWNWeb, including the elimination of duplicate records when necessary. Assists dialysis facility staff to ensure accurate Annual ESRD Facility Surveys (CMS-2744) in CROWNWeb.

Figure 7: QIRN 4 Staff Model



Governance Boards and Committees

The CMS Triple AIM (three-part AIM) provides the foundation for QIRN 4's core values and is used to guide the activities carried out by QIRN4's Governance Boards and Committees. The triple AIM consists of:

AIM 1: Better Care for the Individual through Beneficiary and Family Centered Care
AIM 2: Better Health for the ESRD Population
AIM 3: Reduce Costs of ESRD Care by Improving Care.

QIRN 4's works tirelessly to uphold a unified effort founded on basic principles of compassion and responsibility. We employ an unbiased approach as we strive to achieve advocacy for excellence while being proactive and innovative. The work of QIRN 4 is carried out through the expertise and oversight of the medical experts and the ESRD beneficiaries who comprise the QIRN4 boards and QIRN4 committees within the corporate structure. These individuals are committed to the mission of QIRN 4. The QIH Board, Quality Insights Renal Network Holding Board of Directors, the QIRN 4 Board of Directors, the QIRN 4 Medical Review Board, the Patient Advisory Committee and the Network Council support and help to facilitate Network operations. Other committees and subcommittees are established when the need arises. All Board and committee members are volunteers and active members and include representation from dialysis and transplant facilities, as well as other strategic organizations in the Network 4 area. Additionally, each QIRN4 board has at least two consumer representatives. We believe the involvement of the consumer representatives in our Network activities is vital to improving the quality of care and the quality of life for ESRD patients.

Quality Insights Holdings (QIH) Board of Directors

QIH is governed by a board of directors, consisting of physicians, business representatives and consumers. The Board sets corporate policies and assures the orderly and efficient operation of WVMI and Quality Insights Renal Networks (QIRN3, QIRN 4 and MARC). The Board has fiduciary oversight over all of Quality Insights Renal Networks and reviews its activities as reported by the Network 4 ESRD Executive Director, Christopher Brown and the Quality Insights Board of Directors vice-Chairperson, Toros Kapoian, MD. The Board considers and acts on the recommendations from the Quality Insights Board of Directors. In addition, ESRD beneficiaries serve as a representative of the renal community.

Quality Insights Renal Network Holding Company Board of Directors

The QIRN Board of Directors consists of twelve (12) members. The Board of Directors has fiduciary oversight responsibility for QIRN 4 and reviews its activities as reported by the ESRD Executive Director, Christopher Brown and the Network Board of Director vice-Chairperson, Toros Kapoian, MD. This oversight board is composed of two consumers, one dietitian, one social worker, two administrators, one nurse, three physicians a Chair and physician. John Wiesendanger, Quality Insights CEO is the Chairperson, Dr. Toros Kapoian is the Vice Chairperson.

Network 4 Board of Directors

QIRN 4 maintains a separate Board of Directors consisting of sixteen (16) members. The Board of Directors is composed of three consumers, one dietitian, one social worker, two administrators, one nurse, six physicians a Chair and physician Vice Chair. The following chart illustrates the Board of Director's composition. John Wiesendanger is the Chairperson; Dr. Paul Palevsky is the Vice Chairperson.

Figure 8: Network 4 Board of Directors Membership

Name	Affiliation	Location
John Wiesendanger, Chair	Quality Insights CEO	Charleston, WV
Barbara Bednar, MHA, RN, CNN	Reliant Renal Care	Media, PA
John Cannady	Beneficiary	Philadelphia, PA
Susan Dulin	Beneficiary	Coatesville, PA
William J. Gillespie	Distributed Systems Services	Wyomissing, PA
Rakesh Gulati, MD, MRCP, FACP	Thomas Jefferson University	Philadelphia, PA
Joseph A. Kuhn, MD, FACP	Nephrology Associates	Wilmington, DE
Gregory J. Lynch, DO	Vascular Surgery	Philadelphia, PA
Jerry McCauley, MD, MPH	UPMC Transplant Institute	Pittsburgh, PA
Jill M. Miller, RD, LDN	WellSpan Dialysis	York, PA
Michael J. Moritz, MD	Lehigh Valley Hospital	Lehigh, PA
Allen Nelson	Beneficiary	Philadelphia, PA
Paul Palevsky, MD, Vice Chair	VA Pittsburgh Health care System	Pittsburgh, PA
Richard Russo, MSW, LMSW	DaVita Riddle and Exton	Exton, PA

Name	Affiliation	Location
Rodney Welch	Rothman Specialty Hospital	Bensalem, PA
David R. Wenner, DO, FAAFP, CMD	Hospice of Central PA	Harrisburg, PA

Medical Review Board

The Medical Review Board evaluates the appropriateness of ESRD care, treatment procedures and services delivered to ESRD consumers. The MRB consists of prominent and dedicated members of the renal community who volunteer their time. The Medical Review Board (MRB) performs functions prescribed by the regulations issued by the Secretary of Health and Human Services, as well as other duties related to quality improvement, vocational rehabilitation, transplantation, and patient concerns and grievances. The MRB acts as the medical advisory committee for Network 4 activities and initiatives and advises on the care of ESRD patients on dialysis within the Network areas and on quality improvement activities and projects.

As of December 2013, there were 14 members on the Network 4 MRB with reasonable geographic representation. The membership included two patients. Membership reflected participation by: nephrologists, vascular surgeon, patient, nurse manager, social worker, dietitian, and dialysis technician. The following chart shows the composition of the Network 4 Medical Review Board:

Figure 9: Network 4 Medical Review Board Membership

Name	Affiliation	Location
Laura Bishop, MS, RD, LDN	Transplant Nurse	Newark, DE
Susan Bray, MD	Nephrologist	Philadelphia, PA
John Cannady	Patient Representative	Philadelphia, PA
Edward Jones, MD	Nephrologist	Philadelphia, PA
Kevin Ho, MD	Nephrologist	Pittsburgh, PA
Joseph A. Kuhn, MD, FACP	Nephrologist	Wilmington, DE
Evan Norfolk, MD	Nephrologist	Danville, PA
Paul Palevsky, MD, FACP	Nephrologist	Pittsburgh, PA
Richard Russo, MSW, LSW	Renal Social Worker	Ardmore, PA

Name	Affiliation	Location
Velma P. Scantlebury, MD, FACS	Transplant Surgeon	Newark, DE
Marc H. Weiner, MD	Nephrologist	Lancaster, PA
Kathy Young, RN, BSN, CNN	Renal Nurse	Wilmington, DE
Melvin Yudis, MD	Nephrologist	Willow Grove, PA
Allen Nelson	Patient Representative Former PAC Co-Chair	Philadelphia, PA

Network Council

The ESRD Network Council for Network 4 consists of representation from all dialysis and transplant facilities in Pennsylvania and Delaware. Each facility is required to designate a representative and an alternate representative to the Network Council (NC). QIRN 4 believes that a viable Network organization should include the active participation of all Network facilities to ensure a broad perspective of the ESRD delivery system. The Network Council is composed of these unit-appointed representatives as well the Executive Director for Network 4, Patient Services Director and the Quality Improvement Director. The co-chairs of the Patient LAN serve as appointed patient representatives to the Network Council.

Patient Advisory Committee

The Patient Advisory Committee (PAC) was organized in 2013 with patient volunteer representation from throughout the Network. The goal of the Patient Advisory Committee is to support the mission of QIRN 4, to enhance the quality of care provided to ESRD patients and to represent and support the ESRD patient population by actively participating in the committee responsibilities and related functions. The committee was charged with providing consumer advice to the boards and other committees on such matters as, but not limited to, quality improvement activities, content and format of the Network's web site; content and format of patient educational material; improvement of communication between consumers and facility staff; direct attention to areas/issues of consumer concern. Committee members attend meetings or conference calls on a quarterly basis. One of the QIRN 4 Network PAC members attended the CMS Quality Net Meeting in 2013 held in Baltimore.

At the end of 2013, The PAC consisted of 13 members, including two patient spouses. Members represented the modalities of in-center hemodialysis, home dialysis and transplantation. There is reasonable representation on the PAC based on Network 4's

geographic area. The members bring a diversity of experience and professionalism to the Committee. Several of the members are affiliated with national patient advocacy groups (e.g., National Kidney Foundation, American Association of Kidney Patients, Renal Support Network, and Dialysis Patient Citizens).

Network-Specific Activities and Information

Network 4 Goals and Recommendations

The Centers for Medicare & Medicaid Services (CMS) Federal Register, HHS § 405.2110 to 405.2113, discusses the ESRD Network responsibilities regarding the formulation of Network-specific goals and the dialysis facility's responsibility toward meeting those goals. As directed by CMS, Network 4's Medical Review Board and Board of Trustees have set performance goals that every dialysis facility is expected to achieve. The State Survey Agencies utilize Network goals as a guideline during their evaluation process. The final ESRD Conditions for Coverage (CfC) were taken into consideration during the development of these goals. As of December 31, 2013 all facilities in Network 4 have met or were working towards meeting the Network 4 Goals and Recommendations.

Development of Network Goals for 2013-2014: Three-Part Aim

The Institute for Health care Improvement (IHI) Triple Aim is a framework developed by IHI that describes an approach to optimizing health system performance. The design, which is called the health system, simultaneously pursues three dimensions:

Aim 1: Improving the patient experience of care (including quality and satisfaction)
Aim 2: Improving the health of populations
Aim 3: Reducing the per capita cost of health care.

As previously stated, CMS adopted a three-part AIM as an approach to concurrently optimize health delivery for the ESRD population. Network 4 utilized these AIMs as a framework for the 2013-2014 Network Goals.

Network 4 Goals and Recommendations listed by AIM:

AIM 1: Provide Better Care for the Individual through Beneficiary and Family Centered Care

All facilities will work to achieve the following:

- Increase Patient and Family Engagement at the facility level by:
  - Increasing beneficiary participation in plan of care meetings
  - Ensuring facility Quality Assessment and Performance Improvement (QAPI) program includes and measures patient and family participation in facility decision making related to ESRD care
- Promote Patient Experience of Care at the facility level by:
  - Utilizing the ICH CAHPS tool to develop a Quality Improvement Activity (QIA) to improve the patient's experience of care
- Promote Patient-Appropriate Access to In-Center Dialysis Care at the facility level by:
  - Decreasing Involuntary Discharges (IVDs) and Involuntary Transfers (IVTs)
  - Assisting other health care providers in the placement of patients at risk for involuntary discharge or transfer
  - Maintain expected levels of clinical performance to meet or exceed the CMS (current version of Measures Assessment Tool) or Network performance standards for the clinical indicators in the table below:

Figure 10: Quality Incentive Program (QIP) measures

Hemodialysis	Minimum Threshold	Benchmark (Target Goal)
Annual Hgb >12 g/dL (ESA only) (HD & PD)	1.2%	0%
spKt/V ≥ 1.2 if 3x/wk	86%	97.4%
Hypercalcemia (uncorrected Calcium)	5.4%	0%
Fistula rate prevalent patients	49.9%	77%
Catheters >90 days	19.9%	1.8%
NHSN	12 Months of data	12 Months of data
Pediatric Hemodialysis		
spKt/V ≥ 1.2	83%	97.1%
Peritoneal Dialysis		
Adult spKt/V ≥ 1.7	67.8%	94.8%
Reporting Measures		
Anemia (ESA dosage and Hgb)	Measure Monthly	Measure Monthly
ICH CAHPS	Administer Annually	Administer Annually
Mineral Metabolism (Phosphorous)	Measure Monthly	Measure Monthly

- Identify opportunities for improvement through data analysis and the development of a comprehensive improvement plan to meet or exceed CMS and Network goals for Patient Access by:
    - Increasing AV fistula rates in prevalent patients
    - Increasing AV fistula rates in incident patients
    - Reducing Long Term Catheters (LTD) > 90 days rates in prevalent patients
    - Report Dialysis Events in the National Health Safety Network (NHSN) every month
    - All dialysis facilities must be enrolled in the CDC NHSN and join QIRN 4
    - Facilities must report 12 months of data (Dialysis Events) into the CDC NHSN project in order to meet the NHSN requirement of the CMS QIP
    - Participate in the Centers for Disease Control and Prevention (CDC) Health Associated Infection (HAI) trainings and/or quality improvement activities as requested by QIRN 4

AIM 2: Better Health for the ESRD Populations

All facilities will work to achieve the following:

- Improve Transplant Coordination at the
- facility level by increasing transplant referral rates for all patients regardless of age
- Increase the percentage of patients vaccinated for Influenza, Pneumonia and Hepatitis B
- Increase the percentage of staff vaccinated for Influenza
- Increase the utilization of home dialysis therapies

AIM 3: Reduce Costs of ESRD Care

All facilities will work to achieve the following:

- Successfully meet the 2016 ESRD Quality Incentive Program (QIP) Measures
- The ESRD QIP promotes ongoing CMS strategies to improve the quality of care provided to ESRD patients. CMS developed the ESRD QIP to be the nation's first pay-for-performance (also known as "value-based purchasing") quality incentive program as mandated by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) section 153(c).
- Facilities are also required to display certificates containing their performance scores prominently in the facility. This certificate serves to notify patients about the facility's

performance on the ESRD QIP and how CMS used quality measures to evaluate the quality of care at the facility. For more information on the QIP, visit the CMS Web site at: https://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDQualityImproveInit/index.html.

- Unit-specific dialysis facility reports and certificates are available at www.dialysisreports.org.
- Input/enter data accurately in CROWNWeb to meet CMS and Network timelines
- Participate in CROWNWeb is mandatory for all Medicare certified dialysis facilities.
- Submit the following forms electronically in CROWNWeb:
    - CMS-2728 (Medicare Eligibility): The CMS-2728 form must be entered in a timely manner so that a patient's eligibility for Medicare will not be affected. The CMS-2728 form must be initiated within 45 days of the patient's current ESRD episode. Please note that an "original" CMS-2728 form may still be required by the local Social Security Office; sign your CMS-2728 forms in blue ink.
    - CMS-2746 (Death Notification): CMS-2746 forms must be entered timely as well. It must be submitted in CROWNWeb within 30 days of the patient's death.
    - CMS-2744 (ESRD Facility Survey): Facilities are required to review the PART report monthly. The Facility Survey is completed annually.
- Assure that the facility's demographic and unit personnel data are up-to-date in CROWNWeb and accurate information is listed for facility administrator, medical director, nurse manager, social worker, dietitian, and nephrologists, etc.
- Process the "Action List" (i.e., Notifications/Accretions) regularly and within 60 days.
- Review training resources and community information at Project CROWNWeb Web site at: www.projctcrownweb.org.

Community Information and Resources

- **Network Poster:** Every dialysis facility will display the QIRN 4/Network 4 Poster in a prominent location visible to all patients.
- **Disaster and Emergency Preparedness:** All facilities will have plans in place (including back-up plans) and share them with physicians, staff members and patients. At least annually, facilities will evaluate the effectiveness of the emergency and disaster plans and update as necessary. The facility must conduct periodic drills or mock emergencies in order to determine staff's skill/educational needs and effectiveness of

emergency and disaster plans. Facilities must notify the Network in the event of closure related to emergent or planned events. Facilities are required to contact their local emergency management offices at least annually.

- **Qualified and Trained Staff:** The facility staff must meet personnel qualification and demonstrated competencies needed to perform the specific duties of their positions.
- **Educational Information:** Resources provided by the Network will be made available to all patients and staff members as appropriate.
- **Conflict Resolution:** The dialysis facility will follow the Conditions for Coverage related to conflict resolution, internal grievances process, patients' rights and responsibilities, patient transfer and involuntary discharge. Facilities must notify the Network and State Agency prior to all Involuntary Discharges.
- **Psychosocial Status:** Survey physical and mental functioning annually. Each plan of care must include interventions individualized to meet the patient's psychosocial needs and aimed at optimizing the patient's adjustment to kidney failure and its treatment. The KDQOL-36 is the CMS suggested survey tool to measure the adult dialysis patient's quality of life annually or more often as needed.

Administration

- **Network Council:** Facility Representatives (Network Council Members) will participate in all Network Council meetings. They may be called upon to provide feedback on Network Bylaw revisions, as necessary. The facility will notify the Network when their representative changes.
- **Facility Administrators:** Facility Administrators will annually provide input to the Network, which evaluates current activities, identifies the needs of the facility and community, and includes ideas for future initiatives.
- **Facility Staff Updates:** The Facility Administrator is responsible to provide facility staff updates to the Network in writing when they occur. This includes any changes in key personnel, including the medical director, administrator, nurse manager, social worker, dietitian and/or emergency contact.
- **Facility Goals:** Network goals will be revised annually and distributed to every facility for acknowledgement. The Facility Administrator must post the goals in the unit and sign and return (fax or email) the acknowledgement of receipt form to the Network. NOTE: The Network reserves the right to update or revise goals based on CMS contractual and regulatory requirements.

Network 4 Emergency Preparedness Activities

Network Emergency Preparation

In the Network 4 area, residents encounter a variety of weather-related issues throughout the course of any given year. Heat advisories, heavy winds, snow and wintery mixes, coastal and river flooding, power outages, earthquakes, tornados and hurricanes are all issues which patients and facilities could face. QIRN 4 has prepared a Comprehensive Emergency Preparation Management Plan to assist in the preparation as well as orchestration of an emergency event. Network staff, who participated in the development of this Emergency Management Plan exhibited thorough knowledge and vast experience addressing the various needs that exist during significant weather events based on the geographical and population differences within Pennsylvania and Delaware.

QIRN 4 is committed to supporting patients, dialysis facilities and transplant centers to prepare for an emergency or disaster by providing education and resource materials on the QIRN 4 Web site, as well as directly to the providers during Network Council Meetings and emails. During the second half of 2013, QIRN 4 was prepared to actively respond to natural disasters which had the potential to affect the health and care of ESRD patients. Fortunately no hurricanes, flooding or tornados significantly impacted the Network. As 2013 came to an end, QIRN 4 was positioned to respond to needs of the facilities as well as work together with government agencies in the throes of winter. We collaborated with all facilities and encouraged their communication with QIRN 4 should any schedule changes be needed due to inclement weather or snow emergencies. Changes and closings were tracked and documented.

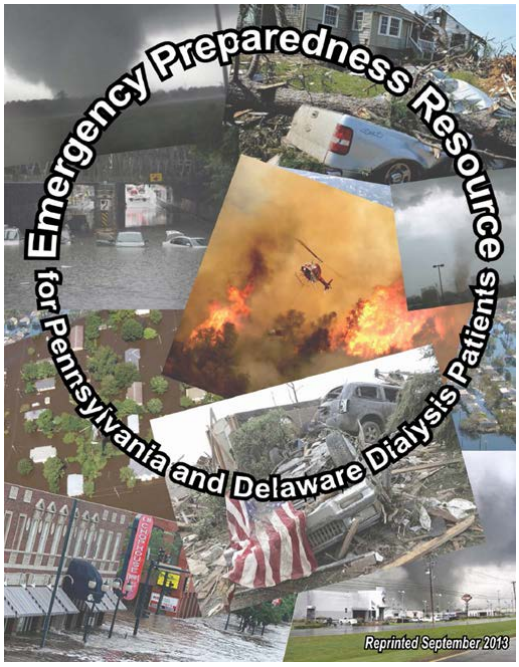
Emergency Preparedness Awareness for ESRD facilities is key to providing the best possible outcomes. Because of this, QIRN 4 participated in the annual Emergency Preparedness Table Top Exercise. Our staff took this opportunity to examine the needs of the Network facilities and ensure that all take away lessons were reviewed and changes made as identified.

Patient and Family Emergency Preparation

In fall 2013, QIRN 4 prepared and distributed a 34 page emergency preparedness manual for patients and families. This booklet was developed to elevate patients and family awareness of emergency situations and how to prepare for a possible emergency. The booklet described how an emergency may cause a delay in dialysis treatment and how an emergency could threaten the patient's environment. This patient focused guide was written to stimulate the

patient and families to think of what they would do in an emergency and attempt to have them prepare a personal family emergency plan. In this booklet, the Network encouraged patients and families to speak to the dialysis unit staff about any ideas, concerns or questions. Our take away message for this booklet was as follows:

> **"While none of us like to think about something bad happening, taking the time to review this information and prepare for emergencies now, will not only save you time and worry later, but also may save your life."**



Network 4 Business Continuity and Contingency Plan (BCCP)

The Business Continuity and Contingency Plan (BCCP) for Network 4 provides an outline and guidance to the QIRN 4 staff in the event of an occurrence which would prevent the performance of contractual obligations Network 4 holds with CMS as outlined in the ESRD Contract # HHSM-500-2013-NW004C. Events which could prevent Network 4 from meeting its contractual obligations with CMS may range from natural to manmade and can occur at any time as well as last for any period of time as further defined within the BCCP document. The document provides necessary structure to assist the ESRD Network in its endeavor to return to normal operations in an orderly, safe and efficient manner.

During the Second half of 2013, QIRN 4 did not need to activate the BCCP for any situation. The work at the Network 4 office was never interrupted for any event. The BCCP for Network 4 was created in 2013 and delivered to CMS on September 9, 2013. As of December 31, 2013 no changes had been made to this document.

Network 4 Collaboration

QIRN 4 is committed to cultivating collaborative relationships with all organizations serving ESRD health care consumers. Additionally, CMS clearly encourages Networks to establish and maintain collaborative partnerships with stakeholders of health agencies and groups that serve ESRD beneficiaries. In the first six months of our ESRD contract, QIRN 4 began nurturing and promoting collaborations with CMS regional offices, Pennsylvania and Delaware State Survey Agencies and Departments of Health (DOH), Pennsylvania and Delaware Quality Improvement Organizations (QIO), City of Philadelphia's DOH, City of Philadelphia's Emergency Response Unit, as well as numerous Renal Organizations. The aim of this collaboration was to improve communication between the QIRN 4 staff and stakeholders, dissemination of real-time information, and the ultimate improvement of the quality of health care provided to consumers.

Following is a list of the various collaborative efforts that QIRN 4 achieved from June 10th, 2013 through December 31, 2013.

State Survey Agencies

Collaboration with the SSA's includes monthly conference calls during which a collaborative exchange of information takes place. Additionally, QIRN 4 partnered with the Philadelphia DOH to investigate a Hepatitis C outbreak. QIRN 4 also worked with the SSA to investigate 4 facilities in Pennsylvania for potentially putting patients in Immediate Jeopardy. These events lead to a working relationship that was collective and collaborative. The SSA's QIRN 4 collaborated with are as follows:

- Pennsylvania Department of Health
- Delaware Department of Health
- Philadelphia Department of Health

Centers for Disease Control and Prevention (CDC)

QIRN 4 began forging a mutually beneficial collaborative relationship with the Centers for Disease Control and Prevention (CDC) in relation to a Hepatitis C infection outbreak investigation that began at the inception of the ESRD Network 4 Contract in June of 2013.

This investigation has led to a robust working relationship with the CDC and the Philadelphia Department of health. Both the CDC and the DOH in Philadelphia became part of the Networks Health care Associated Infections – Learning and Action Network (HAI-LAN) and continue to be strong contributing members to this working group.

Office of Emergency Management

QIRN 4 had a representative from the Philadelphia Office of Emergency management attend the KCER table top Emergency Drill in fall of 2013. This participation laid the foundation for a working collaborative relationship with the OEM in preparation for the 2013-2014 Winter Snow Season. The Networks Patient Services Coordinator (PSC) reached out to these organizations and identified herself as the OEM contact at Network 4. The two organizations involved in direct collaborative relationship building were:

- Philadelphia Office of Emergency Management
- State of Pennsylvania Advisory Committee for Emergency Preparedness

Pennsylvania and Delaware Quality Improvement Organizations (QIO)

Partnership and collaboration with the state QIO in Network 4 provided a unique opportunity to share best practices and resources to help achieved a common goal; reduction of HAI's and Antimicrobial Stewardship. Our Quality Improvement Team reached out to the QIOs in our Network area by attending face to face meetings, as well as attend webinars. As a result, there is QIO representation on the HAI LAN. The two QIOs that QIRN 4 has collaborated with are our sister companies:

- Quality Insights of Pennsylvania – King Of Prussia, PA /Harrisburg, PA
- Quality Insights of Delaware- Wilmington DE

Large Dialysis Organizations (LDOs)

QIRN 4 sought out opportunities to engage and partner with LDOs. During 2013, our Patient Services Director (PSD) reached out to the LDO leadership to establish a collaborative relationship. As a result, he was invited to attend regional meetings and address Social Workers from across the LDOs organizations. Our Quality Improvement Director (QID) was also invited to speak at a regional Quality Summit. QIRN 4 staff also met with one of the LDOs to explore solutions to improve the data integrity for data that is entered into the CROWNWeb defects and work on establishment of communication protocol. Our QID was also invited to speak at one of the LDOs meetings and present at discussion with facility

administrators round-table discussion format. During 2013, QIRN 4 collaborated with the following LDO organizations.

- FMC
- DaVita
- DCI

Small Dialysis Organizations (SDOs)

The collaborative work QIRN 4 has had with SDOs in 2013 has led to an greater understand of the unique position SDOs have in terms of available resources (educational information and monitoring tools). When working with these facilities, QIRN 4 connected with key organizational leadership and team members to establish effective working relationships. The QID reached out to one of the SDOs by providing two site visits, presented educational activities with patients and staff as well collaborated weekly with the Facility Administrator to support the facility and insure adequate Network Resources were being supplied. This experience was ground breaking for the Network and established a best practice for our team when working with a SDO. Because of this experience, and work with another SDO, the Network Staff hopes to support more SDOs when selecting focus facilities in 2014. The two SDOs where collaborative working relationships were formed are:

- Prodigy
- Renal Ventures

Renal Organizations

The key to our Networks success will be in the ability to Network and work collaboratively with many stakeholders. During our inaugural year, our team reached out and started forging relationships with the following organizations by either attending educational offerings, setting up “meet and greet” tables, or meeting organizational leadership. These organizations will continue to be stakeholders with QIRN 4 and we will continue to build strong collaborative relationships with:

- “Exploring Transplant” Training
- The Kidney Foundation of Central PA
- National Kidney Foundation
- Gift of Life Donor Program
- Western Pennsylvania Kidney Support foundation
- Pennsylvania Transplant Administrators

Professional Organizations

In 2013, QIRN 4 began establishing partnering relationships with the Professional Organizations listed below. During this time frame, our professional staff was invited to speak at a number of events and all requests were met. The Network Goal for 2014 will be to continue building these relationships and look for additional opportunities to collaborate.

- American Nephrology Nurses Association (ANNA)
- Council of Nephrology Social Worker (CNSW)
- Patient Safety Authority
- Association for Professionals in Infection Control and Epidemiology (APIC)

Transplant Facilities

QIRN 4 selected 'Improved Transplant Referral' for our AIM 2 Innovative Project. The groundbreaking activities for this project included data collection from each of the Network Transplant Facilities. Because of this data collection effort, QIRN 4 began to establish a collaborative relationship with all of the Network transplant centers. Additionally, the Executive Director began attending quarterly transplant administrator meetings held in Philadelphia. This in-person QIRN 4 representation has promoted an active partnership between QIRN 4 and the transplant facilities.

Dialysis Facilities

QIRN 4 has used every presenting opportunity to establish mutually collaborative relationships with each of the Network 4 facilities it interacts with. The QIRN 4 team has discussed and is aware of change concepts and theories. They understand Network 4 facilities are in a flux of change under the leadership of the new Network 4 contract. The QIRN 4 team, having had recent renal facility experience is positioned to understand the challenges the facilities face in adjusting to a new Network contractor. Additionally, QIRN 4 is actively engaged to support the Network 4 facilities as we develop partnerships to collaboratively achieve the Center for Medicare and Medicaid Services Quality Improvement AIMS.

Other Networks

QIRN 4 Network has collaborated extensively with other sister Networks, not only those in our corporate family, but also Networks form other organizations. This working relationship has proven effective in assisting a smooth transition of Network activity from the previously

held Network 4 contract to the QIRN 4 ESRD Network Contract. The Networks collaborated with in 2013 are:

- Quality Insights Renal Network 3 (QIRN 3)
- Southeastern Kidney Council, Inc. - Network 6
- Mid Atlantic Renal Coalition (MARC) - Network 5
- Intermountain End-Stage Renal Disease Network - Network 15

Network 4 Education and Communication

QIRN 4 believes educational outreach and open communication are the two cornerstones for achieving knowledge growth, process improvement as well as improving patient safety. We are committed to ensuring the distribution of adequate education to the Network 4 community (facilities and patients). Recognizing the complexities and dynamic nature of health care today, QIRN 4 staff is constantly evaluating the best method for distributing educational materials and important information without increasing ESRD facility burden. With the increasing ease of electronic communication comes the potential for communication/information overload. To achieve effective distribution of educational materials and important information , QIRN 4 staff utilizes contemporary communication concepts which highlights the fact there are differences in the way adults learn and perceive the world. An understanding these differences helps guide the methods QIRN 4 chooses for communication with others. Prior to sending out any communication or educational material to members of the Network 4 community, QIRN4 identifies potential barriers such as time and energy, information overload, primary language, health literacy, timing of previous communications and competing priorities to determines the best way to “push” out information to the intended audiences. We also try to anticipate how the intended audiences will “pull” the information and consume it. Then, to meet various learning styles, QIRN4 explores various options for distribution of information and education materials including direct mail, phone calls, on-site visits with one-on-one sessions, website posting, webinars, flyers, newsletters or emails. Finally, once a communication method has been identified, the intended information is required to contain the following attributes: The information must be relevant, authentic, transparent and timely.

Listed below are some of the methods QIRN 4 has chosen communicated to the Network 4 community in 2013. Moving forward in 2014, QIRN 4 plans to examine the use of social media websites and software applications as a method for distributing educational materials and important communications to the Network community.

Network 4 Email Blasts

Time sensitive information is distributed to appropriate Network 4 facilities and/or staff by way of Email Blasts. The Network will also send out by way of email blast all emergency recall notices as well as any emergency preparation communications. All content considered for Email Blast must meet a time sensitive requirement. All other information that is not time sensitive is distributed to the facilities in our monthly newsletter or posted on our QIRN 4 Web site. Our team is most sensitive to Communication overload and do not wish to add to this burden for the facilities

CROWNWeb Newsletters

CROWNWeb newsletters with a CROWNWeb Web site link are distributed each month to ensure facilities have the most up to date CROWNWeb educational offerings and software update announcements as well as the CROWNWeb Flyer for posting.

Network 4 Newsletter

QIRN 4 staff meets weekly to develop a robust yet easy to understand newsletter. All content for the newsletter is developed in collaboration with QIRN3 and MARC. It is distributed monthly to all Network 4 personal, Network 4 Medical Review Board, Network 4 Board of Directors, WVMI Corporate Executives, and CMS COR. The information presented in the newsletter links to more in-depth information and covers renal care concepts, infection prevention, patient safety, CMS news, Quality Incentive Payment (QIP) updates, product recalls, patient educational information as well as Network 4 news and patient news. QIRN 4 tracks open rate of the newsletter and as of the November 2013 newsletter had a 12.8 % open rate with 22.8% of those readers clinking on hyperlinks. This open rate will be followed and used as performance trending. All newsletters are posted on the QIRN 4 Web site after distribution.

Figure 11: October 2013 Newsletter Distribution Statistics

Email Stats Sent	Bounces	Spam Reports	Opt-outs	Opens	Clicks	Forwards
1483	3.1% (46)	0	0	12.8% (184)	22.8% (42)	0

Network 4 Web site and Network 4 Facility Resource Materials (FRM)

QIRN 4's Web site was launched in 2013 and continued to be a valuable tool in communicating educational and technical information to not only the Network 4 facilities but

the general public, patients, researchers and renal professionals. The Network 4 homepage can be found at: http://www.QIRN 4.org/Home.aspx. The Network's URL became effective June of 2013. The design of the Web site has an updated aesthetic appearance, is Section 508 compliance, provides easy navigation, and has expandable content based on topics. NOTE: In June 2013, as the Network 4 contract was initiated, the QIRN 4 Web site was used to assist in the transition from The Renal Network, Inc. to Quality Insights Renal Network. During this transition phase, The Renal Network, Inc. posted the 2012 Annual Report on the QIRN 4 Web site for public consumption.

When determining the Web site content, QIRN 4 recognized that individuals have unique needs when accessing its Web site. To accommodate the diversity within the user community, a variety of links were created to provide the end user information on the following informational topics:

- Clinical Information
- Data Collecting and Reporting
- Education
- Resources for Patients
- Resources for Providers
- Governance Structure
- Medical Review Board
- QIRN 4 Staff

Additional Facility Resource Materials (FRM): 5-Diamond Safety Program

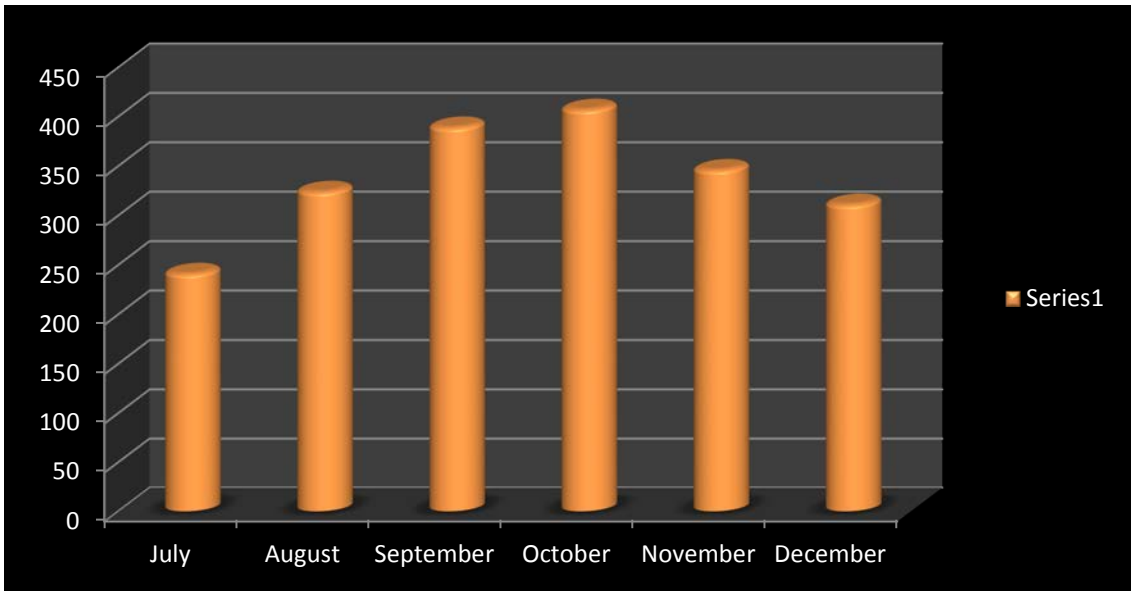
In 2013, QIRN 4 facilities participated in the national ESRD 5-Diamond Patient Safety Program. This program, developed in 2008 by the Mid-Atlantic Renal Coalition and the ESRD Network of New England, is designed to assist dialysis facilities in improving both staff and patient awareness of specific patient safety areas. There are 15 web-based educational modules addressing all aspects of patient safety. All modules include objectives, required activities, tools and resources, and optional activities. For each module successfully completed, the facility is awarded a "Diamond" culminating in special recognition for 5-Diamond facilities. This program is endorsed by the American Nephrology Nurses' Association (ANNA), the National Renal Administrators Association (NRAA), and the Renal Physician's Association (RPA) In 2013, QIRN4 participated in 5-Diamond Safety Program conference calls, sent out 5-Diamond Safety Program information in our newsletter, sending out 5-Diamond Safety Program information email blasts to all Network facilities and posted 5-Diamond Safety

Program information on the QIRN 4 Web site. At the end of 2013, 17 facilities had successfully completed five modules and were designated as 5-Diamond Facilities.

On January 1, 2014, the paper based 5-Diamond Patient Safety Program will migrate to an entirely web-based program. It will be accessible at www.5diamondpatientsafety.org. To access the site, the users must register as either a "viewer" or "participant" and indicate their Network affiliation. Viewers may access modules, tools, and resources, while participants may access the site in its entirety. After completing a module, participants complete and submit the required reporting form online; forms are reviewed and approved by the Network 5-Diamond Administrator; and participants can then print their own certificates. In December of 2013, QIRN 4 appointed the QIRN4 PSC as the 5-Diamond Administrator for Network 4 to prepare for anticipated changes in 2014.

Once the 5-Diamond National program's Web site is updated and becomes 100% web-based in 2014, QIRN 4 will engage in a Campaign to re-engage facilities with the Five-Diamond Program.

Figure 12: QIRN 4 Web site Activity ("Hits") by Month for 2013



CMS Aims, Domains and Activities

The major functions and responsibilities of all ESRD Networks are focused on quality improvement initiatives. These initiatives help ESRD providers develop, maintain, and modify,

as needed, their internal processes to improve patient safety and quality of care and achieve better patient outcomes. QIRN 4, along with the Medical Review Board (MRB) reviewed national CMS goals set forth in the Network's contract. Together with MRB, QIRN 4 established work groups, focus groups and quality improvement teams to assist Network faculties in achieving CMS's Triple Aim.

AIM 1: Better Care for the Individual through Beneficiary and Family Centered Care

The goal of AIM 1 is to promote health care that is respectful of and responsive to individual patient preferences, needs, and values. Toward that end, QIRN 4 works to incorporate the patient's voice in the activities of the Network and the renal community as a whole by assisting providers in adjusting to the heightened focus on patient and family centered care at the facility level and by including patients and family members on our boards and in our meetings with CMS.

Patient and Family Engagement

Sub-Domains:

- Foster Patient and Family Engagement at the Facility Level
- Involve Patients/Families in CMS Meetings
- Convene Patient Engagement Learning and Action Network (LAN)

Background:

There is a growing cache of data demonstrating that when patients become active participants in their care, they are more inclined and motivated to assume responsibility for managing their own health. When this occurs, it results in better outcomes for the patient, lower health care costs and better performance for the health care provider. It has become increasingly evident that in order to realize the benefit of patient engagement, providers need to change the way care is delivered from a model where care is delivered to and around the patient to one in which the care is delivered with the patient. At QIRN 4 we strive every day to achieve our vision of better health, better care and lower costs by partnering with our facilities to determine and spread best patient engagement practice throughout Pennsylvania and Delaware.

Key Partners:
As a new Network contractor, QIRN 4 works diligently to build relationships locally and nationally with a myriad of renal stakeholders. These partners include patients, families and caregivers; staff of the dialysis and transplant facilities; the National Kidney Fund, The Renal Dietitians Dietetic Practice Group, American Nephrology Nurses Association, Renal Support Network and the American Association of Kidney Patients and many others. QIRN 4 seeks to engage these stakeholders in the development of the Patient Learning and Action Network (P-LAN) and partner with them to ensure high quality, patient centered care becomes the standard in our Network. Our goal is to have our key partners participate and recruit others in the renal community they feel will be an asset to the Network and the P-LAN going forward.

2013 Marketing Plan

QIRN 4 developed and implemented our 2013 Patient Engagement Marketing Plan to integrate concepts of family engagement and patient-centered.

QIRN 4 recognizes the success of its efforts to have facilities engage beneficiaries, families and caregivers (BFCs) in their dialysis facility operations is contingent on a strong marketing plan. Each BFC task outlined in the Statement of Work (SOW) relies on high level, consistent BFC engagement. The QIRN 4 outreach and support methods defined in its 2013 Marketing Plan ensured meeting these requirements.

QIRN 4 used a variety of methods to support the facilities in engaging BFCs in all aspects of facility operations outlined in the SOW. Those operations included incorporating BFCs into their Plan of Care meetings; using Patient Representatives; engaging BFCs on facility committees; establishing patient groups that support the adjustment of BFCs to the facility and incorporating the patient voice on the Governing Board.

Interventions

QIRN 4 used email and direct mail for communication. QIRN 4 also hosted webinars for facility staff to address the manner in which facilities can incorporate the BFCs into their operations. Our QIRN 4 Web site provided information that could be accessed by the facilities and downloaded for their use. QIRN 4 addressed the strategies the facility could employ via webinar, targeted email and by speaking at meetings of renal professionals. Each of these strategies for informing facility staff about the need for better engagement with BFCs ultimately helped ensure that the patient voice was heard at the facility level.

Additionally, QIRN 4 developed an incentive program that rewarded facilities who met the goal of beneficiary engagement with certificates of accomplishment. This helped motivate facility staff to realize the benefits of BFC engagement and work toward obtaining additional recognition for their efforts in the form of certification.

E-Marketing

The initial introduction to BFC engagement was given via webinar with all facilities in Network 4 followed by emails disseminating materials to the facilities. QIRN 4 used our internal data base of email addresses for facility administrators and social workers. The use of webinars and email facilitated communication and fostered an understanding of the process of BFC engagement at the facility level. Our hope was, and remains, that early education of staff and support through the use of email would establish a framework for open communication with the Network which has been imperative to the success of our work with the facilities.

Direct Mail

While the use of direct mailing is not viewed as the most effective method of communication, QIRN 4 did use it at times to provide printed materials directly to the facilities in Network 4. Larger posters that were created to reach BFCs and staff members were mailed to the facilities to ensure delivery. This marketing technique was only used when e-communication was not the appropriate method for material dissemination. Use of direct mailing was limited to ensure cost containment.

Webinars

QIRN 4 hosted webinars for facility staff directing them in the process of engagement of BFCs in the operations of their facility as outlined in the SOW. The webinars featured speakers from within the NW with knowledge of patient engagement strategies. The webinars were focused on the three AIMS of Medicare with a primary focus on patient engagement.

QIRN 4 Web site

The QIRN 4 Web site (www.QIRN 4.org) was enhanced with information and tools for facilities to use when engaging BFCs. The information and materials are fully accessible to all who visit the Web site. The Web site continues to be a clearinghouse for information that is sent out to facilities either by email or direct mail. Access to the Web site ensures

that facilities are able to obtain information they may have missed or misplaced or that needs to be replaced at any time.

In order to continuously evaluate Web site traffic, QIRN 4 used Google Analytics. This shows and tracks the number of visitors to the site, how they found it, where they are located, and how long they stayed on the Web site. This information will be used to continuously refine content and processes to maximize the audience size and use of the Web site.

emBRACE Program

QIRN 4 initiated an incentive program to promote buy-in from the facility staff. This program involves the opportunity for facilities to obtain multiple certificates of completion when they accomplish tasks related to the engagement of BFCs. The emBRACE Program requires five steps for full completion by facility staff. Upon completion, the dialysis center staff earns a certification for their facility.

Overview of emBRACE Program Steps

Step 1: Baseline for clinic activities in which patients are currently involved must be established. Identify and document facility best practices which were in place at baseline.

Step 2: Review the requirements for BFC engagement provided by the Network.

Step 3: Acquire knowledge by attending webinars provided by the Network to educate staff on BFC engagement. Attendance is required.

Step 4: Collaborate with patients to choose a Patient Representative, develop groups, councils, patient mentors, etc. by encouraging the patients to get involved. Invite BFCs to their Plan of Care meetings and actively seek their participation. Ask the Patient Representative to present patient related concerns to the facility Governing Body meeting.

Step 5: Educate others e.g. fellow facilities in the organization, colleagues, councils, etc. Provide documentation to the Network on what actions the facility has taken to achieve the goal of increasing BFC engagement. Show how the facility

has succeeded in improving their BFC engagement from baseline. Share this information with other facilities on Network 4 webinars.

The emBRACE program is available online at: http://www.QIRN 4.org/Education/Patient-and-Family-Engagement/emBRACE-Program.aspx.

2013 Patient Engagement

To ensure patient and family participation in Network 4 activities, QIRN 4 convened a 10 person P-LAN (Figure 13). In 2013, this group of Subject Matter Experts (SMEs) designed and implemented a Quality Improvement (QI) activity to impact at least 10% of the Network patients and demonstrate ≥5% relative improvement in the number of Missed Treatments among at randomly selected focus facilities. The P-LAN also conducted two education campaigns to impact at least 20% of the Network patients and demonstrate ≥ 10% relative improvement in access care and to increase the number of Patient Representatives serving the Network. The 2013 P-LAN campaigns ran into 2014 as Quality Insights Renal Network 4 did not receive the Network 4 contract until June 2013. Campaign results and materials will be available online at www.qirn.org as the campaigns end and results are determined.

QIRN 4 included Patient Advisory Committee Chair John Cannady regularly in CMS COR Meetings and in a facility visit with the COR to Mt. Airy Dialysis Center in September of 2013. QIRN 4 also referred three SMEs (Figure 13) to participate on the National Coordinating Center's (NCC) P-LAN.

Figure 13: Network 4 Patient LAN Members: SMEs

Subject Matter Expert	Modality	TP List	Facility / Affiliation	Provider #
John Cannady	HH	Yes	FMC Mt. Airy	392658
Karen Cannady	n/a	n/a	Mt. Airy Dialysis Center	n/a
Nancy L. Scott	TP	No	n/a	n/a
Wendell Devlin II	TP	No	n/a	n/a
Louise Devlin	n/a	n/a	Transplant Recipient Spouse	n/a
Penny Perkins	ICHD	No	FMC New Castle	392552
Shawn McKnight	ICHD	Yes	DaVita Radnor	392630
Allen H. Nelson	ICHD	Yes	DaVita Riddle	392739i
Rose Barscotti	n/a	n/a	FMC New Castle MSW	392552
Dan Carlisle	TP	No	n/a	n/a
SMEs designated to design the QIA project and the two educational campaigns				

Penny Perkins	ICHD	No	FMC New Castle	392552
Shawn McKnight	ICHD	Yes	DaVita Radnor	392630
Allen H. Nelson	ICHD	Yes	DaVita Riddle	392739i
Rose Barscotti	n/a	n/a	FMC New Castle MSW	392552
Dan Carlisle	TP	No	n/a	n/a
SMEs designated to serve on the NCC National Patient LAN				
John Cannady	HH	Yes	FMC Mt. Airy	392658
Karen Cannady	n/a	n/a	Mt. Airy Dialysis Center	n/a
Nancy L. Scott	TP	No	n/a	n/a
Wendell Devlin II	TP	No	n/a	n/a
Louise Devlin	n/a	n/a	Transplant Recipient Spouse	n/a

2013 SME Section and Activities

Initial SME selection was made by providing approximately 25% of the facilities located in the Network 4 area with letters explaining the P-LAN program and recruitment packets. The recruitment packet included P-LAN member job description, a poster, a program description, a mission statement and a Patient SME agreement form (Appendices B1-5). Facilities were asked to consider their patient population and talk with any patients, family members or caregivers they thought may be interested in participating. Patients from the Patient Advisory Committee were also invited to participate on the P-LAN. Finally, representation from dialysis and transplant facilities, The National Kidney Fund, The Renal Dietitians Dietetic Practice Group, The American Nephrology Nurses Association, The Renal Support Network and The American Association of Kidney Patients were all invited to join the P-LAN. These three efforts gleaned an initial group of 20 SMEs.

2013 Development of Patient Engagement LAN

The P-LAN consists of patients from Pennsylvania and Delaware as well as family members and several renal professionals. In keeping with the three Aims of the 2013 CMS' ESRD SOW, the goal of the P-LAN is to engage patients, their family members and caregivers to create two educational campaigns and a quality improvement activity that focus on achieving "better care for the individual through beneficiary and family centered care."

Patients on the P-LAN are considered SMEs. The SMEs provided the primary input in the decision-making of the P-LAN. They drove the discussion of topics that were viewed as the most important to dedicate the focus of the P-LAN toward in creating the educational campaigns and quality improvement activity for 2013.

SME Participation

In response to a decline in active membership P-LAN recruitment packets were distributed to another 50% of the Network 4 facilities. The goal was to maintain 15-20 active SMEs to ensure adequate representation of the Network 4 patient population in Network activities. There were never less than 15 active members for 2013.

Additional Stakeholders

In addition to the patients QIRN 4 invited dialysis patient families and caregivers along with the staff of the dialysis facilities to participate on the P-LAN. QIRN 4 also invited the National Kidney Fund, The Renal Dietitians Dietetic Practice Group, American Nephrology Nurses Association, Renal Support Network, Pennsylvania and Delaware Departments of Health and the American Association of Kidney Patients to engage them in the development of the P-LAN. Our goal was and remains to have these groups participate and recruit others in the renal community that they feel will be assets to the Network and the patient P-LAN going forward.

Frequency of Meetings

There were monthly P-LAN calls during the design process of the P-LAN projects. The P-LAN uses teleconference to meet as well as one in-person meeting per year. No in-person meeting was held in 2013 given QIRN's late start in the year; however QIRN 4 anticipates having the in-person meeting at a location central to the group to accommodate travel.

2013 Patient Driven Quality Improvement Activity (QIA) Plan

2013 Patient Driven QIA Focus Facility Selection Criteria

The QIRN 4 P-LAN's concern that drove their QIA focus was that there are in-center hemodialysis (ICHD) patients that are not being adequately dialyzed because they choose not to attend all of their prescribed ICHD treatments. The P-LAN initiated a quality improvement activity to reduce the occurrence of no-shows among the ICHD population due to no-show in at least 10% Network 4 ICHD patients by >5% reduction over the period of study.

2013 Patent Driven QIA Interventions/Outcome Monitoring

To gather baseline, facilities were asked to fill out a brief form providing the Patient P-LAN with the facility's count of missed treatments due to no show for September, October and November 2013 as well as the total treatments for those months (Appendix B6). The facilities then received a series of educational flyers to distribute to their patient population

(Appendices B7-12). The flyers were mailed for distribution on the 1st and 15th of each month and will continue through May 2014. Facilities were asked to utilize Patient Representatives P-LAN Members to pass out the flyers when possible. Facilities were also asked to distribute the educational flyers to the patients while they are in their chairs on dialysis when possible. The P-LAN emails requests for the number of missed treatments due to no show (Appendix B13) at month's end from January - May. The P- LAN predicts education material distribution timing as well as the abundance thereof will influence a decrease in the occurrence of patient missed dialysis treatments due to no shows.

2013 Patient Driven QIA Results

In July 2014 the 2013 QIA baseline mean percentage of no show/total treatments from July-September 2013 will be compared to the performance mean percentage of no show/total treatments for March-May 2014 to demonstrate a ≥5% decrease in missed treatment due to no show. This project QIA remains under way at the conclusion of 2013 and will be completed in the second quarter of 2014. The P- LAN anticipates posting of the 2013 Patient Driven QIA final results in August 2014.

2013 Patient Driven Campaign #1

2013 Patient Driven Campaign #1 Focus Facility Selection Criteria

The patients of the P-LAN were concerned that there are no longer Network Patient Representatives in the majority of Network 4 dialysis centers. The once robust Patient Representative Program had diminished in recent years. The P-LAN felt strongly that the presence of Patient Representatives in each dialysis center is critical to the success of P-LAN initiatives and for their fellow patients' awareness of the Network. As Patient Representatives themselves they realize the value in having a liaison to the Network in-center to ensure the delivery of Network materials, messaging and support. The P-LAN chose to educate the entire Network and set an aim to demonstrate at least a 10% increase in prevalence of Patient Representatives across the entire Network over the three month course of the education campaign.

2013 Patient Driven Campaign #1 Interventions/Outcome Monitoring

The Patient P-LAN polled all the Facility Administrators to determine the baseline number of active Patient Representatives serving in Network 4 (Appendix B14). The Patient P-LAN then sent each Facility Administrator a letter outlining the Patient Representative Program, a Patient Representative Handbook (Appendix B15), job description (Appendix B16) and application (Appendix B17). The Patient P-LAN provided four educational leaflets (Appendices

B18-21) that were to be distributed to the Network patients at the dialysis centers. The first leaflet outlined the role of the Network. The second leaflet outlined the role of the Patient Representative. Subsequent two flyers provided further information about the Patient Representative Program and encouraged patients to become Patient Representatives.

2013 Patient Driven Campaign # 1 Results

The results of the P-LAN's initial baseline polling revealed there were only 17 Patient Representatives reported as active by their dialysis centers. At the end of the campaign there were 103 active Patient Representatives on the roster demonstrating a 506% increase in Patient Representatives. This result far exceeded the P-LANs expectations for this very successful campaign as well as met the Network 4 SOW targeted improvement goal.

Patient Driven Campaign # 1 Next Steps for 2014

The next steps for 2014 will focus on training the Patient Representatives for their new role in the dialysis facilities and continuing efforts to recruit Patient Representatives for the nearly 200 remaining dialysis centers.

2013 Patient Driven Campaign #2

2013 Patient Driven Campaign #2 Focus Facility Selection Criteria

The P-LAN's second educational campaign for 2013 was entitled "Caring for Your Dialysis Access." The P-LAN is concerned by the ever-present danger of infection or failure as a result of patients not taking proper care of their dialysis accesses. Their goal is to increase patient's knowledge of basic dialysis access care. They used random selection to choose clinics treating 20% of the Network's ICHD patients. They aim to demonstrate a $\geq$10% increase in patient's knowledge of basic dialysis access care, across the sample, over the six month course of the education campaign

2013 Patient Driven Campaign #2 Interventions/Outcome Monitoring

The P-LAN sent Facility Administrators letters outlining the "Caring for Your Dialysis Access" campaign followed by a series of educational handouts to be distributed to the patients at the targeted dialysis centers (Appendixes B22-25). They issued a brief pretest which was given at the start of the campaign and again at the mid-point (Appendixes B25-26). Patient scores were reported on an Access Post-test Reporting Form (Appendix B27). There will be a post-test issued with the final handout as well. The pre and post-tests are designed to test on the same key concepts across the course of the campaign.

2013 Patient Driven Campaign # 2 Results

The P-LAN expects to demonstrate at least a 10% increase in patient's knowledge of basic dialysis access care in at least 20% of the Network's ICHD patient population. This campaign remains under way at the conclusion of 2013 and will be completed in the second quarter of 2014. The P-LAN anticipates posting final results of the 2013 Patient Driven Campaign # 2 in July 2014.

Patient Driven Campaign # 2 Next Steps for 2014

Upon completion of the "Caring for Your Dialysis Access" the P-LAN will evaluate the success of the campaign and share all the educational material at www.qirn4.org.

Patient Experience of Care

Sub-Domains:

- Evaluate and Resolve Grievances
- Promote Use of In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) and/or Any Similar Survey Identified by CMS
- Address Issues Identified through Data Analysis

ESRD beneficiaries and family members may always contact the QIRN 4's Patient Services Department when they have a grievance which has not been mitigated through discussion with their facility or if they wish to bypass the facility and contact QIRN4 directly. Through these contacts, QIRN 4 has gained insight into the beneficiary's perception of care and obstacles to care. QIRN 4 advocates' for the beneficiaries as well as assisted the facility staff with clinical insight and technical assistance to help improve both the patient's experience of care and perception of care.

QIRN 4, in 2013, followed the guidelines outlined in Chapter 7 of the Medicare ESRD Network Organizations Manual for intake, investigation, resolution, and reporting of grievances. If there was a question in regards to whether or not a grievance should be referred to an external agency, direction was sought from the Network Contract Office Representative.

Grievances concerning medical practice issues were reviewed by the Network's Quality Improvement Director to determine the severity of the issue. If the grievance was determined

to be of a critical nature but not life-threatening, the Patient Services Department referred the grievance to the designated member of the Network's Medial Review Board. During 2013, no grievances received by QIRN4 placed the patient in immediate jeopardy or had immediate life threatening potential

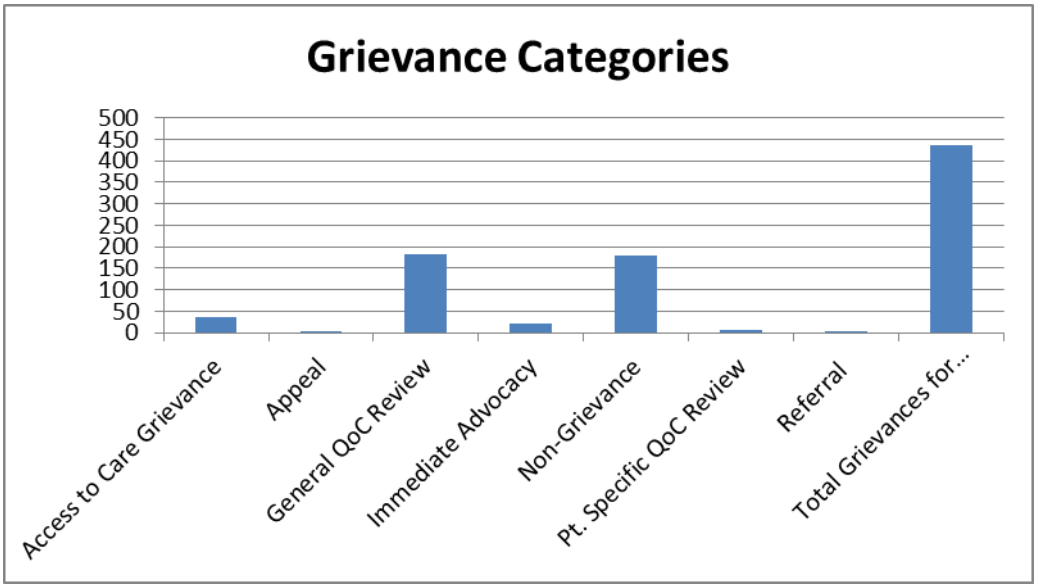
Any grievances received at QIRN 4 (either by telephone call, email and or letter) were recorded in the Patient Contact Utility (PCU) or its predecessor the Network Contact Utility (NCU) by close-of-business the day after receipt. These contacts came from beneficiaries, family members, caregivers, dialysis facility staff, transplant center staff, etc. The Patient Services Department generated monthly access to care reports and compiled summary statistics and trend analysis on the number and type of beneficiary and facility grievances it received in 2013. QIRN 4 assisted facilities in understanding results and addressing issues identified through data analysis.

QIRN 4's Executive Director reviewed all grievances submitted to QIRN 4. QIRN 4 conducted a grievance analysis to identify trends for grievances received in 2013. There were a total of 30 beneficiary grievances and 405 facility grievances received. They break-out as follows.

Figures 14a: Overview of Grievances All Submitted to QIRN4 by Grievance Categories: 01/01/2013 – 12/31/2013

Access to Care Grievance	**37**
Appeal	3
General Quality of Care Review	184
Immediate Advocacy	21
Non-Grievance	180
Patient Specific Quality of Care Review	6
Referral	4
Total Grievances for 2013	435

Figures 14b: Graph Overview of Grievances All Submitted to QIRN4 by Grievance Categories:
01/01/2013 – 12/31/2013

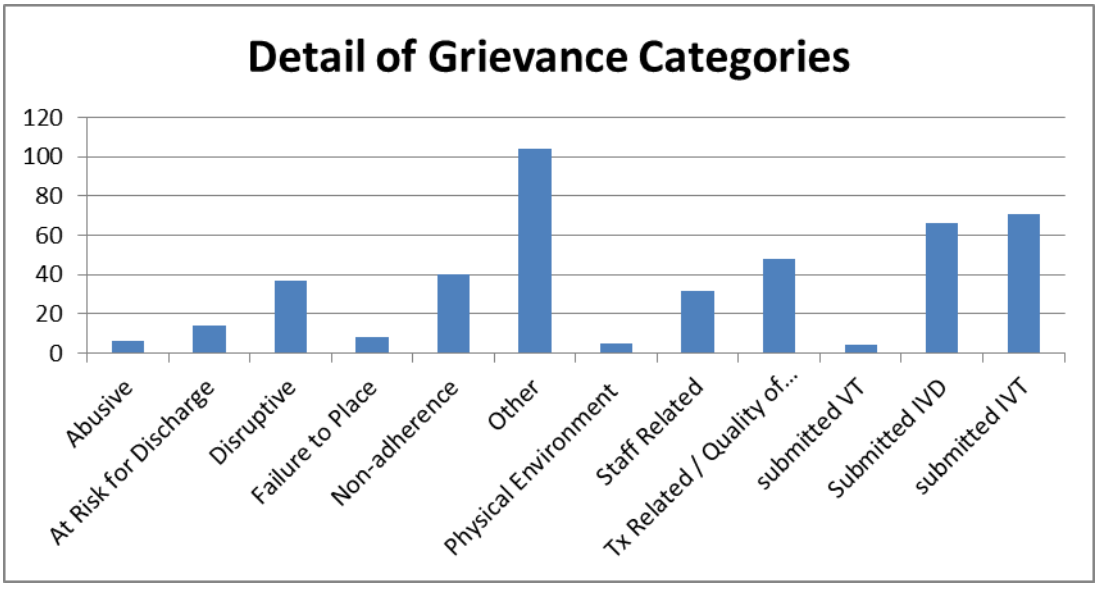


A further analysis of all of the grievance data received in 2013 showed 66 potential involuntary discharges (IVD) were submitted to QIRN4 with 26 actually resulting in a discharge of the beneficiary from their facility. Of the 66 potential IVD patients, only 14 were initiated as being at risk for discharge. The category of involuntary transfer (IVT) was primarily populated by patients that were displaced by the closure of five facilities in central Pennsylvania. The category of "other" covered several areas including questions from beneficiaries regarding insurance, request for travel information, calls from HMOs and calls from other agencies. (Please refer to section Patient-Appropriate Access to Dialysis Care for further discussion on IVT/IVD activities performed by QIRN4)

Figure 15a: Detailed Overview of All Grievances Submitted to QIRN4 by Grievance Categories
01/01/2013 – 12/31/2013

Abusive	**6**
At Risk for Discharge	14
Disruptive	37
Failure to Place	8
Non-adherence	40
Other	104
Physical Environment	5
Staff Related	32
Treatment Related / Quality of Care	48
Submitted VT	4
Submitted IVD	66
Submitted IVT	71
Total	435

Figure 15b: Graph Overview of All Grievances Submitted to QIRN4 by Grievance Categories
01/01/2013 – 12/31/2013



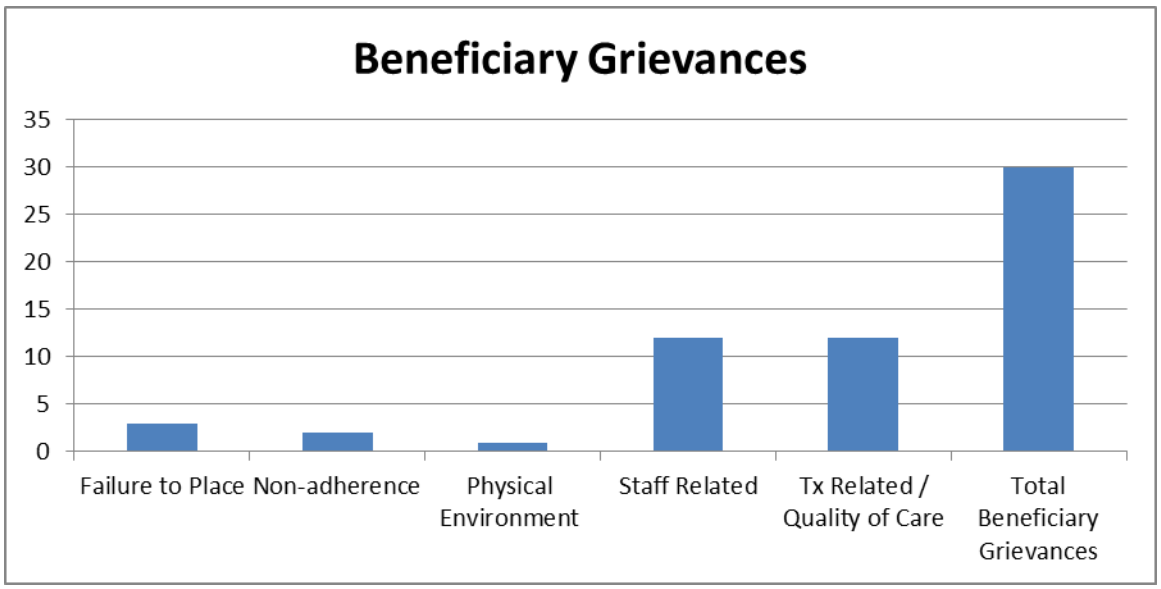
Beneficiary Grievances

An analysis of the 30 beneficiary grievances received by QIRN4 in 2013 demonstrated "staff related" and "treatment related quality of care" were the most common types of grievances reported. This information will be the focus of the 2014 QIA Grievance Project.

Figure 16a: Detailed Overview of Beneficiary Grievances Submitted to QIRN4 by Grievance Categories
01/01/2013 – 12/31/2013

Failure to Place	**3**
Non-adherence	2
Physical Environment	1
Staff Related	12
Treatment Related / Quality of Care	12
Total Beneficiary Grievances	30

Figure 16b: Graph Overview of Beneficiary Grievances Submitted to QIRN4 by Grievance Categories
01/01/2013 – 12/31/2013



QIA Grievance Project

In 2013, QIRN4 designed a QIA Grievance Project aimed at reducing the number of grievances reported to the Network. After an initial analysis of the 2013 grievances data was completed, a more detailed root cause analysis of the two highest grievance types ("staff related" and "treatment related quality of care") was performed. This additional analysis revealed a

common theme related to communications defects between beneficiaries and facilities. Thus, the main focus of the QIA Grievance Project centered on efforts to improve the communication between beneficiaries and facilities. Nine randomly selected facilities from which beneficiary grievances were generated were included in the project. Emails introducing the QIA grievance project were sent along with invitations for a group conference call with the participating facilities. Emails were followed with individual calls to each Facility Administrator and Social Worker to review the QIA grievance project in depth and answer questions regarding the project.

QIA Interventions

Each of the identified facilities:

- Participated in the emBRACE program
- Completed the new 5 Diamond communication modules, which focus on communication skills and professionalism.
- Participated in monthly webinars which included
- Case scenarios
- Group discussions
- The Network used PDSA cycles, when appropriate, and worked 1:1 with facilities that requested individual coaching and mentoring.

QIA Monitoring

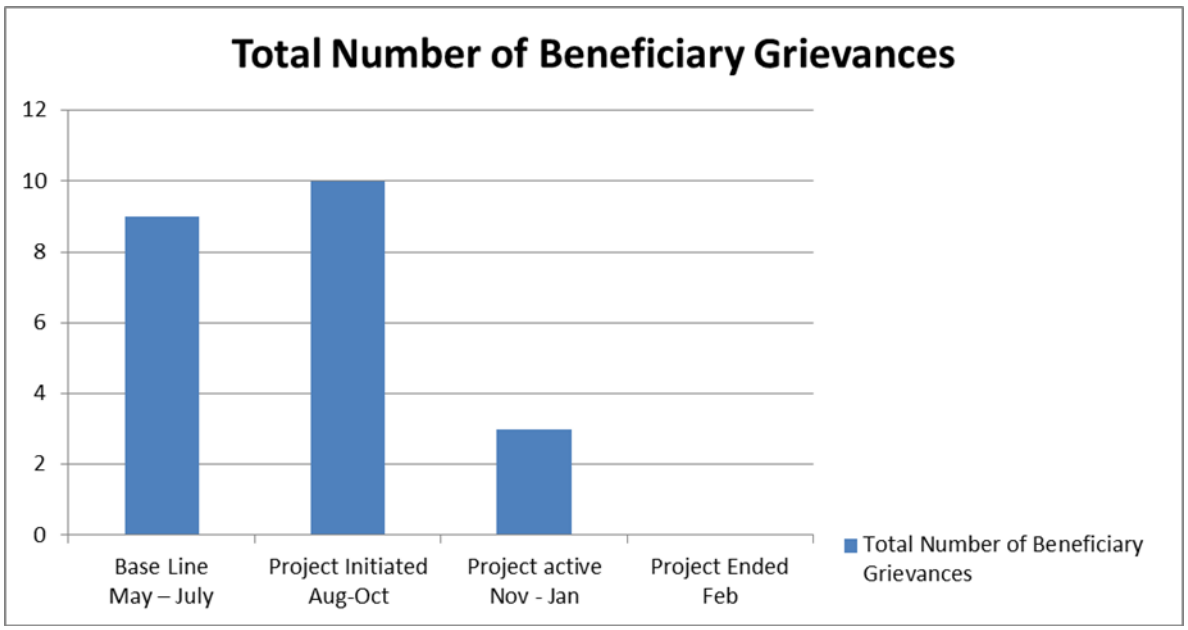
The Network:

- Monitored facility completion of the 5 Diamond Communication Module.
- Monitored facility completion of the embrace Program.
- Used the Patient Contact Utility (PCU) monthly report to track and monitor the grievance reporting of each facility.
- Provided monthly real-time feedback to the facilities on their own grievance rates based on the PCU monthly report.

QIA Grievance Project Data Analysis

The analysis of impact regarding the QIA grievance project intervention is depicted on the following page in three month intervals.

Figure 17: Graph of QIA Focus Facilities Beneficiary Grievances 05/01/2013 – 02/28/2014



Reduction in the number of beneficiary initiated grievances received during the period of 05/01/2013 – 02/28/2014. The grievances in all nine facilities were reduced by 100%.

Grievance Project Concluded

Facilities reported an increase in provider patient/caregiver collaboration involving the plan of care, which resulted in a strengthening of the provider patient/caregiver collaborative relationship. Facilities reported an increase in patient representative enrollment as result of the emBRACE program, and increased peer to peer support and education. Facilities also reported an increase in requests for information regarding patient support groups. The area of patient support groups is still developing. Notably some facilities referring their patients to independent support groups which is working out very well.

Overall the QIA grievance project was successful in its goal to improve communication between the providers and patients/caregivers and reduce the number of beneficiary generated grievances by 100% by the conclusion of the QIA grievance project.

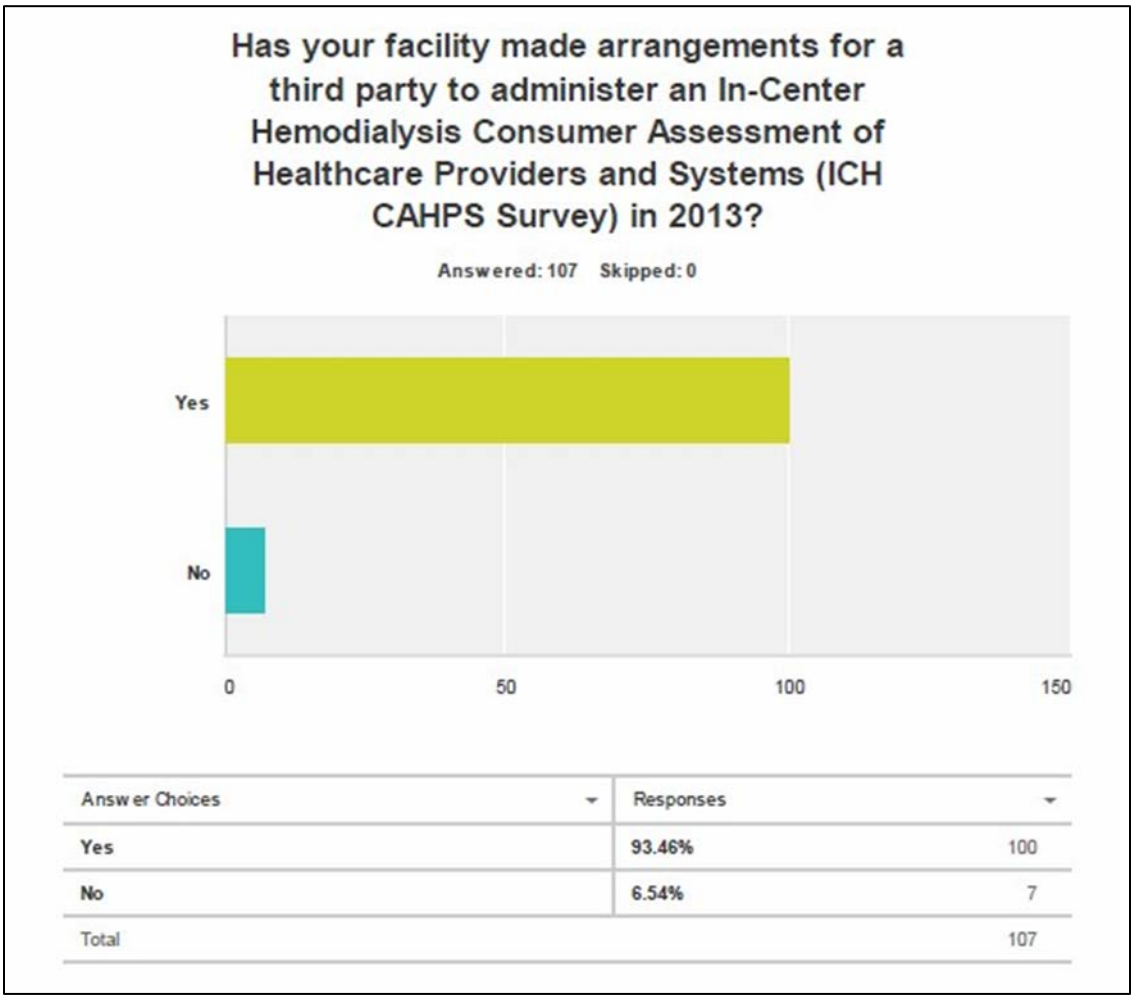
Next Steps for 2014

Given the positive results achieved in the 2013 QIA grievance project, QIRN4 anticipates the 2014 QIA grievance project to be similarly constructed and include the utilization of the 5-Diamond communication modules, the emBRACE program and monthly webinars with case scenarios and group discussions as interventions.

Promote Use of In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS)

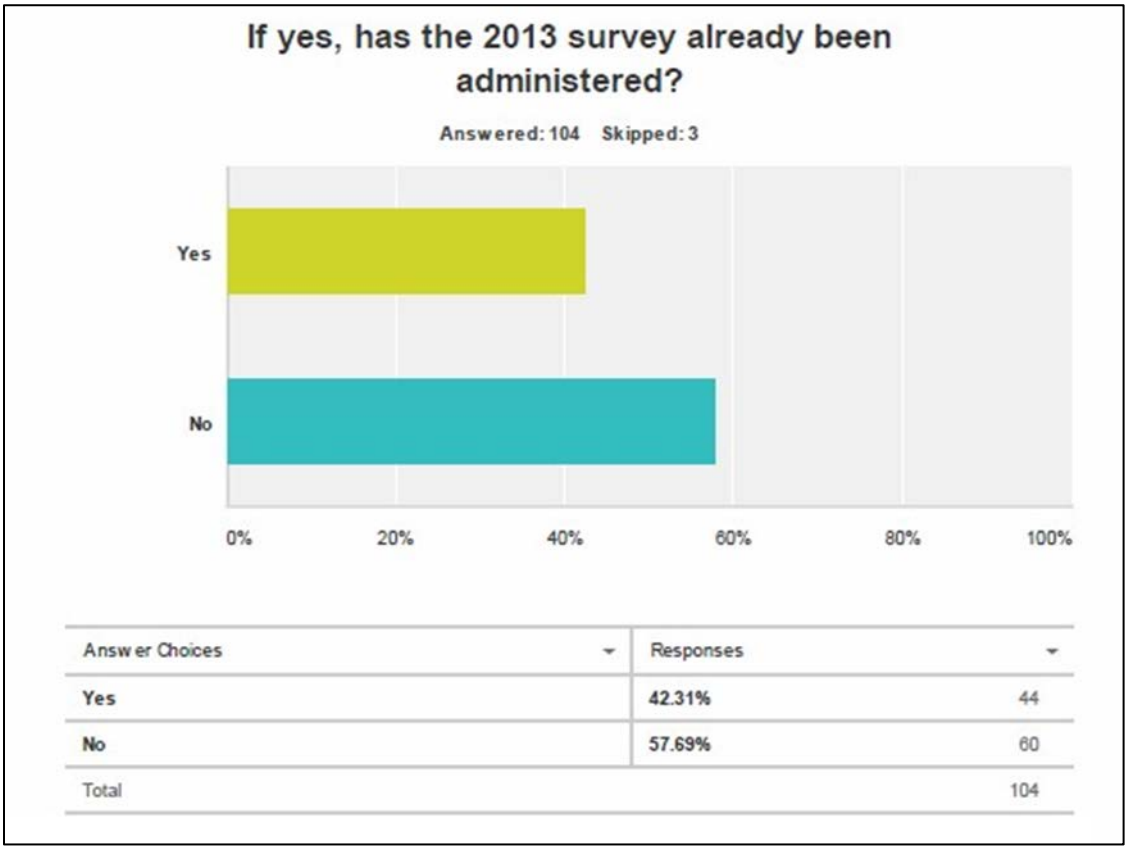
The ICH-CAHPS survey tool was designed to assess patient perceptions of care provided at dialysis facilities. The survey is 65 questions in length. Items within the ICH-CAHPS survey instruments include: nephrologists' communication and caring, quality of dialysis center care and operations, providing information to patients, global rating of kidney doctors, global rating of dialysis center staff and global rating of the dialysis center. All patients over the age of 18 receiving outpatient hemodialysis for at least three months are eligible for the survey. To receive the annual payment update (APU) for payment year (PY) 2015, all Medicare-certified ICH facilities were required to have an independent survey vendor conduct an ICH-CAHPS Survey of their patients in CY2013. In accordance with the 2013 SOW, QIRN 4 promoted ICH-CAHPS across the Network on its Network Council webinars, in the newsletters and via email. QIRN 4 also used internet survey tools to track completion of ICH-CAHPS in Network facilities.

Figure 18a: Summary ICH-CAHPS Awareness Survey Questions



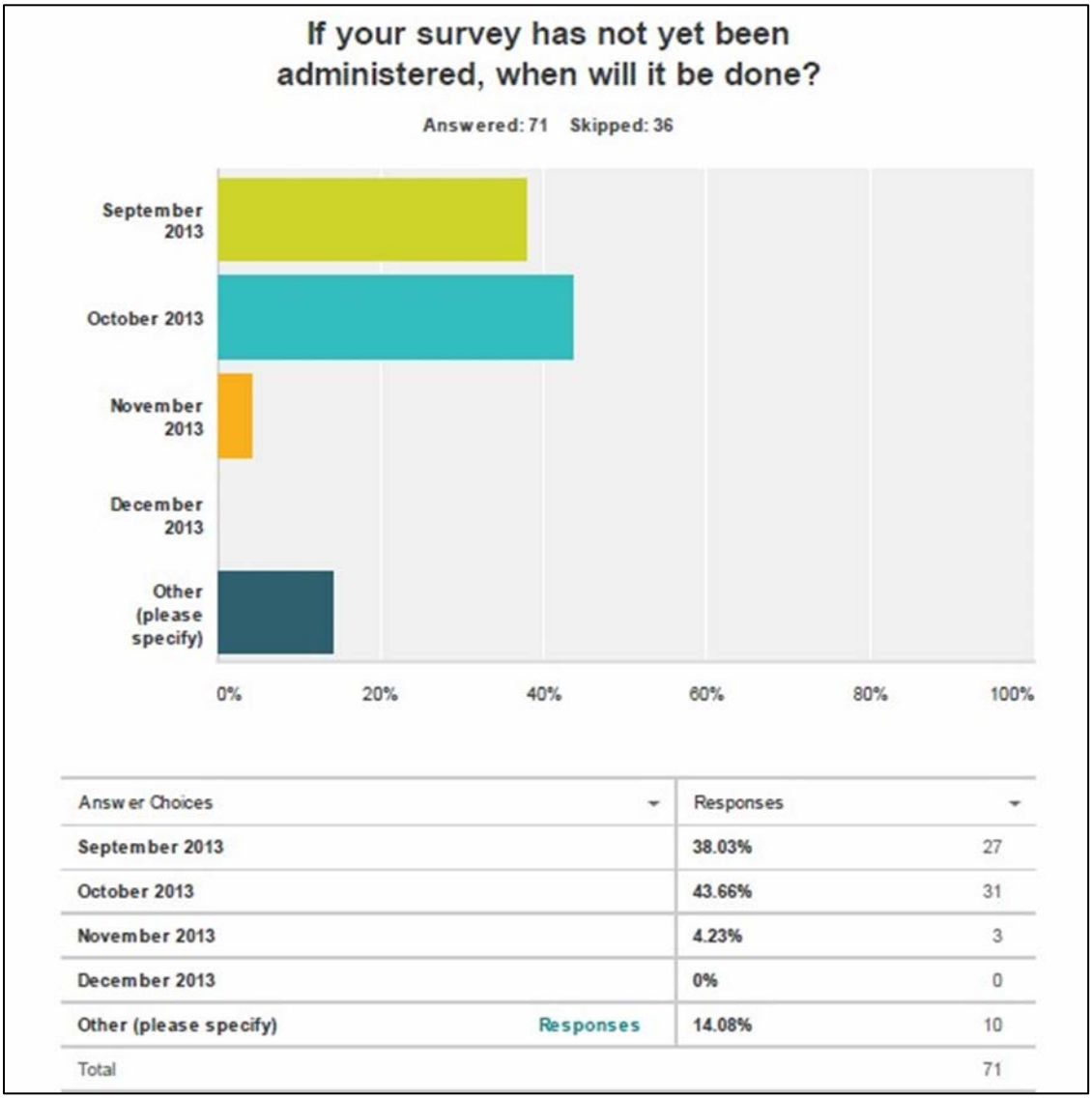
Answer Choices	Responses	
Yes	93.46%	100
No	6.54%	7
Total		107

Figure 18b: ICH-CAHPS Awareness Survey Questions



Answer Choices	Responses	
Yes	42.31%	44
No	57.69%	60
Total		104

Figure 18c: ICH-CAHPS Awareness Survey Questions



Answer Choices	Responses	
September 2013	38.03%	27
October 2013	43.66%	31
November 2013	4.23%	3
December 2013	0%	0
Other (please specify) Responses	14.08%	10
Total		71

The ICH-CAHPS Awareness Survey was directed toward the small dialysis organizations (SDOs) and independent dialysis facilities as the large dialysis organizations (LDOs) have their ICH-CAHPS process well established. Between survey and email responses QIRN 4 is confident that all Network facilities participated in ICH-CAHPS for 2013.

Patient - Appropriate Access to Dialysis Care

Sub-Domains:

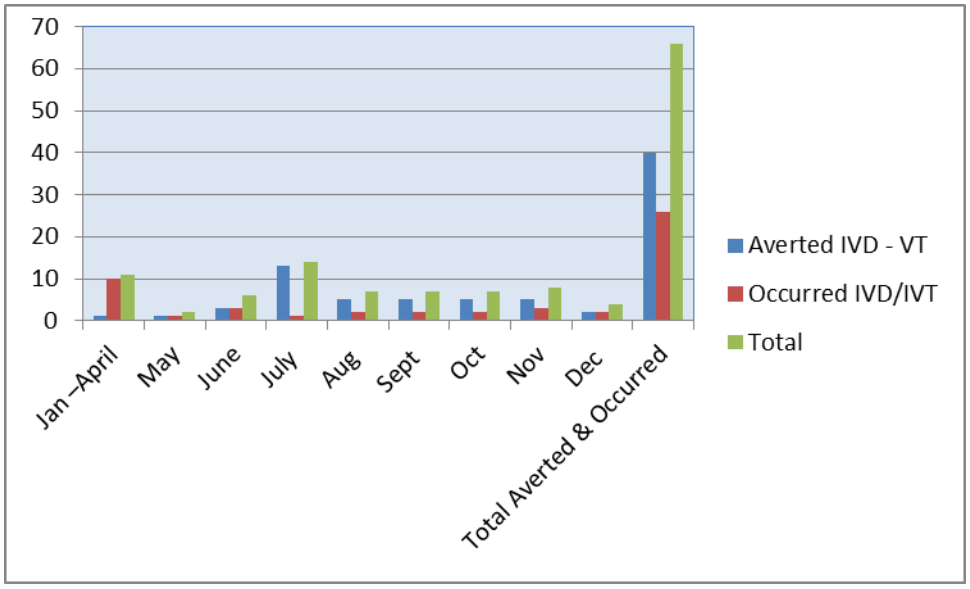
- Involuntary Discharges (IVDs) and Involuntary Transfers (IVTs)
- Address Patients at Risk for IVD/IVT and Failure to Place
- Generate Monthly Access of Dialysis Care Reports

In 2013 QIRN 4 worked to avoid patients being dismissed from the care relationship with their physician or from their dialysis facility. QIRN 4 worked with each to resolve discord and keep the beneficiary at the facility. Of the 66 IVD/IVT cases submitted there were 26 cases which the Network was unable to avert. Those cases proceeded to IVD/IVT and the beneficiary became a potential failure to place. QIRN 4 followed these potential failures to place beneficiaries and advocated for their admission into new facilities. As of 12/31/2013 the number of failure to place beneficiaries was reduced to two beneficiaries.

Figure 19a: Drill Down of IVD/IVT 2013

	Averted IVD - VT	Occurred IVD/IVT	Total
Jan –April	1	10	11
May	1	1	2
June	3	3	6
July	13	1	14
Aug	5	2	7
Sept	5	2	7
Oct	5	2	7
Nov	5	3	8
Dec	2	2	4
Total Averted & Occurred	40	26	66

Figure 19b: Breakdown of IVD/IVT by Month



IVD/IVT Packet

QIRN 4 developed an IVD/IVT packet to guide the facilities with contacting both the SSA and QIRN 4 along with submitting the appropriate documentation for IVD /IVT consideration.

QIRN 4 reports access to dialysis care data monthly on the dashboard and in the monthly COR Report.

Vascular Access Management

Sub-Domains:

- Improve Arteriovenous (AV) Fistula Rates for Prevalent Patients
- Reduce Catheter Rates for Prevalent Patients
- Support Facility Vascular Access Reporting
- Spread Best Practices
- Provide Technical Support in the Area of Vascular Access
- Recommend Sanctions

QIRN 4 has adopted the National Quality Improvement Goals as established by CMS for all ESRD Networks and in accordance with the ESRD Statement of Work (SOW Section C.4.1.D. Vascular Access Management). The interventions QIRN 4 used to achieve these improvement

goals as well as an evaluation and analysis of QIRN 4's outcomes in the ESRD population are provided in this section.

Background:
The use of AV fistula as primary access for Renal Replacement Therapy in ESRD patients has increased steadily from 34.1% of prevalent hemodialysis patients in December 2003 to 59.6% of prevalent patients in August 2011, with two ESRD Networks exceeding the Fistula First Breakthrough Initiative (FFBI) target rate of 66%. Over the combined life of the FFBI, all ESRD Networks as well as every state has demonstrated improvement in AV fistula rates. Despite this steady trend of improvement, the AV fistula as primary access goal of at least 66% has not yet been achieved nationally. Although the rates of AV fistula use among prevalent patients vary from state to state, this variation has decreased over time. Factors contributing to the remaining variations brought to light in the 2011 FFBI Report include valuable information which identified differences in physician vascular access choice, patient characteristics, and the degree to which patients begin chronic dialysis with a permanent access. For example, Networks with the highest rates of AV fistula use (>60%) among prevalent patients had on average a higher percentages of patients who were male, Hispanic, and/or white as compared to Networks with lower rates of AV fistula use. Nationally, an average of more than 81% of incident dialysis patients began dialysis using a catheter in 2011, although the Northeastern and Northwestern regions of the United States had higher percentages of incident dialysis patients with AV fistulas.

Key Partners:
To assist the Network in driving improvement at the facility level for AV fistula rates, QIRN4 engaged key partners and stakeholders to include CMS, the Network Coordinating Center (NCC), other ESRD Networks, the QIRN 4 Board of Directors, the QIRN 4 Medical Review Board (MRB), the QIRN 4 Patient Advisory Committee, all Network 4 dialysis facilities and facility staff (including nurses, technicians, and social workers), large dialysis organizations(LDOs), small dialysis organizations (SDO), nephrologist, surgeons, interventional radiologist, and patients.

Improve AV Fistula Rates for Prevalent Patients

Reduce Long Term Cather Rates for Prevalent Patients:

2013 Process Improvement Goals:
Each year CMS establishes an AV fistula rate goal and Long-Term Catheter (LTC) rate goals for each of the 18 Network. CMS recognizes that attaining these goals requires time and effort,

thus CMS has established incremental improvement goals to ultimately meet the overarching national AV fistula and LTC goals. The CMS Goals for 2013 were:

For AV Fistula:

- Achieve and sustain an overall goal of at least a 68% or greater AV fistula-in-use rate for prevalent patients.
    - Using the October 2012 data that was available in December 2012 as a baseline, the SOW directs the Networks to support facilities to reduce the AV fistula quality deficit by 20% by the end of the 3rd Quarter of the base contract year in 2013.

For Long-Term Catheters (LTC>90 days):

- Achieve and sustain an overall goal of 10% or less LTC rates (catheter in use >90 days) for prevalent patients.
    - Using the October 2012 data that was available in December 2012 as a baseline, the SOW directs the Networks to support facilities to reduce the rate of LTC use among prevalent patients by at least two percentage points in dialysis facilities that have a >10% rate of long-term (>90 days) catheter use in prevalent patients at baseline.

2013 Vascular Access Quality Improvement Activity (QIA)

2013 Vascular Access QIA Scope:

The scope of the QIRN4 Vascular Access Quality Improvement Activity (QIA) was to improve the rate of AV fistula for Network 4 patients, while reducing the LTC rate for patients who have a CVC > 90 days for patients in identified focus facilities using the above criterion for AVF and LTC. Ideally, QIRN 4 would reach out and support all Network 4 facilities in a vascular access Quality Improvement Activity (QIA), but given the challenges of the geography and various Network facilities, QIRN 4 drilled down on the Network performance data for AV fistula and LTC use and looked for facilities which could be most impacted individually by an improvement project. We used this performance data to create a work group of focus facilities (see 2013 Focus Facility Selection Criteria Section). The use of a smaller work group would allow QIRN4 to perform small tests of change and spread success to the whole Network 4 ESRD community.

2013 Vascular Access Focus Facility Selection Criteria:

When selecting the focus facilities for this quality improvement project, QIRN 4 carefully considered which facility and subsequent patients would benefit by participating in a QIA

project. To insure we had a robust crosscutting representation of all Network facilities in our focus group, we divided Network facilities into four groups. Once the facilities were arranged into groups, we analyzed the VA and LTC data to determine which facilities (and subsequently patients) had the lowest rates and would benefit the most from participating in a process improvement QIA. A summary of the selection process used by QIRN4 and the groupings is outlined on the Figure 20.

Figure 20: Network 4 Vascular Access Focus Facility Selection Criteria and Grouping 2013

	Group 1	Group 2	Group 3	Group 4
Criteria for Selecting Vascular Access Management Focus Facilities: Facilities where placed into four groups and the facilities that would benefit most from improvement were selected	1. Facility census > 100 2. AV fistula (2 needles) < 68% 3. CVC >=90 days greater than 10%	1. Facility census between 70-99 patients 2. AV fistula (2 needles) <68% 3. CVC>=90 days greater than 10%	1. Facility census >70 2. AV fistula (2 needles) <68%	1. A Delaware Facility: a. Census >70 2. AV fistula (2 needles) <68%

2013 Vascular Access QIA Network 4 Specific Goals:

QIRN4's 2013 Vascular Access QIA project began in July 2013 and concluded at the end of the third quarter of 2013. The initial activity for this QIA was to calculate the Network 4 improvement goal, by utilizing the incremental improvement goals set by CMS. QIRN 4's 2013 goal was to increase the AV fistula rate from a baseline of AV fistula rate (October 2012) of 59.8% up to a performance rate of 61.4% by the end of the third quarter of 2013. During this same time frame, QIRN 4 had a goal to reduce the LTC rates (catheter in use >90 days) from a baseline rate (October 2012) of 16.6% to a performance rate of 14.6%.

2013 Vascular Access QIA Interventions/Outcome Monitoring:

After the selection of the 2013 Vascular Access QIA focus facilities QIRN4 began working with the focus facilities to improve their AV fistula rates and reduce their LTC rates. The first area of improvement identified in this project was an opportunity to improve the AV fistula and LTC data that facilities were entering into the ESRD data base (CROWNWeb). While working with the focus facilities, QIRN4 utilized this captive audience to educate on evidenced-based vascular access information. Using rapid-cycle PDSA (Plan-Do-Study-Act) methodology, QIRN 4 was able to gain momentum on facilities improvement. Interventions included:

- Working one-on-one with facilities by means of either site visits and/or phone calls for requested individual coaching and mentoring
- Monitoring facility completion of monthly report form
- Provided real time monthly feedback to the facilities via facility specific performance run charts
- Provided evidenced-based vascular access educational resources to the focus facilities

2013 Vascular Access QIA Network 4 Results:

The 2013 Vascular Access QIA result exceeded the set CMS goals for this sub-domain, and QIRN 4 is happy to announce both AV Fistula and LTC achievement goals and met the Network 4 SOW targeted improvement goal.

Figure 21a: Network 4 Focus Facilities Vascular Access Quality Improvement Activity Results – 2013

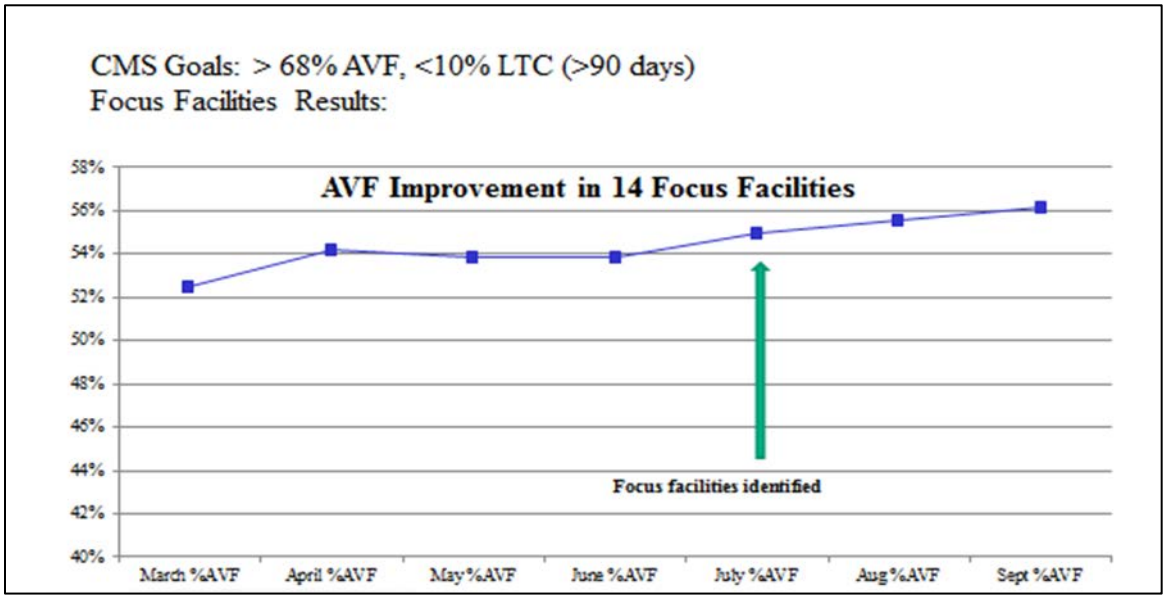


Figure 21b: Network 4 Focus Facilities Long Term Catheter Quality Improvement Activity Results – 2013

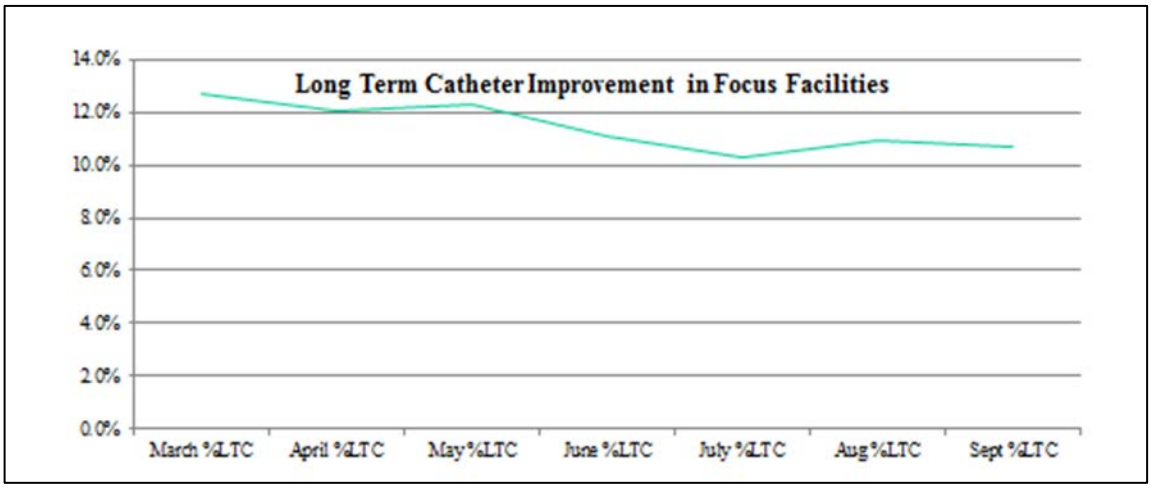


Figure 22: Network 4 Facilities Vascular Access Outcomes Quality Improvement Activity Results - 2013

	Baseline * (Oct 2012)	Goal (Oct 2013)	Network 4 Facilities Achievement (Oct 2013)
AV FISTULA	59.8%	61.4% or higher	**61.4%**
CVC	16.6%	14.6% or lower	**14.3%**

**Baseline data taken from 2012 CROWNWeb data*

Support Facility Vascular Access Reporting

Spread Best Practices

Provide Technical Support in the Area of Vascular Access

To meet the sub-domains of Support Facility Vascular Access Reporting, Spread Best Practices and Provide Technical Support in the Area of Vascular Access, QIRN4 first worked closely with Vascular Access QIA focus facilities to observe each facilities vascular access reporting process. As needed, we educate them on how to correctly enter vascular access data into CROWNWeb. This initial step served to engage the facility staff and in doing so, they began to realize the importance accurate data and how their role in vascular access data entry can impact the care patients receive. QIRN 4 then began reaching out to all focus facilities on a

monthly basis to offer one-on-one support and to review data. To insure improvement throughout the Network 4 facilities, QIRN4 reached out to all Network facilities in the following ways:

- Supported all Network 4 facilities in timely and accurately submission of CROWNWeb clinical data which includes vascular access data submission by monitoring those facilities that did not report vascular access data and giving feedback to them via email and phone calls.
- Utilize our Web site as a vehicle to provide vascular access educational tools and resources for all Network facilities.
- Drew upon the resources available through the Network Coordinating Center (NCC) and the Fistula First Breakthrough Initiative (FFBI) and shared with all focus and Network facilities.
- Supported the patient engagement model of care through collaboration with our Patient Learning and Action Network (P-LAN) as they develop quality improvement initiatives.
- Sought out and spread best practices through collaboration with other Networks, stakeholders, and providers.
- Held a webinar for the focus facilities to share and spread their best practices at the conclusion of this QIA activity.

Figure 24: Network 4 – Vascular Access Management Milestone Timeline 2013

July	• Developed an informational introduction letter to all of Network 4 facilities which included each of the facility's AV FISTULA and LTC baseline results and the individualized goals each facility needed to achieve during the measurement period: o 56 facilities had already met both goals o 102 facilities already met LTC goal, not AV FISTULA goal o 20 facilities already met AV FISTULA goal, not LTC goal o 87 facilities had not met either goal o 16 no baseline data in CROWNWeb
August	• Invited all of the selected focus facilities to participate in a vascular access improvement project • Encourage focus facilities to engage patients by recruiting a Vascular Access Patient Champion • Developed a monthly reporting form for the focus facilities to utilize for feedback reports

September	• Provided individualized coaching calls with the focus facilities
October	• Final vascular access data analysis completed
December	• Final Webinar held for Focus Facilities to share barriers, best practices and success stories

Recommend Sanctions:

Under AIM 1-Better Care for the Individual through Beneficiary and Family Centered Care, and subsequently Vascular Access Management, CMS reminds the Networks that they shall recommend sanctions pursuant to §1881(c)(2) of the Social Security Act. The Network is instructed by the Option Year one 2013 Scope of Work (SOW) to consider recommending sanctions for facilities that:

- Endanger the lives of patients being treated for ESRD, and/or engage in inappropriate practice patterns.
- Demonstrate a pattern of not accepting the Network's offers of technical assistance.
- Demonstrate a pattern of non-adherence to Network recommendations.
- Do not meet Network-determined benchmarks as required by CMS.
- Do not meet CMS and Network goals relative to clinical performance measures and ESRD QIP measures.
- Do not demonstrate evidence of effective quality improvement activities that result in continuous quality improvement for those clinical areas in which the facility is not meeting benchmarked national standards.

In 2013, QIRN4 did not determine any facility met the criteria for sanction recommendation, thus in 2013, QIRN4 did not recommend any sanctions.

Patient Safety: Healthcare-Acquired Infections (HAIs)

Sub-Domains:

- Support National Healthcare Safety Network (NHSN)
- Establish Healthcare-Acquired Infections Learning and Action Network (HAI LAN)
- Reduce Rates of Dialysis Facility Events (Blood stream infection events reported in the NHSN data base)

QIRN 4 has adopted the National Quality Improvement Goals established by CMS for all ESRD Networks and in accordance with the Statement of Work (SOW Section C.4.1.E. Patient

Safety: HAIs). The interventions QIRN 4 used to achieve these improvement goals as well as an evaluation and analysis of QIRN 4's outcomes in the ESRD population are provided in this section. Historically, HAI's that occur in the ESRD population have been closely correlated with use of Central Line Catheters used to perform hemodialysis treatments. Reducing the use of these vascular devices while increasing the use of AV fistulas is one way to potentially reduce BSI's. However, blood stream infections can occur throughout the process of hemodialysis, regardless of access type. QIRN 4 is committed to working with facilities to seek out additional interventions that when deployed, will reduce the BSI for the Network 4 community.

Background:

The March 1, 2011 issue of the Morbidity and Mortality Weekly Report published by the Centers for Disease Control and Prevention (CDC) noted that there were 25,000 fewer central-line-associated bloodstream infections (CLABSIs) in U.S. intensive care units in 2009 compared with 2001, a 58% reduction http://www.cdc.gov/mmwr/pdf/wk/mm60e0301.pdf). This represents up to 6,000 lives saved and $414 million in cost savings in 2009, and approximately 1.8 billion in cumulative costs savings since 2001. Unfortunately, the CDC also noted that a substantial number of CLABSIs continue to occur in outpatient hemodialysis centers, identifying an important focus area for expanded prevention efforts. Process Improvement Experts believe the interventions used to drive down CLABSI's rates in intensive care units may have similar impact on the blood stream infection rates that persist in hemodialysis units. In response to these expert opinions, CMS launched a Partnership for Patients campaign which not only focuses on reducing HAI's including BSI's, but also challenged each of the ESRD Networks to contribute to the goal of reducing Dialysis Related Events (BSI's) within each and every network. Efforts to reduce HAI-BSI rates in Network 4 are outlined below. These efforts demonstrated activities to meet the sub-domain categories of supporting NHSN data submissions as well as establishing a Healthcare-Acquired Infections Learning and Action Network (HAI LAN)

Key Partners:

QIRN 4 partnered with key Subject Matter Experts (SME's) and various stakeholders to work collaboratively to reduce the HAI-BSI rate found in Network 4. Key partners included CMS, the Network Coordinating Center (NCC), the Centers for Diseases & Control (CDC), Pennsylvania and Delaware Quality Improvement Organizations (QIO's), other Networks, the QIRN 4 Board of Directors, the QIRN 4 Medical Review Board (MRB), the QIRN 4 Patient Advisory Committee, all Network 4 dialysis facilities and facility staff (including nurses,

technicians, and social workers), LDOs, SDOs and patients. All partners were committed to reducing the HAI-BSI rates in Network 4.

Collaborations with the QIOs:

QIRN 4 partnered with West Virginia Medical Institute (WVMI; Parent company of QIRN4) family of QIOs: Quality Insights of Pennsylvania(PA) and Quality Insights of Delaware(DE) in their fight and impact the prevention of Health Care Associated Infections (HAI's). Because these QIOs have been involved in several projects directly related to the reduction of HAI infections in the acute care health care setting, QIRN4 sought to leverage their lessons learned and to apply these change concepts to the dialysis facilities in Network 4 community. The PA and DE QIOs have actively worked with acute care hospitals in reducing HAIs and by focusing on Antimicrobial Stewardship Programs (ASP). This work has had promising impact on the CLABSI rates in the hospitals within the QIO region. Of note, a recent article featured in infectoncontroltoday.com cited a study which highlights the need to improve antibiotic use in outpatient dialysis facilities. The study demonstrated the following:

> "A total of 1,003 antimicrobial dosages were administered during the 12-month study period. Nearly one in three patients received at least one antimicrobial dose.
>
> Of the 1,003 doses of antibiotics, nearly one-third of antibiotic doses were classified as inappropriate. The most common reason for inappropriate administration was the conditions for infection were not met. Blood-stream infections were the most common misdiagnosed infection based on unmet criteria."

Approximately one half of Network 4 patients who received an antibiotic start had a negative blood cultures. This statistic represents an, opportunity to partner with the QIOs' to explore spreading this work to the Network 4 dialysis facilities. QIRN 4 attended QIOs educational sessions and used QIOs immense ASP resources to provide an ASP educational information to Network 4 facilities.

Support National Healthcare Safety Network (NHSN):

To meet the subdomain of supporting NHSN, QIRN4 actively worked with facilities to ensure accurate and timely submission of NHSN data. QIRN4 acutely acknowledge the first step to process improvement is obtaining accurate data. Because NHSN is the data source ESRD networks employ to drive HAI improvement activities, QIRN 4 began working closely with network facilities to improve their NHSN reporting within the first weeks after QIRN4 was

awarded the CMS ESRD Network 4 Contract in June of 2013. During the first several months of the contract award, QIRN 4 tirelessly contacted and educated facilities to enroll them in NHSN as well as confer viewing rights to QIRN4. Once viewing rights were established, QIRN4 could review facility data and work with facilities to mitigate data entry defects. Additionally, QIRN4 supported Network 4 facilities to meet their 2013 Calendar Year (CY) Quality Incentive Payment (QIP) NHSN reporting requirement. In doing so, Network 4 had over 90% of all facilities successfully enrolled in the NHSN Website. In addition, these efforts assure that over 80% of Network 4 facilities were reporting Dialysis Facility Event data for at least six consecutive months.

2013 Overview of QIRN4 Interventions; NHSN Monitoring:

- Monthly data analysis to identify facilities who had not joined NHSN
- Support facilities with NHSN Enrollment directions
- Monthly monitoring of NHSN Line Listing Reports to identify outlier facilities who were not reporting at least 6 months
- Provided NHSN educational resources
- Provided one-to-one support to facilities as needed

Figure 25: Network 4 NHSN Outcome Results for Facilities Enrollment and Reporting 2013

Total Eligible NW 4 Facilities	Total Eligible NW 4 Facilities Enrolled NHSN	Goal: ≥ 90% of all NETWORK 4 Facilities Enrolled in NHSN	Total Eligible NETWORK 4 Facilities Reporting at least 6 months	Goal: ≥ 80% of NETWORK 4 Facilities Reporting at least 6 months
287	282	98.3%	257	91.1%

Establish Healthcare-Acquired Infection Leaning and Action Network (HAI-LAN):

To begin the important work of reducing the HAI-BSI rates in Network 4, QIRN4 established an HAI LAN that consisted of SME's from various key partners and stakeholders in June of 2013. The LAN was developed to play an integral role in the HAI Quality Improvement Activities and to identify best practices aimed at reducing dialysis HAI's for the ESRD population in Network 4. During the first meeting with the HAI LAN, QIRN 4 shared a daunting statistic. In 2011, infection was cited as the primary cause of death in 9.2% of patients in Network 4, second only in known causes of death to cardiac causes (39.7%) (2011 Annual Report, The Renal

Network, Inc., 2012). These compelling infection rates engaged our HAI LAN members'. After the inaugural meeting, monthly teleconference calls were held the second and third quarter of 2013 to review Network 4 NHSN data and brainstormed on best practice solutions to impact the infection rates present in Network 4.

Figure 26: Network 4 Healthcare -Acquired Infection Learning & Action Network Members 2013

Name:	Discipline/Background:	Affiliation:
Ami Patel, PhD MPH	Acute Communicable Disease Program Manager Career Epidemiology Field Officer	Philadelphia Dept. of Public Health\Division of Disease Control & Centers for Disease Control & Prevention\OPHPR
James Davis, MSN, RN, CCRN, CIC	Senior Infection Prevention Analyst	APIC ECRI Institute Headquarters
Dottie Borton RN, BSN, CIC	Infection Control Practitioner	Albert Einstein Health care Network
Ehtesham Hamid	Director of Operations Brandywine Valley	Fresenius Medical Services
Arlene Smith, RN	President	Susquehanna Valley Chapter American Nephrology Nurses' Association (ANNA)
Joanne Leap, RN, CNN	Clinical Manager	Fresenius Medical Care East Norriton
Thesalie Alvarez, RN, BSN	Facility Administrator	DaVita Philadelphia Market Street
Christine Quinn, RN	Clinical Manager	Fresenius Medical Care Swarthmore Dialysis Center
Anna Boland, RN	Nurse Manager	DCI of Hastings

Reduce Rates of Dialysis Facility Events:

QIRN4 invited the HAI-LAN to collaborate with QIRN4 on the development of a Network 4 Quality Improvement Activity (QIA) aimed at the reduction of Dialysis Facility Events. During the monthly HAI LAN teleconference calls, the HAI LAN reviewed HAI-BSI rates for Network 4 facilities, Network 4 outlier facilities, as well as Network 4 infection trends. This data was helpful for an overview of the Network 4 infection rates, but because of the nature of NSHN reporting, the HAI-BSI data was not "real time". Additionally, there was some question of the reliability of the data (NHSN data is entered 100% by facilities and input of accurate data has been challenging for many ESRD facilities). Thus the HAI LAN sought to collect alternative data to help identify opportunities for improvement. The first step the HAI LAN identified was the development and utilization of a HAI assessment survey to measure infection prevention practices in facilities who demonstrated the highest Network HAI-BSI rates. The prediction was those facilities with the highest infections rates may have infection prevention processes that do not conform to identified infection prevention best practices. The HAI LAN then predicted that the identified defects in infection prevention best practices would fuel a robust QIA project.

Prior to the development and subsequent administration of a HAI assessment survey, a group of target facilities or focus facilities needed to be identified. When looking at the Network 4 overall infection HAI-BSI data, the HAI LAN suggested focus facilities needed to be those with the highest infections. Network 4 infection data from 2013 Dialysis Facility Reports (claims data) showed:

- Ninety-five of 289 Network 4 facilities (32.9%) had infection rates greater than the national average of 2.15 per 100 patient months in 2013.
- One hundred sixteen of the 289 Network 4 facilities (40%) were above the Network average of 1.9 per 100 patient months in 2013.

2013 Focus Facility Selection Criteria for the HAI LAN Quality Improvement Activity (QIA):

QIRN4, using NHSN data, identified focus facilities for participation in the HAI QIA project if they met either of the following criteria:

- Overall 2012 Facility Infection Rate greater than Network 4 average rate of (1.9) per 100 patient months
- A Facility Standardized Mortality Ratio (SMR) of >1.0 for 2009-2012

Using this criterion, twenty-two facilities met both criteria and were selected to participate in an HAI QIA to be determined by the HAI LAN after the HAI assessment survey was administered.

2013 HAI Assessment Survey:

The development of an HAI assessment survey took place after the focus facilities where chosen (based on the above bulleted criterion: infection and morality rates). The LAN member SMEs shared previously developed HAI Assessment Surveys used in other health care settings as a best practice intervention for identifying system defects in infection prevention processes. Under the HAI LAN's direction, a ESRD facility specific needs assessment survey was developed and administered to all 22 focus facilities.

2013 HAI Assessment Survey Results:

After the administration of the HAI assessment survey to all twenty-two (22) focus facilities, a total of 19 (86%) facilities completed the survey. The results of the 2013 HAI Assessment Survey did not reveal any overwhelming evidence to correlate the focus facilities infection prevention practices with the facilities high in infection rates found in the NHSN data. The HAI LAN recommended that QIRN4 continue to work with the identified focus facilities on a QIA project based on documented NHSN infection and mortality rates for these facilities. The HAI LAN suggest these facilities begin their process improvement journey by learning about and implementing a Comprehensive Unit-based Safety Program (CUSP) – proven to help reduce infection rates in hospitals by changing the culture in the health care setting to a culture of safety. They also suggested the focus facilities begin using previously validated CDC audit tools (which audits infection prevention activities as they are performed). Additionally, the HAI LAN suggested all focus facilities review the CDC resources for preventing blood stream infections.

Figure 27: Network 4 HAI Assessment Survey Results 2013

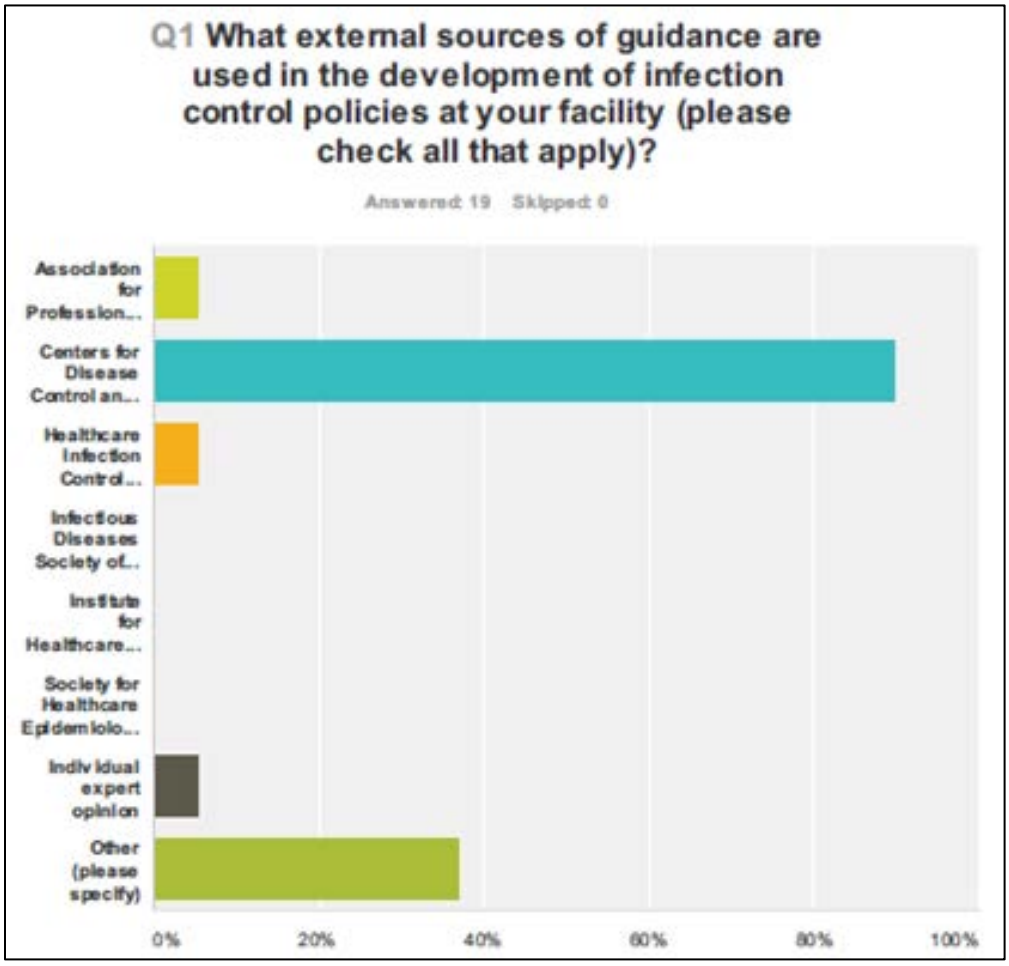


Figure 28: Network 4 HAI Assessment Survey Results 2013

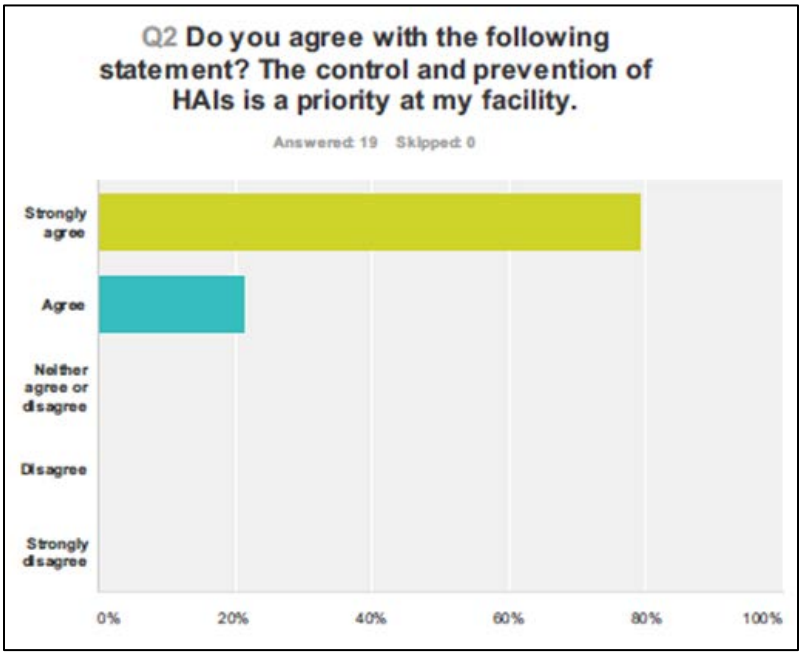


Figure 29: Network 4 HAI Assessment Survey Results 2013

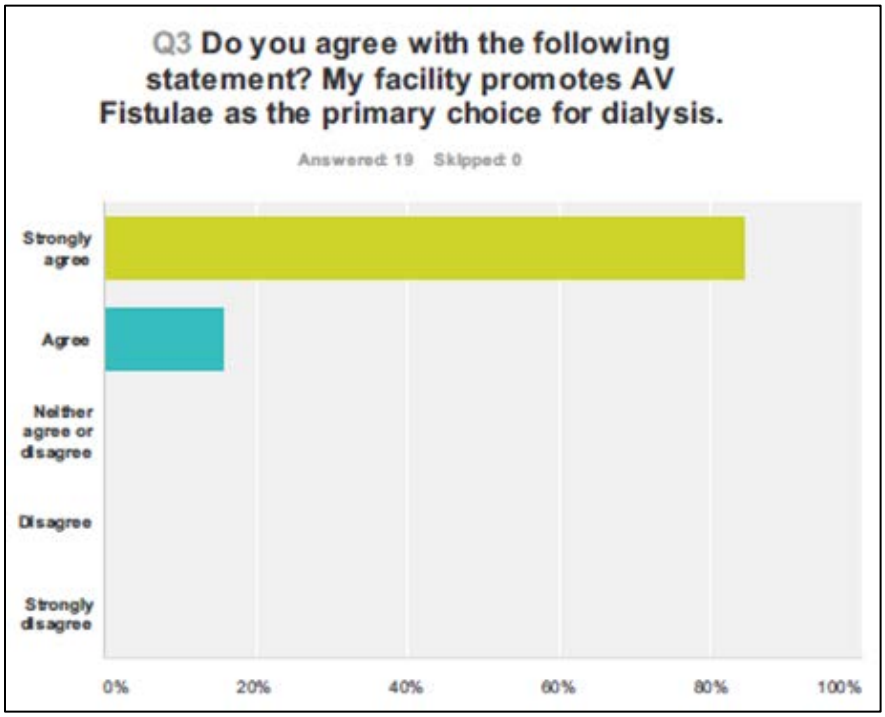


Figure 30: Network 4 HAI Assessment Survey Results 2013

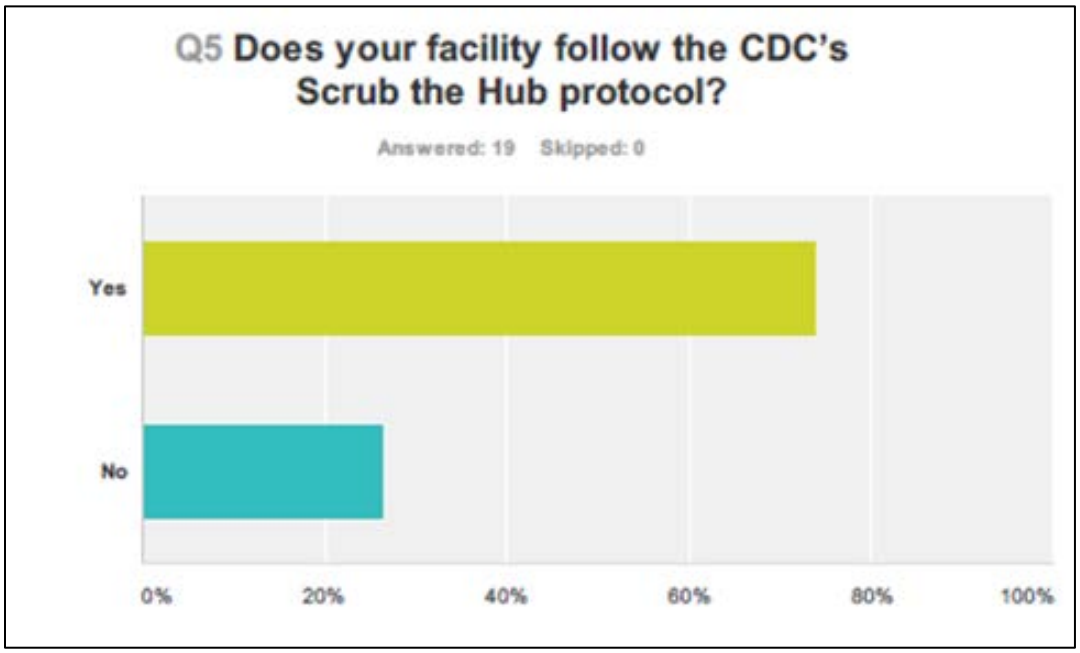


Figure 31: Network 4 HAI Assessment Survey Results 2013

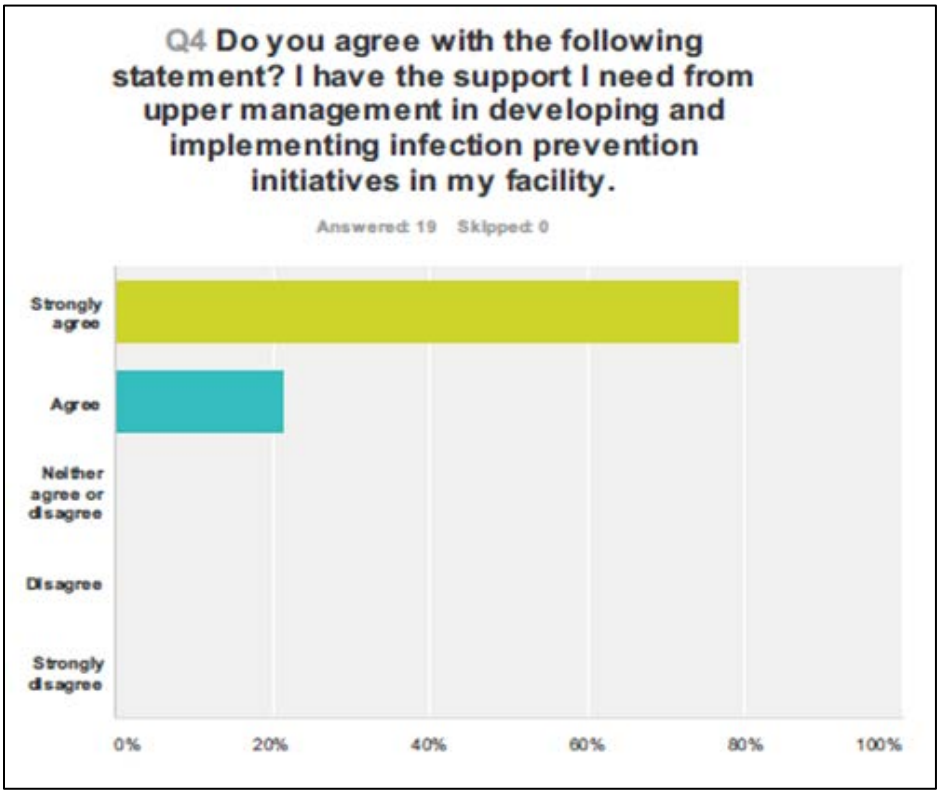


Figure 32: Network 4 HAI Assessment Survey Results 2013

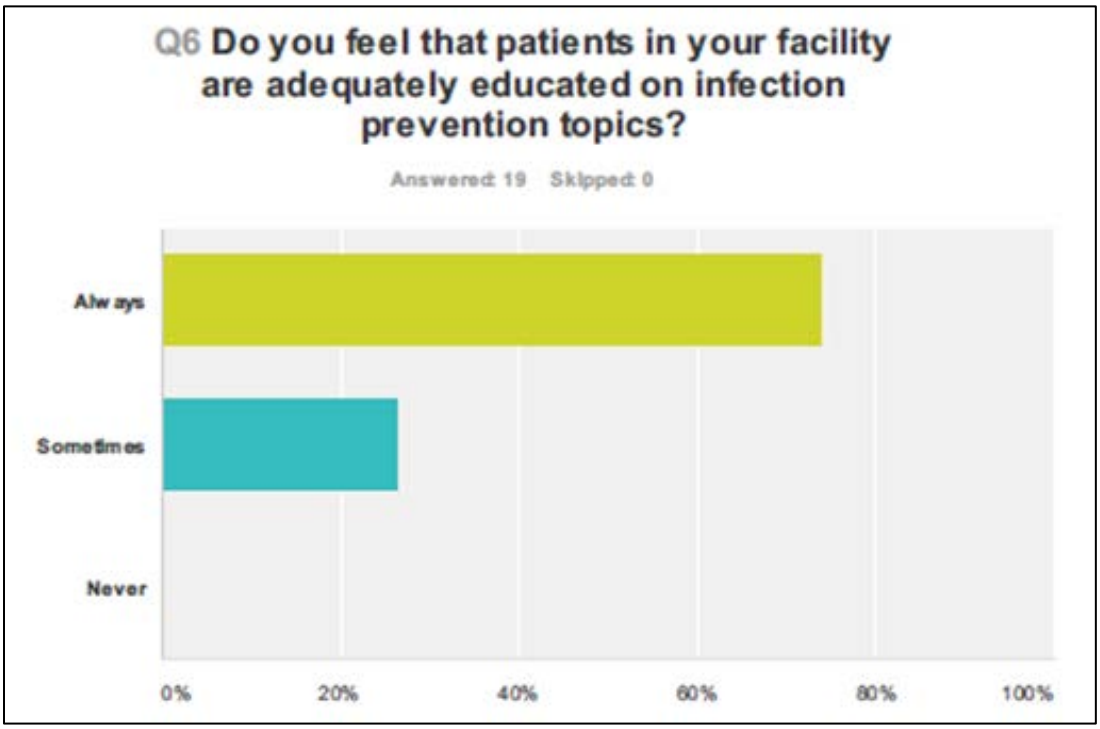


Figure 33: Network 4 HAI Assessment Survey Results 2013

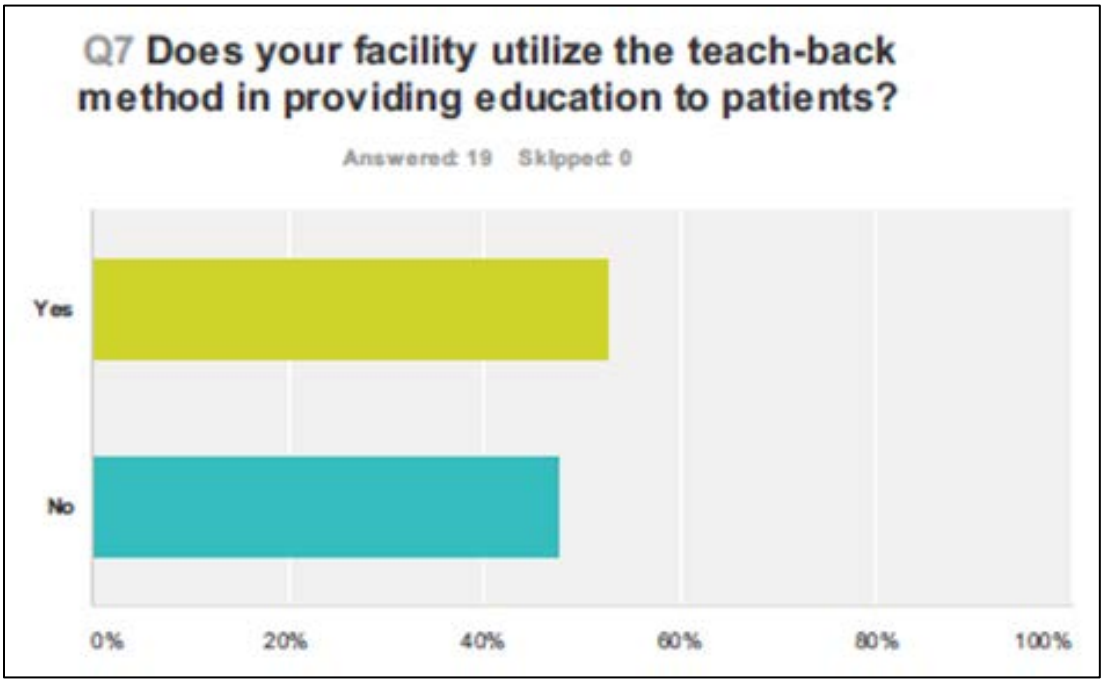


Figure 34: Network 4 HAI Assessment Survey Results 2013

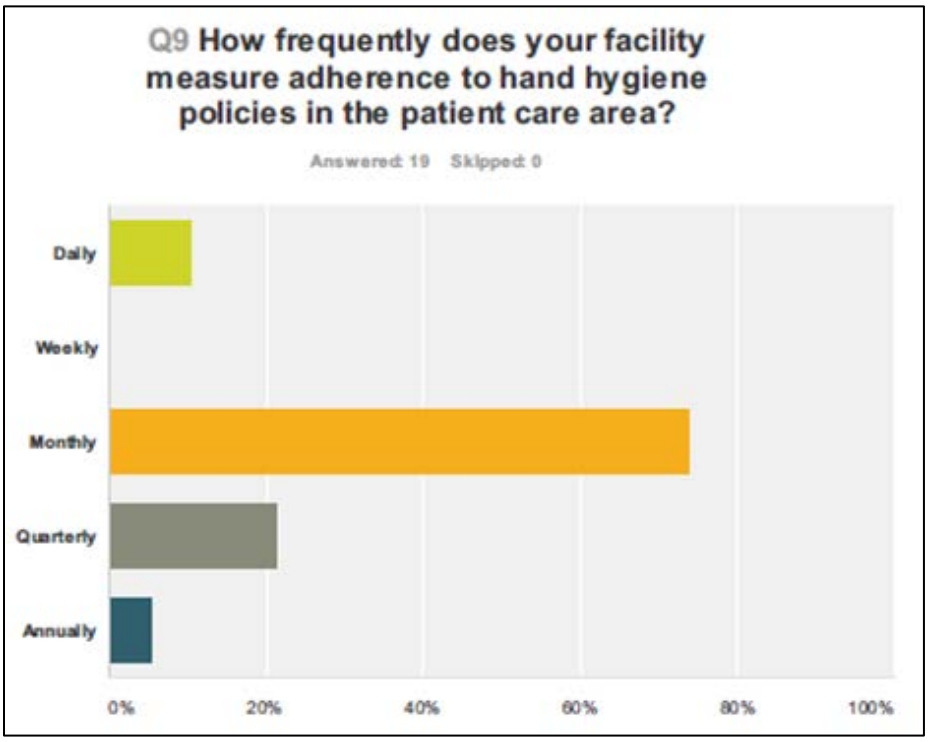


Figure 35: Network 4 HAI Assessment Survey Results 2013

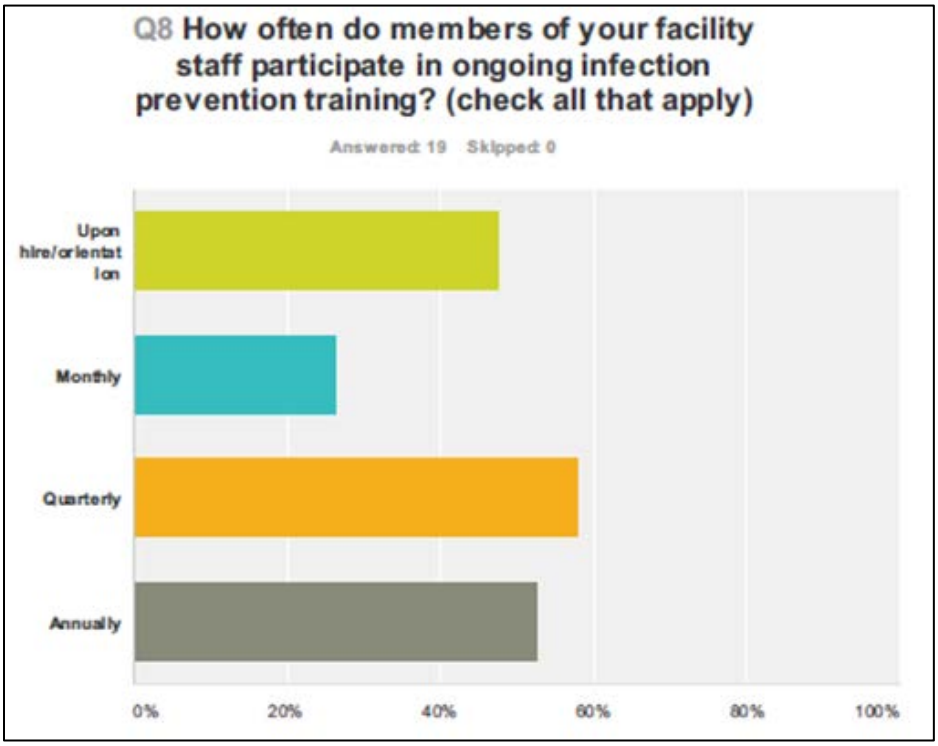


Figure 36: Network 4 HAI Assessment Survey Results 2013

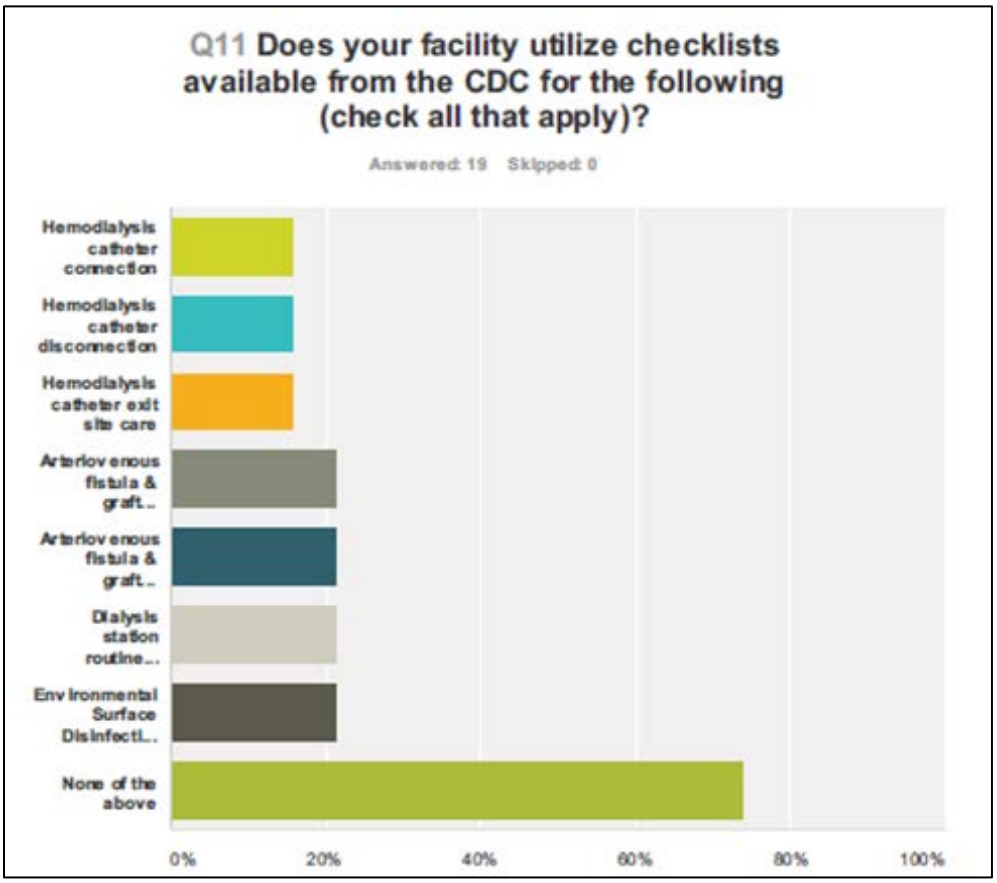


Figure 37: Network 4 HAI Assessment Survey Results 2013

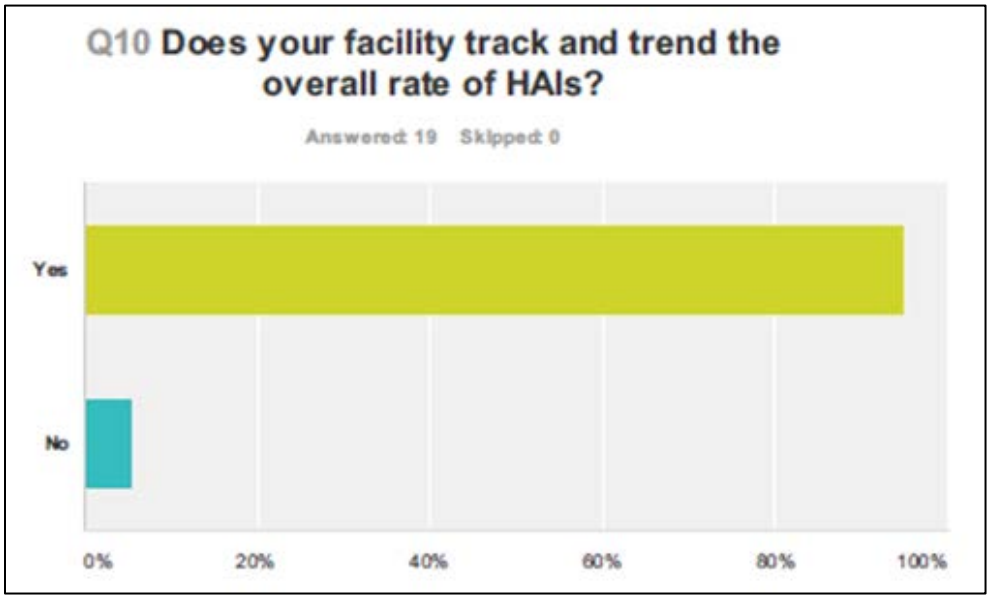


Figure 38: Network 4 HAI Assessment Survey Results 2013

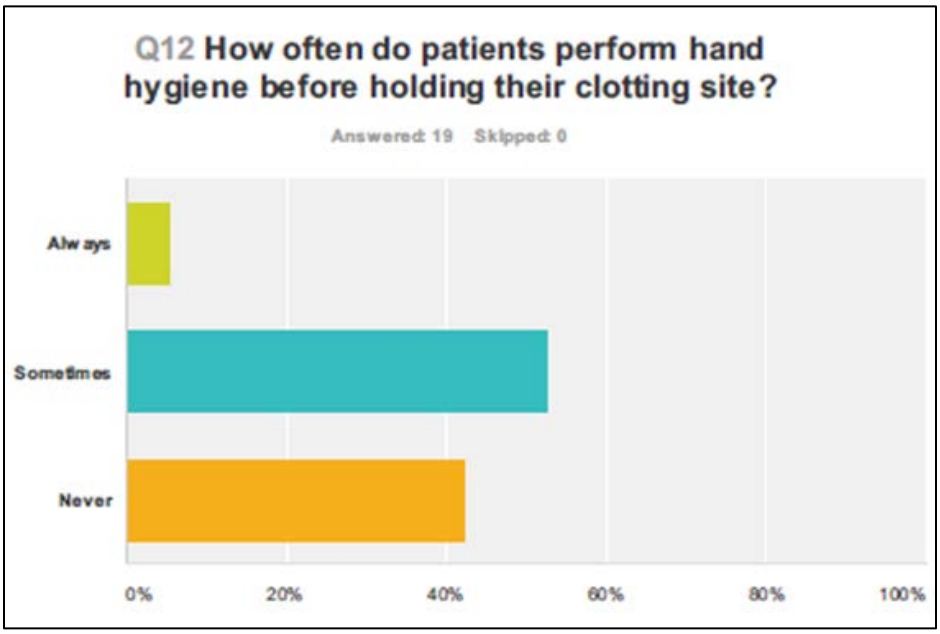


Figure 39: Network 4 HAI Assessment Survey Results 2013

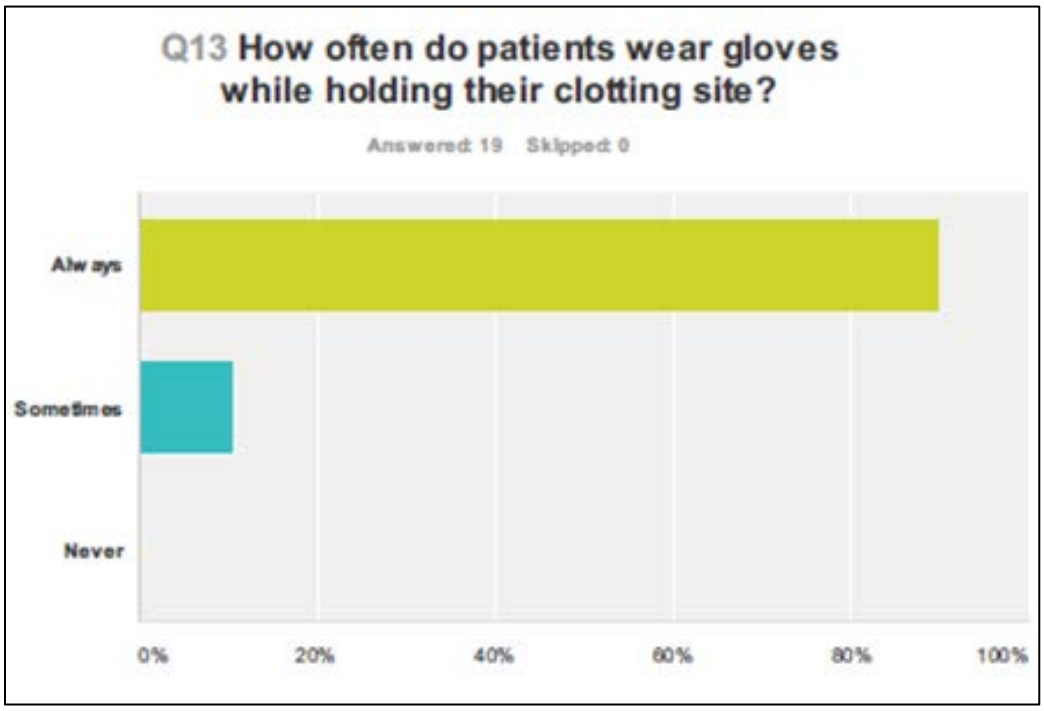


Figure 40: Network 4 HAI Assessment Survey Results 2013

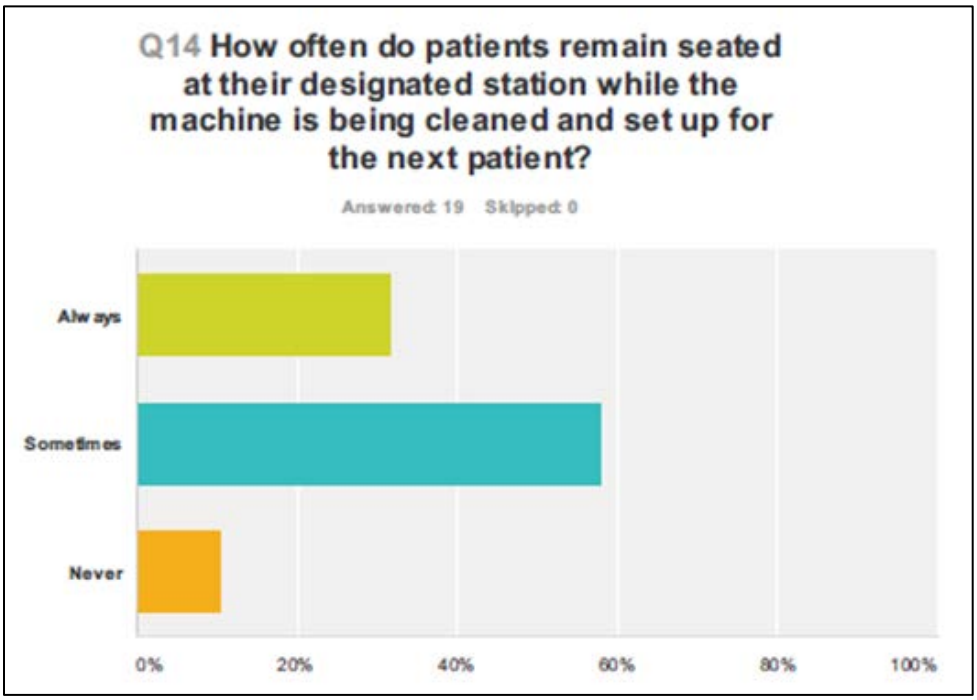


Figure 41: Network 4 HAI Assessment Survey Results 2013

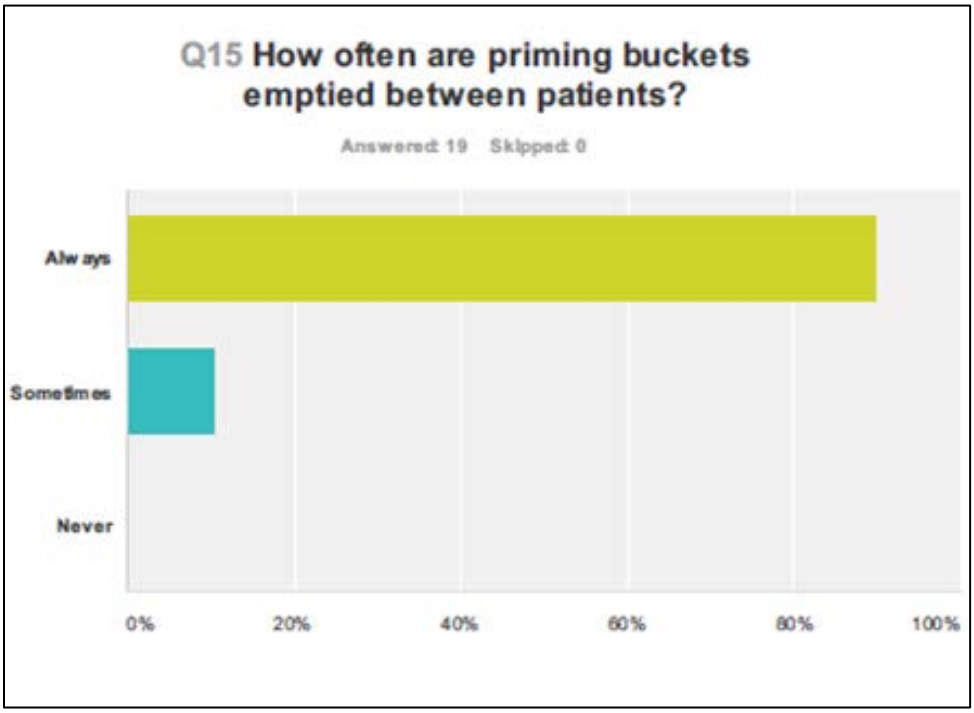
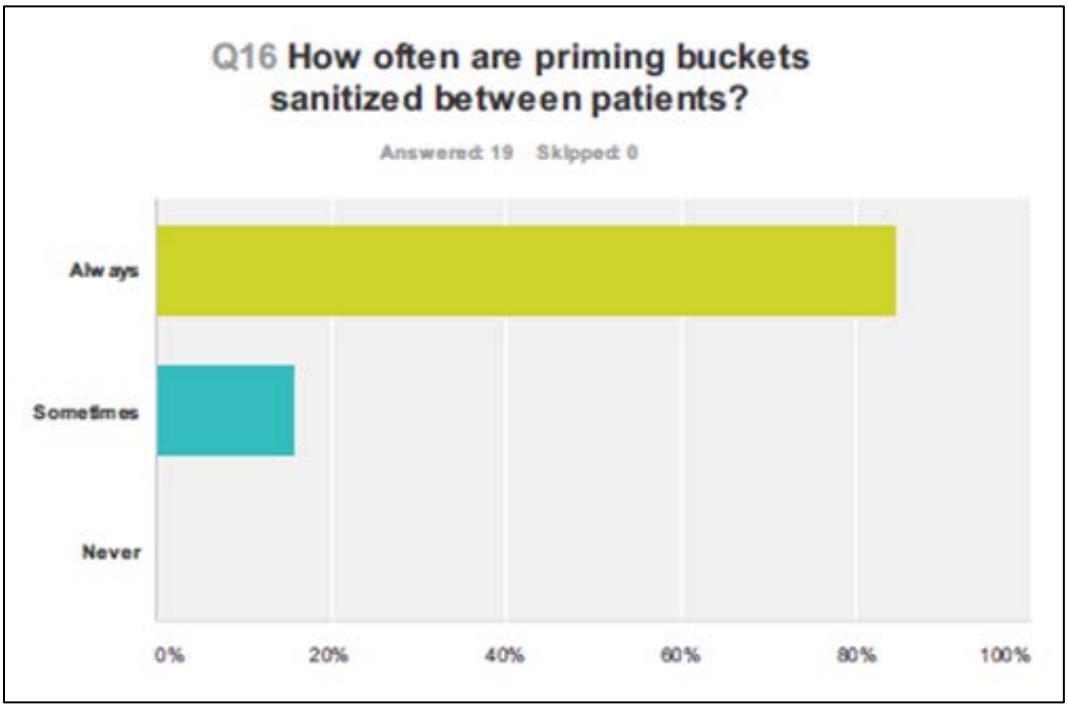


Figure 42: Network 4 HAI Assessment Survey Results 2013



2013 HAI QIA Interventions/Outcomes Monitoring:

The following is a review of all activities associated with reduction of Dialysis Events in Network 4:

- Provided focus facilities with the HAI Assessment Survey
- Provided all Network 4 facilities resources on CUSP to change the dialysis culture toward safety in Network newsletter and Network website
    - Explored resources for CUSP education at the facility level
    - Queried the Department of Health (DOH) and Hospital Association for available funds to be used to educate facilities on CUSP
- Encouraged facilities to utilize evidenced-based HAI CDC tools and resources
- Provided educational webinars to focus facilities to review infection prevention best practices and NHSN reporting
- Provided support for NHSN event reporting to all facilities who were identified as missing data through NHSN reports
- Used the rapid-cycle PDSA (Plan-Do-Study-Act) methodology to measure the facilities improvement with event reporting
- Worked one-on-one with facilities through site visits or additional phone calls as needed
- Monitored facility completion of the monthly dialysis event reporting in NHSN

- Provided real-time monthly feedback to the facilities on their NHSN event reporting
- Provided educational materials on Antibiotic Usage from QIO educational information

2013 Focus Facilities HAI QIA Results:

The outcome of the HAI QIA activities and interventions has served to improve awareness for culture of safety and NHSN event reporting for focus facilities as well as the Network 4 community. As stated earlier, accurate data will help drive improvement. The lack of accurate NHSN data makes these improvements difficult to quantify. However, moving forward into 2014, QIRN 4 believes the Network 4 facilities are better educated and better equipped to report accurate NHSN data as a result of the interventions and activities done in 2013.

References:

Infection Control Today (2013) Nearly One-Third of Antibiotic Prescriptions for Dialysis Patients are Inappropriate. Retrieved April 11, 2014 from http://www.infectioncontroltoday.com/news/2013/03/nearly-onethird-of-antibiotic-prescriptions-for-dialysis-patients-are-inappropriate.aspx.

DFR Facility SRM and Infection Rates Report (2009-2012) Extracted October 21, 2013 from dialysisfacility.org.

AIM 2: BETTER HEALTH FOR THE ESRD POPULATION

Population Health Innovation Pilot Project

Sub-Domain:

- Improve Transplant Coordination - Referral of all ESRD patients to a Transplant Center for organ transplant evaluation

Background:

Participating in a Population Health Innovation Pilot Project presents new opportunities for the Networks to improve the quality and efficiency of services rendered to Medicare beneficiaries through:

- Learning activities associated with review and analysis of Medicare data (i.e., data from CROWNWeb, Kidney Disease Quality of Life Instrument (KDQOL), and other CMS-sanctioned data collection systems)
- Input from providers, beneficiaries, and other experts in the field
- Employment of proven quality improvement techniques

- Identification and spread of best practices
- Improve Transplant Coordination (Project C) began in the 2013 base year and will continue through the end of 2014

AIM 2 is focused on improving the quality of and access to ESRD care through a Population Health Innovation Pilot Project. In 2013, each ESRD Network selected an innovative project for their Network which not only will improve the care for patients within each ESRD Network but also support achievement of national quality improvement goals and statutory requirements as set forth in Section 1881 of the Social Security Act and the Omnibus Budget Reconciliation Act of 1986. The data used by the Networks to support their selected project must impact quality improvement in the care delivered to the ESRD beneficiaries as well as to identify trends that may be indicative to disparities in care.

The innovative project selected by QIRN 4 for 2013 was Improve Kidney Transplant Coordination. Network 4 currently has 22 transplant facilities, thus the transplant facility access is greater in Network 4 than many other Networks. Insuring that all patients in Network 4 receive a transplant referral is a core belief of QIRN4. QIRN4 believes that kidney transplant is the gold standard, and all patients should have access to a referral to a transplant center so that the patient can be educated on their transplant options and be an informed consumer.

Key Partners:

The Key partners and stakeholders in this innovation project include CMS, the Network Coordinating Center (NCC), other ESRD Networks, the QIRN 4 Board of Directors, the QIRN 4 Medical Review Board (MRB), the QIRN 4 Patient Advisory Committee, all Network 4 transplant centers, all Network 4 dialysis facilities and facility staff (including nurses, technicians, and social workers), LDOs, SDOs, and patients.

Improving Transplant Coordination Project Innovation

Kidney transplantation offers advantages over dialysis for ESRD patients in both quality of life and survival. With measured overall referral rates across Network 4 at 11.3%, an opportunity for improvement exists. Upon closer review of the Network 4 referral data, a disparity exists for patients over the age of 65 (see figure 43). This trend of lower referral rate for kidney transplant in older adults is not unique to Network 4. According to Dorry Segev (transplant surgeon and researcher [Johns Hopkins]), transplant referral for older adults is one-tenth that

of younger patients. Segev further explained that other new criteria may be used to determine transplant eligibility.

Saidi et al. (2008) compared the early and long-term outcomes of deceased donor kidney transplantation in patients aged > or = 60 years with outcomes in younger recipients. The conclusion showed that kidney transplantation in appropriately selected elderly recipients provides equivalent outcomes compared with those observed in younger patients.
With the number of elderly ESRD patients increasing in the United States, an opportunity exists to more fully understand the barriers to referral for elderly patients and identify opportunities to increase the rate of referral. Focusing referral efforts on elderly patients who do not have contra-indications to transplantation can be considered an innovation in and of itself. However, we further plan a multi-pronged approach to improvement that includes comparative feedback reports, encouragement of process changes at the dialysis unit and development of transplantation educational materials geared to the older dialysis patient.

Improve Kidney Transplant Coordination and Reduce Identified Disparity

The scope of this innovative project is to include at least 10% of Network 4 facilities (representing at least 8% of the eligible ESRD patient population regardless of modality)

Identification of Project Denominator-Patient Population:

The first step in this project was to identify the denominator, and then assess the transplant referral rate for these patients. The initial assessment of Transplant Referral Data obtained from CROWNWeb demonstrated very low rates for transplant referral. According to the data, less than 10 patients out of nearly 18,000 in Network 4 had a transplant referral documented in CROWNWeb. This was perplexing. QIRN 4 examined the process of documenting transplant referral in CROWNWeb only to find that the query was buried in the hospitalization section of CROWNWeb. Because of this finding, QIRN4 sought ways to validate the data in CROWNWeb. Using innovation, QIRN 4 requested referral data from all of the Pennsylvania and Delaware renal transplant centers. We realized this data would represent patients who were referred to the transplant centers for a transplant evaluation. We received transplant referral data from 15 of the 19 transplant centers throughout Pennsylvania and Delaware. When calculating the referral rate from these facilities, we used patient data from CROWNWeb as our denominator.

To refine this denominator, we removed transient patients, patients less than 18 years old and patients who did not reside in Pennsylvania or Delaware. We assigned rural/urban

designations based on the provider's physical location zip code using the CMS defined rural/urban definition. We also included race, age, ethnicity and gender designations from the CROWNWeb patient extract.

Next, to determine the numerator, we matched the patient records in the referral file to the patients in the CROWNWeb list using a two-step approach. First, we matched the patients on the two lists based on social security number followed by matching based on a combination of first/last name and date of birth (last name and date of birth using a manual review to verify a match). We were able to match approximately 50% of the patients in referral data to those in the CROWNWeb patient listing. We surmise a high proportion of the non-matches can be attributed to transplant facilities receiving out-of-state referrals or patients who had been preemptively referred to transplant centers without first receiving dialysis prior to their referral. Now with our numerator and denominator data identified, we looked at the disparity in this data.

Disparity:

Using the referral data described above, QIRN 4 examined the data to identify any potential disparities for this vulnerable population. Using a methodical approach as outlined by CMS, the data was reviewed looking for greater than 5% disparity, first by race (African American vs Caucasian), followed by ethnicity (Hispanic vs Non-Hispanic), home facility location (urban or rural), gender (male vs female) and lastly, by age (less than 65 vs those 65 and older). The results of this analysis revealed a disparity based on patient age at the time of referral. Our data demonstrates the referral rates for patients aged 65 years and older was spread out in our population. Referral rates for this age population were 10% lower than the patient population aged 18-64 years. Listed below are the results of our data analysis:

Figure 43: Network 4 Transplant Referral Disparity Data 2013

Overall

Overall Referral Rate	Numerator	Denominator	Rate
(excluding closed providers): All ages	1,870	16,612	11.3%

Race

Race Category	Numerator	Denominator	Rate
African American	751	5,914	12.7%
Caucasian	1,088	10,403	10.5%

Ethnicity

Ethnicity Category	Numerator	Denominator	Rate
Hispanic	98	727	13.5%
Non-Hispanic	1,772	15,883	11.2%

Facility Location

Rural/Urban Category	Numerator	Denominator	Rate
R	268	2,253	11.9%
U	1,602	14,359	11.2%

Gender

Gender Category	Numerator	Denominator	Rate
F	723	7,144	10.1%
M	1,147	9,468	12.1%

Age

Age Category	Numerator	Denominator	Rate
<65	1,399	8,613	**16.2%**
>=65	471	7,999	**5.9%**

2013 Focus Facility Selection Criteria:

Based on the data obtained from the transplant facilities, focus facilities were selected due to low overall referral rates. These facilities, identified as low performance in transplant referral, would gain the most by participating on QIRN 4's innovative project.

Goal for CMS is to have a kidney transplant referral rate greater than 50%

Initial (baseline) transplant referral rates for these facilities were all less than 50%. Each focus facility was directed to demonstrate at least a 5 percentage point increase in the rate of transplant referrals while decreasing the identified disparity by the measurement.

Attributes of QIRN 4's Innovative Project: Increasing Transplant Referral

I. Rapid Cycle Improvement in Quality Improvement Activities and Outputs

QIRN 4 has and will continue to collect and analyze monthly referral rates, including disparity and data from facilities to monitor referral rates including data based on patients aged 18-64 vs. those 65 years and older. Data feedback reports will be emailed by QIRN 4 to facilities for real-time quality improvement monitoring. QIRN 4 will provide PDSA tools

to each facility to promote rapid cycle improvement and will include the following interventions:

- Develop a letter of introduction to the facilities, which explains the project and the aim
- Provide individualized coaching calls on an as-needed basis to identified facilities to review transplant referral rates and determine possible interventions to be used in PDSA cycles at the facility level to improve referral rates for their population
- Develop educational materials for providers and patients based on success stories
- Develop educational webinars for facilities with the main focus and aim to promote dialog between providers and facilitate feedback from facilities on their process, lessons learned and best practices
- As needed, provide guidance to facilities on process mapping to help facilities identify system changes that could be made to improve the transplant referral process

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

In addition to working with the facilities to develop individualized process improvement strategies, QIRN 4 has and will continue to focus on patient/community engagement by educating the community regarding the process of transplant referral

- QIRN 4 will consult with the QIRN 4 Medical Review Board, QIRN 4 Network Council, Network 4 dialysis centers, Network 4 transplant centers, and other identified stakeholders to assist in the development of the project plan.
- Network 4 transplant facilities will be invited to participate in facilities calls and webinars to encourage collaboration.
- Each of the focus facilities will be encouraged to recruit a patient representative (preferably one who has been through the transplant referral process) to participate in calls and webinars, empowering the patient to become a part of the improvement team.

III. Ability to Prepare the Field to Sustain the Improvement

QIRN 4 has and will continue to engage facility leadership to support system changes that will ensure facility staff are included in the decision making process as system changes are discussed and developed. Through education, we will encourage facility level documentation of process improvements and role assignments that the centers' infrastructure will support so that change will be hard-wired into everyday tasks and activities:

- Through sharing of best practices, help develop a standardized approach for facilities to weave their approach for the referral of patients for transplantation to make the expected outcome (transplant referral) be the default action.
- Use QIRN 4 Web site and QIRN 4 Newsletter as vehicles for providing educational tools and resources aimed at achieving an overall increased awareness of transplant as an option among the patient's community and Network 4 dialysis facilities.
- Promote accurate facility record keeping to document transplant referral activity and provide feedback reports to facilities for them to monitor their internal processes.
- Provide education by identifying and distributing literature related to kidney transplantation and transplantation trends in older patients.

IV. Value Placed on Innovation

To carry out our multi-pronged interventional approach QIRN 4 has and will continue to:

- Encourage centers to identify a Transplant Champion who will ensure the evaluation and documentation that all Chronic Kidney Disease (CKD) patients in their program have been reviewed for transplant as a treatment modality.
- Engage patients by recruiting transplant patients over age 65 to share their transplant experience.
- Create audio files available for other patients via QIRN 4Web site.
- Develop patient-centered communications strategies which may include print, use of QIRN 4 Web site, QIRN 4 Newsletter and social media tools.
- Involve Network 4 local community organizations by providing communications and education about transplant to help spread the awareness of transplantation.

V. Commitment to Boundarylessness

- QIRN 4 has and will continue to support the "Explore Transplant" program through promoting the explore transplant seminars and tool kit which will lead to breaking down the boundaries for this program.
- QIRN 4 will continue outreach to other ESRD Networks working on this project to share analytic findings and possible "best practice" approaches to improve referral rates.
- QIRN 4 will utilize the QIRN 4 Web site and the QIRN 4 Newsletter as a vehicle for providing educational tools and resources.
- QIRN 4 will continue to work with potential partners in Pennsylvania and Delaware
- Continue to seek transplant centers in Pennsylvania and Delaware that have feedback on referral information for QIRN 4

- Access patient transplant support groups in Western Pennsylvania
- Continue partnership with other ESRD Networks working on AIM 2: Transplant Referral Project
- Continue to collaborate with other stakeholder organizations such as the Gift of Life to increase educational awareness

VI. Unconditional Teamwork

- QIRN 4 has and will continue to meet with CMS and the Network Coordinating Center (NCC) to discuss CROWNWeb data and to work on strategies to improve the quality of the transplant referral data.
- QIRN 4 will continue to participate and share information gleaned from Network 4 at the AIM2: Transplant Referral- Network Improvement Team Calls.
- QIRN 4 will continue to collaborate with WVMI and sister Networks 3 and 5 to review referral data and work together to analyze referral data.
- QIRN 4 plans to develop ongoing partnership opportunities with the Kidney Foundation and Gift of Life.

Barriers and Lessons Learned

- When first explored, the CROWNWeb (CW) data ended up appearing very unreliable. A Root Cause Analysis identified that the data input process to document the actual patient transplant referrals was very complex and not known to CW end users.
- Because of this barrier, QIRN 4 next reached out to the Network 4 transplant facilities. This activity was also met with barriers. Obtaining and sharing referral data with QIRN 4 took a significant amount of resources. After brainstorming on a solution to reduce the burden of sharing the transplant referral data, QIRN 4 engaged the transplant facilities to share referral data when we purchased flash drives, pre-loaded with encrypted data, for them to upload transplant referral information, and postage to send the flash drives back to QIRN 4.
- Once the data was received, QIRN 4 cross-walked the data with the 18,000 patients in Network 4 to determine which of the referral patients who submitted to QIRN 4 were from Network 4. Further examination of the data showed as incomplete because it only represented patients referred to the transplant facilities that are located in our Network (and did not include patients that were referred to facilities outside of the Network).

- Our next step after learning lessons about barriers was to go directly to the dialysis facilities. After creating a focus group, QIRN 4 worked with the focus facilities to establish a reliable process to collect facility level transplant referral data. It was clear during this step that QIRN 4 needed to clearly the definition of "Transplant referral." Once this was defined and clarified with CMS, OIRN 4 asked the focus groups to submit their referral data directly to QIRN 4 each month. Initially, this was met with resistance and there was significant push back from the facilities to get this data to the Network. After much coaching and the use of process improvement skills, facilities are now engaged with the sharing of Transplant Referral data.

We gleaned many lessons learned. Primarily, our lessons came from the data collection. Below is a review of our PDSA cycles for both collecting the baseline data as well as the improvement data.

Review of process used when obtaining 2013 Baseline Data

Cycle one:

While using CROWNWeb (CW) for transplant referral data analysis, we learned the data did not appear to be reliable. We decided that we needed another data source for our baseline data, so our next step was to reach out to the transplant centers in Network 4.

Cycle two:

We sent each Network 4 transplant center a flash drive with a pre-loaded, password-protected spreadsheet so the facility could list patients from which they had referrals from the facilities. Our plan was to cross walk the patients with our CW database and determine who was referred from Network 4 facilities.

Cycle Three:

We did not get a good initial response from the transplant centers, so we contacted the unresponsive transplant centers. We learned we needed to work one-on-one with some of these facilities to populate the spreadsheet we sent them.

Cycle Four:

Once we had complete data sets from the transplant facilities, we cross walked the patients from the transplant facilities with the list of CW patients to obtain our Baseline.

Review of process used when obtaining 2013 Improvement Data

Cycle One:

The SOW directed us to use CW data to measure improvement in transplant. Because the initial baseline data from CW appeared to be unreliable, we tried to understand the cause. We went into CW and looked at the process to examine the steps needed for filling out the transplant query. We learned that the query was in the hospitalization section of CW which is not used typically by the facilities. Our plan was to educate all of the facilities in our focus group on the process needed to correctly fill out the transplant data in CW.

Cycle Two:

The QI team sent out educational emails and called facilities to ensure they all knew how to fill out the CW screens. This resulted in a slight increase in data for transplant in CW.

Cycle Three:

Even though there was a slight uptake (less than 10 referrals) in available data, our analysis was that this data was still not valid based on what we received from the transplant facilities. During this time, we were made aware of a future CW software update that would remove the transplant referral query from the CW data input screens. This update would eliminate QIRN 4's process for collecting improvement data through CW.

Cycle Four:

A new direction was determined for the collection of Transplant Referral Data. Our next cycle was to create a monthly reporting spreadsheet for facilities to record monthly referred data and send to the Network. We obtained rapid cycle feedback from several of our focus facilities on the construction of the tool.

Cycle Five:

Once the tool was tweaked, we sent it to focus facilities to gather a more reliable baseline. We asked the facilities to identify which patient was referred to a transplant center and by what method.

Cycle Six:

We collected data and analyzed facilities transplant referral data. This data will serve to be our baseline data.

Cycle Seven:

We tested the spreadsheet and discovered some formula defect. We determined we needed to modify the spreadsheet.

Cycle Eight:

Our spreadsheet was modified and re-tested and we soon found that the formula issues were resolved.

Cycle Nine:

We sent the data collection spreadsheet to the focus facilities, which included the facilities' October 1013 Data baseline. We learned the facilities also required some one-on-one coaching in populating the spreadsheet with data. This was done by the QI team.

Cycle Ten:

We collected the first monthly transplant data. The spreadsheet was again sent to the focus facilities in January for monthly reporting. Facilities needed to be reminded by the QI team to submit data to populate the dashboard.

Figure 44: Network 4 Improve Transplant Coordination Timeline Milestones 2013

June	• Sent letters to Network 4 Transplant Centers to collect referral data
July, August	• Continue to work with Network 4 Transplant Centers to collect referral data
September	• QIRN 4 Analysis of Network 4 Transplant Referral Data Completed • Identified referral rates and Disparity
October	• Identify and Notified the Focus Facilities
November	• Held Introduction Webinar
December	• Sent definition letter and CROWNWeb patient list to gather baseline

References

Overcoming Ageism in Kidney Transplants. (2012) Retrieved September 11, 2013, from http://www.hopkinsmedicine.org/se/util/display_mod.cfm?MODULE=/se-server/mod/mod.

Saidi RF, Kennealey PT, Elias N, Kawai T, Hertl M, Farrell M, Goes N, Hartono C, Tolkoff-Rubin N, Cosimi AB, Ko DS (2008). Deceased donor kidney transplantation in elderly patients: is there a difference in outcomes? Retrieved February11, 2014 from http://www.ncbi.nlm.nih.gov/pubmed/19100401.

AIM 3: REDUCE COSTS OF ESRD CARE BY IMPROVING CARE

Support for ESRD Quality Incentive Program (QIP) and Performance Improvement on QIP measures

Sub-Domains:

- Assist Facilities in Understanding and Complying with QIP Processes and Requirements
- Assist Facilities in Improving their Performance on QIP Measures Assist CMS in Monitoring the Quality of and Access to Dialysis Care
- Assist Beneficiaries and Caregivers in Understanding the QIP

QIRN 4 continues to develop partnerships and collaborate with the ESRD providers in Pennsylvania and Delaware to improve patient care through best practices. In doing so, QIRN 4 has provided education and technical assistance to facilities to meet the Network/CMS benchmarks for quality care and data management. This approach by QIRN 4 is aimed at ensuring all facilities are aware of the QIP program, have ample access to information, have a resource for questions and are able to be knowledgeable of the Network 4 and CMS requirements.

Support for ESRD QIP and Performance Improvement on QIP Measures

In 2013, QIRN 4 provided technical assistance to facility staff in support of the ESRD Quality Incentive Program (QIP), ESRD QIP Performance Score Reports (PSRs), and Dialysis Facility Reports (DFRs)/Dialysis Facility Compare. This assistance included, but was not limited, to the following activities:

- Distributing Master Account Holders (MAH) with their passwords, as well as responding to questions from those facilities that experienced difficulty logging on to the diaysis.org Web site.

- Providing facilities with the timeline for the DFRs and QIP PSRs, as well as keeping facilities updated on deadlines for the DFR posting for 2013.
- Distributing CROWNWeb information regarding ESRD QIP town hall meeting.
- Sending targeted facilities information concerning missing clinical data from CROWNWeb which, if left unpopulated, could adversely affect the facilities' QIP.
- Sending reminders to all facilities to communicate CROWNWeb Clinical Closure months.
- Processing requests from dialysis unit administrators to communicate Master Account Credentials and assisting in creating User Accounts, setting permission levels for User Accounts and resetting User Account passwords.
- Advising facilities that new measures would be included in the ESRD QIP for payment year 2016 which would require each facility to perform data validation to ensure accuracy of facility information for QIP calculations and providing detailed information regarding the changes in the PY 2014 ESRD QIP that would assist the facilities in determining their eligibility for the reporting measures.
- Advising facilities to validate the accuracy of their "services offered" by checking their facility information as it appears on the Dialysis Facility Compare Web site. Facilities were encouraged to make corrections in CROWNWeb or to contact the QIRN 4 office staff.
- Advising facilities to ensure that the CMS Certification Number (CCN) reported for their facility to the CDC's NHSN is accurate and that the correct CCN is reflected on facility reports developed by the CDC. The facility's correct CCN must be used when enrolling, training, and submitting NHSN dialysis data event to the CDC to ensure that their reported data is attributed to the correct facility for purposes of ESRD QIP scoring.
- Providing a link to the PY 2013 and PY 2015 Final Rule.
- Providing a link to the PY 2014 and PY 2016 Final Rule.
- Providing information to the dialysis facilities regarding the clinical and reporting measures that they will receive performance points for as part of the ESRD Quality Incentive Program (QIP) for Payment Year (PY) 2016 and actions needed to avoid future payment reductions.
- Providing information received from the CDC regarding deadlines for NHSN enrollment in order to avoid QIP scoring penalties for the 2013 calendar year. The link to the CDC Web site was also provided.

- Distributing a general informational announcement, as well as MAH log on information to access reports, In support of the Quality Incentive Program Performance Score Certificates being posted from the DialysisReports.org Web site.
- Distributing QIP information and updates through the QIRN 4 Newsletter.
- Reviewing all outliers for ICH-CAHPS and communicating this information with facilities for accurate QIP payment.

In 2013, QIRN 4 provided education to the Network patients on the ESRD Quality Incentive Program (QIP)

- The patient LAN discussed the QIP when determining their QIA project. During this discussion, it became evident to the PSD there was a limited patient knowledge on the QIP. This resulted in an opportunity for "Just in Time" education of the patient LAN about the QIP.
- Follow up to above bullet point; the patients in Network 4 received a QIP-Patients FAQ to being an educational campaign to improve their understanding of the QIP.
- QIP information distributed in the QIRN 4 Newsletter was available for the facilities to share with patients.

Data Entry and Data Collection

Accurate data entry and the corresponding data collection are two key steps in producing actionable data results needed to develop process improvement activities. In order to develop a robust process improvement plan, reliable data is required. Reliable data allows the improvement team to know where they are (baseline), where they need to go (aim) and how small tests of changes along the way (process data) affect the aim. Data provides a rich platform to assess the impact of interventions to determine if their employment led to improvement, or an unintended consequence. Accurate data supports QIRN 4's ability to support CMS's activities and insure the improvement projects align with the Department of Health and Human Services (HHS) National Quality Strategy (NQS), and the CMS three-part aim, which is specifically designed to improve the care of individuals with ESRD.

Because of the high importance QIRN 4 places on data entry and data collection, QIRN 4 staff is actively involved in assisting facilities to enter information into the CROWNWeb Data System as well as assisting facilities to enter data into the CDC NHSN data registry. Our core belief is that a facility's first priority is caring for the patient in the dialysis chair. We support that priority. But in order to achieve performance improvement across the Network, QIRN 4

recognizes a facility's need to grow in its understanding of the importance of data. Our goal is to work with these facilities to insure they develop a better understanding of the power of data, design a workable process for data entry with limited facility burden and develop back up plans for data entry. It is also our high priority to be available to assist any facility, as needed, with one-on-one help or refer them on to the help desk for any difficulty encountered with data entry. Our goal is to find ways to reduce facility burden of data entry and data collection by examining the process and making system improvements.

Data Reporting and Analytic Activities

QIRN 4 extrapolates data from CROWNWeb, NHSN and PCU as well as the data supplied by the NCC. QIRN 4 also collects information directly from facilities by way of faxed documents, direct email or Survey Monkey. This data is used to support the improvement work done by QIRN 4 staff. To enhance the usability of the data, QIRN 4 engaged our corporate analytic support team to assist in the data mining and display of the data. Because of the ability to re-dress the data and simplify the look, QIRN 4 was able to give data feedback to the quality improvement focus facilities. This data included individualized reports for the facilities, which included baseline performance rates as well as improvement performance goals. The specific data reports QIRN 4 generated and worked on regularly include, but were not limited to:

- Missing 2728 and 2726 form reports
- Duplicate patient reports
- Patient population reports
- Patient event reports
- Transient patient reports
- Renal transplants reports
- Accretions and notifications
- Gap patients
- Part reports
- Personal reports
- Mortality reports
- Missing clinical data reports
- Missing lab reports
- VOC rehab reports
- Fistula First, Catheter Last Reports
- NHSN event reports

- NHSN access reports
- NHSN HAI reports
- NHSN mortality reports
- ICH-CAHPs reports
- Transplant referral reports
- Patient grievance reports from PCU
- QIMs reports
- NEMO reports
- Facility contact reports
- Patient LAN QI reports

Support Facility Data Submission for CROWNWeb, NHSN, and Other CMS Designated Data Systems

Facility Personnel Lists

At the beginning of our contract in June, QIRN 4 sent out emails to all Network facilities. The return rate of the email blast illuminated one of our first opportunities for improvement. Because QIRN 4 places a high level of importance on communication, we felt it was imperative to have accurate personnel files from CROWNWeb. Thus at the start of our contract, QIRN 4 worked with all facilities in Network 4 to update the facility personnel information found in CROWNWeb. We continued to follow up with facilities for all returned emails and as of December 2013, QIRN 4 was successful in significantly improving the email return rate.

Submission Support for Data Entry

Transplant facilities and Veterans Association facilities rely on QIRN 4 for data entry into CROWNWeb. The QIRN 4 data team worked with these facilities at the start of the contract to ensure a solid process for exchange of data between their staff and the staff at QIRN 4. Because of this collative working relation, all 2728 and 2746 forms are entered by the QIRN 4 staff for these facilities.

In 2013, QIRN 4 held one webinar where data entry for CROWNWeb was discussed. In that webinar, QIRN 4 also shared the data submission issues: missing 2728, missing 2846, duplicate patients, as well as a report on CROWNWeb data validity in Network 4. During that webinar, much emphasis was placed on contacting the Network 4 staff for assistance

whenever a problem is encountered. At the conclusion of 2013 there was a reduction in the number of missing and duplicate forms.

The QI Team monitored the facilities for NHSN data input and reached out to all facilities that were:

- Not signed up as a Network 4 group member
- Missing clinical data

In addition to personal phone calls, the QI team held several focus facility webinars discussing NHSN data entry as well as answered questions related to NSHN data entry issues. This vigilant approach resulted in more facilities enrolled in the QIRN 4 group as well as fewer facilities with missing data.

Patient Contact Utility

In 2013, CMS undertook the development of a new system to enter patient grievances called the Patient Contact Utility (PCU). The development and subsequent roll out of this product led to some opportunities for improvement. QIRN 4's Patient Services Coordinator (PSC) participated on the work team tasked to review the PCU data entry process, and suggest possible improvement strategies. Working closely with the CMS Government Task Leader (GTL) for this project, as well as the appointed contractor, our PSC was involved in the improved use and operability of this software program. We support the use of this program and find it useful in assisting with data collection to direct the improvement projects aimed at improving access to care for patients in Network 4.

Sanction Recommendations

The Centers for Medicare and Medicaid services (CMS) published sanction regulations in the April 15, 2008 Conditions for Coverage for ESRD Facilities. Under contract with CMS, the ESRD Networks' responsibilities for sanctions or alternative sanction recommendations and referrals include the following:

- Recommending to CMS sanctions or alternative sanctions for facilities/providers that do not comply with Network goals and/or are not providing appropriate medical care
- Providing the necessary documentation to support the recommendation
- Referring to the QIO or the State Office of the Inspector General information collected while conducting contract activities that indicate that a physician may be failing to meet his/her obligation to provide quality care or involved in Medicare fraud

Role of the Network

QIRN 4, as the Network 4 contractor, is charged by Congress and CMS to protect ESRD Medicare beneficiaries by monitoring and improving care provided and ensuring facilities meet the Network goals. QIRN 4 believes that beneficiaries are best served by prompt identification and resolution of quality issues through a collaborative, collegial approach. At the start of the Base Year Contract, QIRN 4 presented a welcome webinar to all facilities as part of a Network Council Meeting. During this meeting, Network 4 goals and expectations were outlined. During this presentation, QIRN 4 notified all participants the staff at Network 4 would provide on-going technical assistance and education for ESRD providers to support them in reaching the Network goals and help them to provide the highest level of care possible.

When facilities are identified as having opportunities to improve, the Network provides intensive technical assistance to address and resolve the issues. If quality issues continue despite this intensive intervention and the facility fails to meet Network goals, QIRN 4 would pursue sanctions or alternative sanction recommendations as outlined in the Conditions for Coverage for ESRD Facilities, to protect the beneficiaries and/or enforce CMS requirements and standards.

At the start of the new Base Year Contract, QIRN 4 distributed a new Quality of Care Commitment form to all facility in the Network 4 area, to ensure the engagement of the ESRD Network 4 facilities with QIRN 4 – the new Network 4 Contractor. That facility agreement included the following language:

> *The dialysis facility must cooperate with the ESRD Network designated for its geographic area, in fulfilling the terms of the Network's current statement of work. Each facility must participate in ESRD Network activities and pursue Network goals. (published April 15, 2008, effective October 14, 2008)*
>
> *It is understood that participation in QIRN 4 activities and pursuit of QIRN 4 goals is a condition of approval to receive Medicare reimbursement for the provision of end-stage renal disease services and failure to comply could result in sanction imposition by the Secretary as stated in 42 CFR §488.604(a)(b).*

QIRN 4 is committed to rapid identification and correction of any problem or situations which may negatively impact patients of the vulnerable ESRD population. Prior to any sanction

activity, QIRN 4 (while being mindful of the time sensitive nature of such investigations) will consult with the Network 4 MRB, refer any regulatory issues that are identified to the State Survey Agency as well as actively involve the Network 4 CMS COR.

During the 2013 Calendar year, QIRN 4 made no recommendations to CMS for sanctions against any ESRD-approved facility in Pennsylvania or Delaware.

Data Tables

IMPORTANT NOTE: The data presented in these tables were extracted from a snapshot of CROWNWeb as of 5/6/2014. Because data in CROWNWeb can be updated by facilities through the single user interface or batch submission at any time, these data may neither be identical to data extractions on different dates, nor match data reported in the Annual Survey. Please note that the responsible party for verifying, correcting and updating patient data in CROWNWeb has changed from ESRD Networks to Medicare certified dialysis facilities.

Table 1: Newly Diagnosed Chronic ESRD Patients (ESRD Incidence)

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 2013				
Age Group	**DE**	**PA**	**Other***	**Total**
00-04	0	4	5	**9**
05-09	0	7	2	**9**
10-14	2	6	0	**8**
15-19	0	13	3	**16**
20-24	2	29	2	**33**
25-29	3	53	1	**57**
30-34	5	75	7	**87**
35-39	6	93	5	**104**
40-44	14	145	5	**164**
45-49	19	221	13	**253**
50-54	25	329	14	**368**
55-59	30	493	16	**539**
60-64	36	525	24	**585**
65-69	45	629	18	**692**
70-74	45	608	28	**681**
75-79	43	583	16	**642**
80-84	25	499	18	**542**
>=85	14	359	14	**387**
Total	**314**	**4,671**	**191**	**5,176**
Gender				
Female	117	1,958	70	**2,145**
Male	197	2,713	121	**3,031**
Total	**314**	**4,671**	**191**	**5,176**
Race				
American Indian/Alaska Native	0	0	0	**0**
Asian	8	46	7	**61**
Black or African American	134	1,057	23	**1,214**
More than one race selected	0	6	0	**6**
Native Hawaiian or Other Pacific Islander	0	11	0	**11**
White	172	3,548	160	**3,880**
Not Specified	0	3	1	**4**
Total	**314**	**4,671**	**191**	**5,176**
Primary Diagnosis				
Cystic/Hereditary/Congenital Diseases	3	138	15	**156**
Diabetes	138	2,032	64	**2,234**
Glomerulonephritis	36	285	13	**334**
Hypertension/Large Vessel Disease	65	1,383	49	**1,497**
Interstitial Nephritis/Pyelonephritis	10	141	8	**159**
Miscellaneous Conditions	33	409	25	**467**
Neoplasms/Tumors	8	133	5	**146**
Secondary GN/Vasculitis	6	70	4	**80**
Not Specified	15	80	8	**103**
Total	**314**	**4,671**	**191**	**5,176**

Source of information: CROWNWeb Database Date of Preparation: June 2014

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 163 patients with transplant therapy as an initial treatment and 15 patients receiving treatment at VA facilities.

* Patients residing outside the Network area.

Table 2: Living ESRD Dialysis Patients (ESRD Prevalence)

Table 2: Living ESRD Dialysis Patients (ESRD Prevalence)				
All Active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/13				
Age Group	**DE**	**Other***	**PA**	**Total**
00-04	1	6	7	**14**
05-09	0	1	8	**9**
10-14	0	0	7	**7**
15-19	3	4	26	**33**
20-24	5	5	108	**118**
25-29	14	4	215	**233**
30-34	35	11	324	**370**
35-39	47	13	451	**511**
40-44	59	9	759	**827**
45-49	100	35	1,045	**1,180**
50-54	149	38	1,387	**1,574**
55-59	171	48	1,882	**2,101**
60-64	209	49	2,113	**2,371**
65-69	208	38	2,197	**2,443**
70-74	177	46	1,870	**2,093**
75-79	131	39	1,660	**1,830**
80-84	114	39	1,345	**1,498**
>=85	76	20	1,084	**1,180**
Total	**1,499**	**405**	**16,488**	**18,392**
Gender				
Female	616	170	6,979	**7,765**
Male	883	235	9,509	**10,627**
Total	**1,499**	**405**	**16,488**	**18,392**
Ethnicity				
Hispanic or Latino	49	15	750	**814**
Not Hispanic or Latino	1,449	389	15,733	**17,571**
Not Specified	1	1	5	**7**
Total	**1,499**	**405**	**16,488**	**18,392**
Race				
American Indian/Alaska Native	2	0	6	**8**
Asian	17	5	219	**241**
Black or African American	792	93	5,531	**6,416**
More than one race selected	1	0	12	**13**
Native Hawaiian or Other Pacific Islander	0	1	48	**49**
White	686	306	10,669	**11,661**
Not Specified	1	0	3	**4**
Total	**1,499**	**405**	**16,488**	**18,392**
Primary Diagnosis				
Acquired obstructive uropathy	13	3	193	**209**
Acute interstitial nephritis	1	0	29	**30**
AIDS nephropathy	17	4	114	**135**
Amyloidosis	0	3	23	**26**
Analgesic abuse	2	0	28	**30**
Cholesterol emboli, renal emboli	1	0	36	**37**
Chronic interstitial nephritis	11	5	122	**138**
Chronic pyelonephritis, reflux nephropathy	3	1	52	**56**
Complications of other specified transplanted organ	0	0	1	**1**

Complications of transplanted bone marrow	0	0	2	**2**
Complications of transplanted heart	3	0	31	**34**
Complications of transplanted intestine	1	0	0	**1**
Complications of transplanted kidney	35	13	454	**502**
Primary Diagnosis	**DE**	**Other***	**PA**	**Total**
Complications of transplanted liver	1	0	38	**39**
Complications of transplanted lung	0	1	15	**16**
Complications of transplanted organ unspecified	1	0	14	**15**
Complications of transplanted pancreas	0	0	1	**1**
Congenital nephrotic syndrome	0	0	13	**13**
Congenital obstruction of ureterpelvic junction	0	0	20	**20**
Congenital obstruction of uretrovesical junction	0	0	6	**6**
Cystinosis	0	0	2	**2**
Dense deposit disease, MPGN type 2	1	0	6	**7**
Diabetes with renal manifestations Type 1	59	15	607	**681**
Diabetes with renal manifestations Type 2	563	138	6,169	**6,870**
Drash syndrome, mesangial sclerosis	0	1	8	**9**
Etiology uncertain	52	12	559	**623**
Fabry's disease	0	0	6	**6**
Focal Glomerulonephritis, focal sclerosing GN	61	22	500	**583**
Glomerulonephritis (GN) (histologically not examined)	80	7	489	**576**
Goodpasture's syndrome	3	2	23	**28**
Gouty nephropathy	1	0	2	**3**
Hemolytic uremic syndrome	4	0	19	**23**
Henoch-Schonlein syndrome	0	1	4	**5**
Hepatorenal syndrome	0	1	25	**26**
Hereditary nephritis, Alport's syndrome	2	2	34	**38**
Hypertension: Unspecified with renal failure	319	95	4,453	**4,867**
IgA nephropathy, Berger's disease (proven by immunofluorescence)	10	6	130	**146**
IgM nephropathy (proven by immunofluorescence)	0	0	13	**13**
Lead nephropathy	0	0	2	**2**
Lupus erythematosus, (SLE nephritis)	16	5	157	**178**
Lymphoma of kidneys	0	0	2	**2**
Medullary cystic disease, including nephronophthisis	0	1	7	**8**
Membranoproliferative GN type 1, diffuse MPGN	1	0	64	**65**
Membranous nephropathy	10	1	97	**108**
Multiple myeloma	9	2	82	**93**
Nephrolithiasis	1	1	30	**32**
Nephropathy caused by other agents	3	4	68	**75**
Nephropathy due to heroin abuse and related drugs	1	0	4	**5**
Other (congenital malformation syndromes)	5	1	22	**28**
Other Congenital obstructive uropathy	1	2	31	**34**
Other disorders of calcium metabolism	0	0	1	**1**

Other immuno proliferative neoplasms (including light chain nephropathy)	1	1	11	**13**
Other proliferative GN	6	2	54	**62**
Other renal disorders	12	10	207	**229**
Other Vasculitis and its derivatives	8	1	35	**44**
Polyarteritis	0	0	6	**6**
Primary Diagnosis	**DE**	**Other***	**PA**	**Total**
Polycystic kidneys, adult type (dominant)	33	13	437	**483**
Polycystic, infantile (recessive)	0	2	10	**12**
Post infectious GN, SBE	3	0	17	**20**
Post partum renal failure	0	0	2	**2**
Prune belly syndrome	1	1	4	**6**
Radiation nephritis	0	0	9	**9**
Renal artery occlusion	3	1	23	**27**
Renal artery stenosis	6	1	119	**126**
Renal hypoplasia, dysplasia, oligonephronia	5	2	29	**36**
Renal tumor (benign)	0	0	2	**2**
Renal tumor (malignant)	5	2	59	**66**
Renal tumor (unspecified)	3	0	9	**12**
Scleroderma	3	1	6	**10**
Secondary GN, other	2	0	23	**25**
Sickle cell disease/anemia	1	0	6	**7**
Sickle cell trait and other sickle cell (HbS/Hb other)	0	0	1	**1**
Traumatic or surgical loss of kidney(s)	0	0	25	**25**
Tuberous sclerosis	0	0	6	**6**
Tubular necrosis (no recovery)	40	8	303	**351**
Urinary tract tumor (malignant)	1	0	14	**15**
Urinary tract tumor (unspecified)	0	0	4	**4**
Urolithiasis	1	0	8	**9**
Wegener's granulomatosis	3	0	53	**56**
With lesion of rapidly progressive GN	3	2	56	**61**
Not Specified	68	9	142	**219**
Total	**1,499**	**405**	**16,488**	**18,392**

Source of information: CROWNWeb Database
Date of Preparation: June 2014
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
The numbers may not reflect the true point prevalence due to different definitions for transient patients.
* Patients residing outside the Network area.

Table 3: Number of living patients by modality by dialysis facility self-care settings – home

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013										
Provider	Self-Care Settings - Home								TOTAL	
	HEMO		CAPD		CCPD		OTHER			
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Delaware										
080001	0	0	0	0	0	0	0	0	0	0
080004	0	0	0	0	0	0	0	0	0	0
08002F	0	0	0	0	0	0	0	0	0	0
082501	0	0	0	0	0	0	0	0	0	0
082502	0	0	0	0	0	0	0	0	0	0
082503	0	0	0	0	2	0	0	0	2	0
082505	0	0	2	7	14	15	0	0	16	22
082506	2	0	3	0	3	1	0	0	8	1
082507	2	4	2	4	14	20	0	0	18	28
082508	0	0	0	1	4	7	0	0	4	8
082509	0	0	0	0	0	0	0	0	0	0
082510	0	0	0	0	0	0	0	0	0	0
082511	0	0	0	0	0	0	0	0	0	0
082512	0	0	0	0	0	0	0	0	0	0
082513	0	0	0	0	0	0	0	0	0	0
082514	0	0	0	0	0	0	0	0	0	0
082515	3	4	2	2	9	12	0	0	14	18
082516	0	0	0	0	0	0	0	0	0	0
082517	0	1	1	2	13	17	0	0	14	20
082518	0	0	4	6	4	8	0	0	8	14
082519	0	0	0	0	0	0	0	0	0	0
082520	1	9	10	12	44	55	0	0	55	76
082521	0	0	0	0	0	0	0	0	0	0
083300	0	0	0	0	1	1	0	0	1	1
DE Total	**8**	**18**	**24**	**34**	**108**	**136**	**0**	**0**	**140**	**188**
Pennsylvania										
390006	0	0	3	3	17	14	0	0	20	17
390035	0	0	0	0	0	0	0	0	0	0
390046	13	12	1	1	14	17	0	0	28	30
390049	0	0	0	0	0	0	0	0	0	0
39005F	0	0	0	0	0	0	0	0	0	0
390079	0	0	3	1	7	5	0	0	10	6
390100#	0	0	0	0	0	0	0	0	0	0

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013										
Provider	Self-Care Settings - Home								TOTAL	
	HEMO		CAPD		CCPD		OTHER			
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
390119	0	0	0	0	0	0	0	0	0	0
390121#	0	0	0	0	0	0	0	0	0	0
390123	0	0	0	0	0	0	0	0	0	0
39012F	3	3	0	0	11	14	0	0	14	17
39013F	0	0	0	0	0	0	0	0	0	0
390142	0	0	9	14	12	10	0	0	21	24
390164	0	0	0	0	0	0	0	0	0	0
390256	0	0	0	1	19	19	0	0	19	20
392501	0	0	0	0	0	0	0	0	0	0
392502	0	0	1	0	13	15	0	0	14	15
392505	0	0	0	0	0	0	0	0	0	0
392506	1	1	1	0	0	1	0	0	2	2
392507	4	2	0	1	2	2	0	0	6	5
392508	0	0	0	0	0	0	0	0	0	0
392509	0	0	0	0	0	0	0	0	0	0
392511	8	12	7	2	11	15	0	0	26	29
392512	4	1	0	0	2	5	0	0	6	6
392513	0	0	0	0	0	0	0	0	0	0
392515	0	0	1	1	5	3	0	0	6	4
392516	0	0	0	0	0	0	0	0	0	0
392517	0	0	0	0	0	0	0	0	0	0
392518	0	0	12	13	3	2	0	0	15	15
392520	0	0	0	0	0	0	0	0	0	0
392521	12	12	4	3	21	27	0	0	37	42
392522	0	0	2	3	19	17	0	0	21	20
392523	2	1	0	0	11	7	0	0	13	8
392524	0	0	0	0	0	0	0	0	0	0
392528	0	0	0	0	1	0	0	0	1	0
392530	0	0	0	0	0	0	0	0	0	0
392531	0	0	0	0	0	0	0	0	0	0
392532	0	0	1	0	6	8	0	0	7	8
392533	0	0	0	0	1	1	0	0	1	1
392534	8	2	0	0	10	9	0	0	18	11
392535	0	0	0	0	0	0	0	0	0	0
392536	0	0	0	0	0	0	0	0	0	0
392537	2	1	0	0	11	9	0	0	13	10
392538	0	0	0	0	0	0	0	0	0	0
392539	0	0	2	1	15	13	0	0	17	14
392540	0	0	0	0	0	0	0	0	0	0

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013										
Provider	Self-Care Settings - Home								TOTAL	
	HEMO		CAPD		CCPD		OTHER			
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
392541	0	0	0	1	7	5	0	0	7	6
392542	0	0	0	0	0	0	0	0	0	0
392543	0	0	0	0	4	4	0	0	4	4
392544	0	0	0	0	2	3	0	0	2	3
392545	0	0	0	0	0	0	0	0	0	0
392546	0	0	0	0	0	0	0	0	0	0
392547	0	0	3	2	2	3	0	0	5	5
392548	0	0	8	8	2	2	0	0	10	10
392549	0	0	12	6	37	36	0	0	49	42
392551	0	0	0	0	0	0	0	0	0	0
392552	1	1	0	1	6	7	0	0	7	9
392553	0	0	1	1	1	7	0	0	2	8
392554	0	0	0	0	5	2	0	0	5	2
392555	0	0	0	0	0	0	0	0	0	0
392556	0	0	0	0	0	0	0	0	0	0
392557	0	0	2	2	5	11	0	0	7	13
392559	0	0	0	0	0	0	0	0	0	0
392560	1	3	2	2	2	5	0	1	5	11
392561	0	0	2	2	6	4	0	0	8	6
392562	2	0	0	2	10	6	0	0	12	8
392563	0	0	0	0	0	0	0	0	0	0
392565	0	0	0	0	0	0	0	0	0	0
392567	0	0	0	0	0	1	0	0	0	1
392568	0	0	0	0	0	0	0	0	0	0
392569	0	0	0	0	0	0	0	0	0	0
392572	0	0	0	0	0	0	0	0	0	0
392573	0	0	2	1	9	12	0	0	11	13
392574	0	0	0	2	3	4	0	0	3	6
392575	0	1	0	0	2	1	0	0	2	2
392576	0	0	1	1	5	4	0	0	6	5
392577	0	0	0	0	0	0	0	0	0	0
392578	0	0	0	0	1	0	0	0	1	0
392579	0	0	0	0	0	0	0	0	0	0
392580	0	0	0	0	0	0	0	0	0	0
392581	0	0	1	2	5	2	0	0	6	4
392582	0	0	0	0	0	0	0	0	0	0
392584	8	2	0	1	6	9	0	0	14	12
392586	0	0	0	0	0	1	0	0	0	1
392587	0	0	1	0	10	12	0	0	11	12

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013										
Provider	Self-Care Settings - Home								TOTAL	
	HEMO		CAPD		CCPD		OTHER			
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
392588	0	0	1	0	5	4	0	0	6	4
392590	0	0	0	0	0	0	0	0	0	0
392591	0	0	0	0	0	0	0	0	0	0
392592	1	1	1	0	7	8	0	0	9	9
392594	1	2	0	1	2	1	0	0	3	4
392595	4	5	1	3	11	14	0	0	16	22
392597	0	0	0	0	0	0	0	0	0	0
392598	0	0	0	0	11	9	0	0	11	9
392600	0	0	0	0	2	4	0	0	2	4
392601	0	0	0	0	0	0	0	0	0	0
392602	0	0	0	0	0	0	0	0	0	0
392603	0	0	0	0	0	0	0	1	0	1
392604	0	0	0	0	0	0	0	0	0	0
392605	0	0	0	1	4	7	0	0	4	8
392606	0	0	0	0	0	0	0	0	0	0
392609	14	0	0	0	0	0	0	0	14	0
392610	8	7	4	3	28	23	0	0	40	33
392612	0	0	0	0	2	2	0	0	2	2
392613	0	0	0	0	0	0	0	0	0	0
392614	12	12	2	1	30	29	0	0	44	42
392616	5	5	0	0	3	4	0	0	8	9
392617	0	0	0	1	5	1	0	0	5	2
392618	0	0	0	0	0	0	0	0	0	0
392619	0	0	1	1	13	16	0	0	14	17
392620	0	0	3	2	1	1	0	0	4	3
392621	0	0	0	0	0	0	0	0	0	0
392622	0	0	0	0	0	0	0	0	0	0
392623	0	0	0	0	0	3	0	0	0	3
392626	0	0	0	0	0	0	0	0	0	0
392627	0	0	0	0	5	4	0	0	5	4
392628	10	9	4	3	13	16	0	0	27	28
392629	0	0	0	0	0	0	0	0	0	0
392630	8	7	1	2	16	21	0	0	25	30
392631	0	0	0	0	0	0	0	0	0	0
392632	0	0	0	0	0	0	0	0	0	0
392633	0	0	0	0	9	9	0	0	9	9
392634	0	1	3	3	5	4	0	0	8	8
392635	0	0	0	0	0	0	0	0	0	0
392636	0	0	0	2	5	6	0	0	5	8

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013										
Provider	Self-Care Settings - Home								TOTAL	
	HEMO		CAPD		CCPD		OTHER			
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
392637	0	0	0	0	0	0	0	0	0	0
392638	0	0	0	0	0	0	0	0	0	0
392639	0	0	0	0	0	0	0	0	0	0
392640	0	0	0	0	0	0	0	0	0	0
392641	0	0	0	0	2	3	0	0	2	3
392642	0	0	0	0	0	0	0	0	0	0
392644	0	0	0	0	0	0	0	0	0	0
392646	0	0	0	0	4	3	0	0	4	3
392647	0	0	0	1	2	4	0	0	2	5
392648	0	0	1	0	8	11	0	0	9	11
392649	1	3	3	1	3	4	0	0	7	8
392650	0	0	0	0	0	0	0	0	0	0
392651	0	0	1	0	4	4	0	0	5	4
392653	0	0	0	0	0	0	0	0	0	0
392656	1	1	0	0	0	1	0	0	1	2
392657	0	0	0	0	1	1	0	0	1	1
392658	4	6	1	3	11	15	0	0	16	24
392659	4	6	1	3	5	3	0	0	10	12
392660	1	1	0	0	0	2	0	0	1	3
392661	0	0	0	0	0	0	0	0	0	0
392662	0	0	0	0	0	0	0	0	0	0
392663	0	0	0	0	0	0	0	0	0	0
392664	1	0	0	0	0	0	0	0	1	0
392665	0	0	0	0	0	0	0	0	0	0
392666	0	0	0	0	2	2	0	0	2	2
392667	0	0	0	0	1	0	0	0	1	0
392669	2	3	0	0	0	0	0	0	2	3
392670	0	0	1	0	0	0	0	0	1	0
392671	0	0	0	0	0	0	0	0	0	0
392672	0	0	0	0	0	0	0	0	0	0
392674	0	0	0	0	0	1	0	0	0	1
392676	0	0	0	0	0	0	0	0	0	0
392677	0	0	0	0	6	9	0	0	6	9
392678	0	0	0	0	0	0	0	0	0	0
392680	0	0	0	0	0	0	0	0	0	0
392681	1	1	3	3	2	0	0	0	6	4
392682	0	0	0	0	0	0	0	0	0	0
392683	1	1	0	0	2	3	0	0	3	4
392684	0	0	14	17	4	7	0	0	18	24

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013										
Provider	Self-Care Settings - Home								TOTAL	
	HEMO		CAPD		CCPD		OTHER			
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
392685	0	0	2	3	0	1	0	0	2	4
392686	0	0	0	0	0	7	0	0	0	7
392687	3	2	2	1	19	17	0	0	24	20
392688	0	0	1	1	2	1	0	0	3	2
392689	0	0	0	0	0	0	0	0	0	0
392690	0	0	0	0	0	0	0	0	0	0
392691	0	0	0	0	6	7	0	0	6	7
392692	1	1	0	0	3	4	0	0	4	5
392694	0	0	0	0	0	0	0	0	0	0
392695	0	0	0	0	0	1	0	0	0	1
392697	0	0	0	0	0	0	0	0	0	0
392698	1	0	1	0	5	6	0	0	7	6
392699	1	0	0	0	3	2	1	0	5	2
392700	0	0	0	0	0	0	0	0	0	0
392701	0	0	0	0	0	0	0	0	0	0
392702	0	0	3	0	9	0	0	0	12	0
392704	0	0	0	0	0	0	0	0	0	0
392705	0	0	0	0	0	0	0	0	0	0
392706	0	0	0	0	0	0	0	0	0	0
392707	0	0	0	0	2	4	0	0	2	4
392708	0	1	0	4	1	1	0	0	1	6
392710	5	3	0	0	0	0	0	0	5	3
392711	0	0	5	7	15	18	0	0	20	25
392713	0	0	0	1	5	5	0	0	5	6
392714	0	1	3	0	2	0	0	0	5	1
392715	0	0	0	0	2	3	0	0	2	3
392716	0	0	0	0	0	0	0	0	0	0
392717	0	0	1	1	11	9	0	0	12	10
392718	0	0	0	0	0	0	0	0	0	0
392719	0	0	0	0	0	0	0	0	0	0
392720	2	1	0	0	9	13	0	0	11	14
392721	0	0	0	0	0	0	0	0	0	0
392723	6	6	7	5	32	40	0	0	45	51
392724	0	0	0	0	0	0	0	0	0	0
392725	0	0	0	0	0	0	0	0	0	0
392726	0	0	0	0	0	0	0	0	0	0
392727	1	0	0	0	8	8	0	0	9	8
392729	0	0	0	0	0	0	0	0	0	0
392731	2	3	1	0	8	8	0	0	11	11

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013										
Provider	Self-Care Settings - Home								TOTAL	
	HEMO		CAPD		CCPD		OTHER			
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
392732	4	4	0	0	0	0	0	0	4	4
392733	0	0	0	0	0	0	0	0	0	0
392734	0	0	0	2	9	6	0	0	9	8
392735	0	0	1	1	4	4	0	0	5	5
392736	0	1	1	0	7	9	0	0	8	10
392738	0	0	0	0	0	0	0	0	0	0
392739	1	0	4	4	20	24	0	0	25	28
392740	0	0	0	0	0	0	0	0	0	0
392741	0	1	3	5	3	9	0	0	6	15
392742	0	0	0	0	6	3	0	0	6	3
392743	0	2	0	0	0	4	0	0	0	6
392745	0	0	0	0	13	0	0	0	13	0
392746	2	2	2	1	3	7	0	0	7	10
392747	0	0	0	0	2	1	0	0	2	1
392748	0	0	0	0	5	6	0	0	5	6
392749	0	0	0	0	0	0	0	0	0	0
392750	0	0	1	1	8	10	0	0	9	11
392751	0	0	0	0	0	0	0	0	0	0
392752	0	3	0	2	9	11	0	0	9	16
392753	0	0	0	0	0	0	0	0	0	0
392754	0	0	0	0	0	0	0	0	0	0
392755	1	1	3	5	29	22	0	0	33	28
392756	33	26	0	1	30	37	0	0	63	64
392757	0	0	0	0	0	0	0	0	0	0
392758	0	0	0	0	0	0	0	0	0	0
392759	0	0	0	0	0	0	0	0	0	0
392760	0	0	6	12	1	1	0	0	7	13
392761	0	0	0	0	0	0	0	0	0	0
392763	0	0	3	8	1	0	0	0	4	8
392764	0	0	0	0	0	0	0	0	0	0
392765	0	0	1	0	5	2	0	0	6	2
392766	0	0	0	0	3	5	0	0	3	5
392767^	0	0	0	0	0	0	0	0	0	0
392768	0	0	0	0	3	3	0	0	3	3
392769	5	6	0	0	9	11	0	0	14	17
392770	0	0	0	0	0	0	0	0	0	0
392771	0	0	0	0	0	0	0	0	0	0
392772	11	15	0	0	11	13	0	0	22	28
392773	0	0	1	0	3	3	0	0	4	3

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013										
Provider	Self-Care Settings - Home								TOTAL	
	HEMO		CAPD		CCPD		OTHER			
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
392775	6	3	2	0	27	27	0	0	35	30
392776	0	0	0	1	6	8	0	0	6	9
392777	0	0	0	0	0	4	0	0	0	4
392778	0	0	0	1	4	4	0	0	4	5
392779	0	0	0	0	0	0	0	0	0	0
392780	0	0	0	0	0	0	0	0	0	0
392781	0	0	0	1	2	0	0	0	2	1
392782	0	2	0	0	2	7	0	0	2	9
392783	0	0	1	1	1	1	0	0	2	2
392784	0	1	0	0	0	2	0	0	0	3
392785	16	31	0	1	20	43	0	0	36	75
392786	0	0	2	1	3	2	0	0	5	3
392787	1	1	0	0	20	24	0	0	21	25
392788	0	0	0	0	1	2	0	0	1	2
392789	0	0	2	2	0	4	0	0	2	6
392790	0	0	0	1	1	9	0	0	1	10
392791	0	0	0	2	5	6	0	0	5	8
392792^	0	0	0	0	0	0	0	0	0	0
392793	0	0	0	0	0	0	0	0	0	0
392795	0	0	0	0	0	0	0	0	0	0
392796	21	16	7	7	70	78	0	0	98	101
392797	0	11	0	0	3	5	0	0	3	16
392798	0	0	0	0	0	1	0	0	0	1
392800	0	0	0	0	0	0	0	0	0	0
392801^	0	0	0	0	0	0	0	0	0	0
392802^	0	0	0	0	0	0	0	0	0	0
392803	0	0	0	1	15	26	0	0	15	27
392804^	0	8	0	0	0	3	0	0	0	11
392805^	0	0	0	0	0	0	0	0	0	0
392806^	0	0	0	3	0	3	0	0	0	6
392807^	0	0	0	0	0	0	0	0	0	0
392809^	0	0	0	0	0	0	0	0	0	0
392810^	0	0	0	0	0	2	0	0	0	2
392811^	0	0	0	1	0	4	0	0	0	5
392813^	0	0	0	0	0	1	0	0	0	1
393302	0	0	0	1	3	5	0	0	3	6
393303	0	0	0	1	7	3	0	0	7	4
393307	0	0	0	0	4	5	0	0	4	5
393505	0	0	0	0	10	6	0	0	10	6

Table 3: Number of living patients by modality by dialysis facility **self-care settings – home** as of December 31, 2012 and December 31, 2013										
Provider	Self-Care Settings - Home								TOTAL	
	HEMO		CAPD		CCPD		OTHER			
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
393515	0	0	0	0	0	0	0	0	0	0
393518	0	0	0	0	0	0	0	0	0	0
393519	0	0	4	5	7	7	0	0	11	12
PA Total	**271**	**277**	**198**	**224**	**1,112**	**1,251**	**1**	**2**	**1,582**	**1,754**
Network Total	**279**	**295**	**222**	**258**	**1,220**	**1,387**	**1**	**2**	**1.722**	**1,942**
Source of Information: Facility Survey (CMS 2744) and CROWNWeb Database										
Date of Preparation: June 2014										
This table includes 0 Veterans Affairs Facility patients for 2012 and 0 Veterans Affairs Facility patients for 2013.										
# Provider not operational in 2012										
^ Provider not operational in 2013										

Table 4: Number of living patients by modality by dialysis facility in-center

Table 4: Number of living patients by modality by dialysis facility in-center								
Provider	In-Center				TOTAL In-Center		TOTAL: HOME & IN-CENTER*	
	HEMO		PD					
	2012	2013	2012	2013	2012	2013	2012	2013
Delaware								
080001	20	17	0	0	20	17	20	17
080004	7	5	0	0	7	5	7	5
08002F	1	21	0	0	1	21	1	21
082501	85	69	0	0	85	69	85	69
082502	97	94	0	0	97	94	97	94
082503	62	64	0	0	62	64	64	64
082505	85	95	0	0	85	95	101	117
082506	25	68	0	0	25	68	33	69
082507	84	75	0	1	84	76	102	104
082508	38	38	0	0	38	38	42	46
082509	103	101	0	0	103	101	103	101
082510	50	37	0	0	50	37	50	37
082511	69	62	0	0	69	62	69	62
082512	63	61	0	0	63	61	63	61
082513	75	75	0	0	75	75	75	75
082514	60	55	0	0	60	55	60	55
082515	67	73	0	0	67	73	81	91
082516	67	72	0	0	67	72	67	72
082517	67	65	0	0	67	65	81	85
082518	71	77	0	0	71	77	79	91
082519	53	47	0	0	53	47	53	47
082520	0	0	0	0	0	0	55	76
082521	37	45	0	0	37	45	37	45
083300	7	2	0	0	7	2	8	3
DE Total	**1,293**	**1,318**	**0**	**1**	**1,293**	**1,319**	**1,433**	**1,507**
Pennsylvania								
390006	2	2	0	0	2	2	22	19
390035	43	34	0	0	43	34	43	34
390046	164	164	0	0	164	164	192	194
390049	15	20	0	0	15	20	15	20
39005F	3	32	0	0	3	32	3	32
390079	70	59	0	0	70	59	80	65
390100#	0	0	0	0	0	0	0	0
390119	30	31	0	0	30	31	30	31
390121#	0	0	0	0	0	0	0	0
390123	52	0	0	0	52	0	52	0
39012F	34	30	0	0	34	30	48	47
39013F	14	13	0	0	14	13	14	13
390142	1	1	0	0	1	1	22	25
390164	10	9	0	0	10	9	10	9

Table 4: Number of living patients by modality by dialysis facility in-center								
Provider	In-Center				TOTAL In-Center		TOTAL: HOME & IN-CENTER*	
	HEMO		PD					
	2012	2013	2012	2013	2012	2013	2012	2013
390256	35	41	1	0	36	41	55	61
392501	104	92	0	0	104	92	104	92
392502	79	78	0	0	79	78	93	93
392505	119	118	0	0	119	118	119	118
392506	50	41	0	0	50	41	52	43
392507	82	82	0	0	82	82	88	87
392508	187	183	0	0	187	183	187	183
392509	109	100	0	0	109	100	109	100
392511	91	94	0	0	91	94	117	123
392512	118	124	0	0	118	124	124	130
392513	86	72	0	0	86	72	86	72
392515	69	68	0	0	69	68	75	72
392516	44	37	0	0	44	37	44	37
392517	63	63	0	0	63	63	63	63
392518	76	76	0	0	76	76	91	91
392520	60	61	0	0	60	61	60	61
392521	164	149	0	0	164	149	201	191
392522	136	111	0	0	136	111	157	131
392523	59	56	0	0	59	56	72	64
392524	28	32	0	0	28	32	28	32
392528	115	118	0	0	115	118	116	118
392530	123	116	0	0	123	116	123	116
392531	109	102	0	0	109	102	109	102
392532	39	47	0	0	39	47	46	55
392533	98	95	0	0	98	95	99	96
392534	68	46	1	0	69	46	87	57
392535	50	51	0	0	50	51	50	51
392536	110	104	0	0	110	104	110	104
392537	54	60	0	0	54	60	67	70
392538	135	133	0	0	135	133	135	133
392539	137	123	0	0	137	123	154	137
392540	97	101	0	0	97	101	97	101
392541	46	50	0	0	46	50	53	56
392542	78	84	0	0	78	84	78	84
392543	114	113	0	0	114	113	118	117
392544	46	50	0	0	46	50	48	53
392545	29	30	0	0	29	30	29	30
392546	78	79	0	0	78	79	78	79
392547	39	45	0	0	39	45	44	50
392548	125	128	0	0	125	128	135	138
392549	174	179	0	1	174	180	223	222
392551	91	87	0	0	91	87	91	87
392552	62	71	0	0	62	71	69	80
392553	89	86	0	0	89	86	91	94
392554	66	69	0	0	66	69	71	71
392555	60	63	0	0	60	63	60	63
392556	80	82	0	0	80	82	80	82
392557	73	79	0	0	73	79	80	92

Table 4: Number of living patients by modality by dialysis facility in-center								
Provider	In-Center				TOTAL In-Center		TOTAL: HOME & IN-CENTER*	
	HEMO		PD					
	2012	2013	2012	2013	2012	2013	2012	2013
392559	63	57	0	0	63	57	63	57
392560	72	65	0	0	72	65	77	76
392561	64	65	0	0	64	65	72	71
392562	84	93	0	0	84	93	96	101
392563	47	44	0	0	47	44	47	44
392565	57	58	0	0	57	58	57	58
392567	59	62	0	0	59	62	59	63
392568	99	105	0	0	99	105	99	105
392569	131	120	0	0	131	120	131	120
392572	20	21	0	0	20	21	20	21
392573	36	41	0	0	36	41	47	54
392574	49	55	0	0	49	55	52	61
392575	66	64	0	0	66	64	68	66
392576	32	32	0	0	32	32	38	37
392577	63	55	0	0	63	55	63	55
392578	17	21	0	0	17	21	18	21
392579	45	48	0	0	45	48	45	48
392580	30	25	0	0	30	25	30	25
392581	71	67	0	0	71	67	77	71
392582	26	31	0	0	26	31	26	31
392584	39	44	0	0	39	44	53	56
392586	52	59	0	0	52	59	52	60
392587	104	103	0	0	104	103	115	115
392588	37	43	0	0	37	43	43	47
392590	50	47	0	0	50	47	50	47
392591	42	0	0	0	42	0	42	0
392592	47	64	1	0	48	64	57	73
392594	97	92	0	0	97	92	100	96
392595	65	61	0	0	65	61	81	83
392597	23	20	0	0	23	20	23	20
392598	68	83	0	0	68	83	79	92
392600	40	31	0	0	40	31	42	35
392601	83	80	0	0	83	80	83	80
392602	41	36	0	0	41	36	41	36
392603	108	118	0	0	108	118	108	119
392604	33	36	0	0	33	36	33	36
392605	125	115	0	0	125	115	129	123
392606	85	79	0	0	85	79	85	79
392609	107	107	0	0	107	107	121	107
392610	85	85	0	0	85	85	125	118
392612	38	43	0	0	38	43	40	45
392613	53	54	0	0	53	54	53	54
392614	92	94	0	0	92	94	136	136
392616	57	52	0	0	57	52	65	61
392617	46	44	0	0	46	44	51	46
392618	41	39	0	0	41	39	41	39
392619	72	71	0	0	72	71	86	88
392620	42	39	0	0	42	39	46	42

Table 4: Number of living patients by modality by dialysis facility in-center								
Provider	In-Center				TOTAL In-Center		TOTAL: HOME & IN-CENTER*	
	HEMO		PD					
	2012	2013	2012	2013	2012	2013	2012	2013
392621	35	51	0	0	35	51	35	51
392622	13	15	0	0	13	15	13	15
392623	35	38	0	0	35	38	35	41
392626	52	42	0	0	52	42	52	42
392627	31	33	0	0	31	33	36	37
392628	37	46	0	0	37	46	64	74
392629	59	63	0	0	59	63	59	63
392630	48	37	0	0	48	37	73	67
392631	92	93	0	0	92	93	92	93
392632	62	54	0	0	62	54	62	54
392633	138	120	0	0	138	120	147	129
392634	28	37	0	0	28	37	36	45
392635	118	114	0	0	118	114	118	114
392636	47	42	0	0	47	42	52	50
392637	32	26	0	0	32	26	32	26
392638	41	44	0	0	41	44	41	44
392639	37	33	0	0	37	33	37	33
392640	75	75	0	0	75	75	75	75
392641	32	34	0	0	32	34	34	37
392642	27	26	0	0	27	26	27	26
392644	17	17	0	0	17	17	17	17
392646	37	34	0	0	37	34	41	37
392647	57	53	0	0	57	53	59	58
392648	50	52	0	0	50	52	59	63
392649	64	72	0	0	64	72	71	80
392650	22	20	0	0	22	20	22	20
392651	46	51	1	0	47	51	52	55
392653	56	57	0	0	56	57	56	57
392656	34	50	0	0	34	50	35	52
392657	55	49	0	0	55	49	56	50
392658	152	150	0	0	152	150	168	174
392659	41	41	0	0	41	41	51	53
392660	27	24	0	0	27	24	28	27
392661	50	36	0	0	50	36	50	36
392662	58	60	0	0	58	60	58	60
392663	75	74	0	0	75	74	75	74
392664	108	114	0	0	108	114	109	114
392665	64	67	0	0	64	67	64	67
392666	38	37	0	0	38	37	40	39
392667	18	0	0	0	18	0	19	0
392669	23	17	0	0	23	17	25	20
392670	64	63	0	0	64	63	65	63
392671	66	66	0	0	66	66	66	66
392672	59	57	0	0	59	57	59	57
392674	38	43	0	0	38	43	38	44
392676	42	39	0	0	42	39	42	39
392677	75	70	0	0	75	70	81	79
392678	39	41	0	0	39	41	39	41

Table 4: Number of living patients by modality by dialysis facility in-center								
Provider	In-Center				TOTAL In-Center		TOTAL: HOME & IN-CENTER*	
	HEMO		PD					
	2012	2013	2012	2013	2012	2013	2012	2013
392680	26	21	0	0	26	21	26	21
392681	25	30	0	0	25	30	31	34
392682	73	76	0	0	73	76	73	76
392683	68	63	0	0	68	63	71	67
392684	91	91	0	0	91	91	109	115
392685	42	37	0	0	42	37	44	41
392686	17	26	0	0	17	26	17	33
392687	86	75	1	1	87	76	111	96
392688	47	45	0	0	47	45	50	47
392689	49	52	0	0	49	52	49	52
392690	18	12	0	0	18	12	18	12
392691	52	50	0	0	52	50	58	57
392692	30	23	0	0	30	23	34	28
392694	47	47	0	0	47	47	47	47
392695	20	17	0	0	20	17	20	18
392697	38	0	0	0	38	0	38	0
392698	27	23	0	0	27	23	34	29
392699	49	51	0	0	49	51	54	53
392700	42	44	0	0	42	44	42	44
392701	26	31	0	0	26	31	26	31
392702	91	0	0	0	91	0	103	0
392704	38	33	0	0	38	33	38	33
392705	47	48	0	0	47	48	47	48
392706	65	73	0	0	65	73	65	73
392707	65	86	0	0	65	86	67	90
392708	29	28	0	0	29	28	30	34
392710	28	28	0	0	28	28	33	31
392711	65	67	1	0	66	67	86	92
392713	28	32	0	0	28	32	33	38
392714	85	80	0	0	85	80	90	81
392715	62	70	0	0	62	70	64	73
392716	62	60	0	0	62	60	62	60
392717	53	59	0	0	53	59	65	69
392718	67	65	0	0	67	65	67	65
392719	37	36	0	0	37	36	37	36
392720	68	66	0	0	68	66	79	80
392721	50	54	0	0	50	54	50	54
392723	63	59	0	0	63	59	108	110
392724	44	46	0	0	44	46	44	46
392725	49	42	0	0	49	42	49	42
392726	33	30	0	0	33	30	33	30
392727	77	80	0	0	77	80	86	88
392729	53	47	0	0	53	47	53	47
392731	69	85	0	0	69	85	80	96
392732	10	6	0	0	10	6	14	10
392733	83	83	0	0	83	83	83	83
392734	25	27	0	0	25	27	34	35
392735	66	63	0	0	66	63	71	68

Table 4: Number of living patients by modality by dialysis facility in-center								
Provider	In-Center				TOTAL In-Center		TOTAL: HOME & IN-CENTER*	
	HEMO		PD					
	2012	2013	2012	2013	2012	2013	2012	2013
392736	93	103	0	0	93	103	101	113
392738	10	47	0	0	10	47	10	47
392739	70	77	0	0	70	77	95	105
392740	30	23	0	0	30	23	30	23
392741	82	84	0	0	82	84	88	99
392742	86	83	0	0	86	83	92	86
392743	54	57	0	0	54	57	54	63
392745	0	0	0	0	0	0	13	0
392746	60	65	0	0	60	65	67	75
392747	32	33	0	0	32	33	34	34
392748	89	91	0	0	89	91	94	97
392749	78	98	0	0	78	98	78	98
392750	50	47	0	0	50	47	59	58
392751	84	100	0	0	84	100	84	100
392752	45	50	0	0	45	50	54	66
392753	80	81	0	0	80	81	80	81
392754	0	11	0	0	0	11	0	11
392755	29	39	0	0	29	39	62	67
392756	0	0	0	0	0	0	63	64
392757	13	5	0	0	13	5	13	5
392758	9	0	0	0	9	0	9	0
392759	37	44	0	0	37	44	37	44
392760	26	0	1	0	27	0	34	13
392761	10	20	0	0	10	20	10	20
392763	35	39	0	0	35	39	39	47
392764	41	50	0	0	41	50	41	50
392765	34	32	0	0	34	32	40	34
392766	74	73	0	0	74	73	77	78
392767^	21	30	0	0	21	30	21	30
392768	27	31	1	0	28	31	31	34
392769	81	83	2	2	83	85	97	102
392770	34	37	0	0	34	37	34	37
392771	22	25	0	0	22	25	22	25
392772	0	0	0	0	0	0	22	28
392773	54	61	0	0	54	61	58	64
392775	0	0	0	0	0	0	35	30
392776	30	31	0	0	30	31	36	40
392777	73	79	0	0	73	79	73	83
392778	25	37	0	0	25	37	29	42
392779	48	54	0	0	48	54	48	54
392780	8	10	0	0	8	10	8	10
392781	30	53	0	0	30	53	32	54
392782	30	31	0	0	30	31	32	40
392783	8	26	0	0	8	26	10	28
392784	22	30	0	0	22	30	22	33
392785	8	26	0	0	8	26	44	101
392786	44	66	0	0	44	66	49	69
392787	26	38	0	0	26	38	47	63

Table 4: Number of living patients by modality by dialysis facility in-center								
Provider	In-Center				TOTAL In-Center		TOTAL: HOME & IN-CENTER*	
	HEMO		PD					
	2012	2013	2012	2013	2012	2013	2012	2013
392788	17	33	0	0	17	33	18	35
392789	7	17	0	0	7	17	9	23
392790	16	23	0	0	16	23	17	33
392791	30	83	0	0	30	83	35	91
392792^	0	27	0	0	0	27	0	27
392793	9	0	0	0	9	0	9	0
392795	3	0	0	0	3	0	3	0
392796	0	0	0	0	0	0	98	101
392797	9	34	0	0	9	34	12	50
392798	10	27	0	0	10	27	10	28
392800	2	12	0	0	2	12	2	12
392801^	0	4	0	0	0	4	0	4
392802^	0	34	0	0	0	34	0	34
392803	147	164	3	0	150	164	165	191
392804^	0	0	0	0	0	0	0	11
392805^	0	13	0	0	0	13	0	13
392806^	0	22	0	0	0	22	0	28
392807^	0	22	0	0	0	22	0	22
392809^	0	44	0	0	0	44	0	44
392810^	0	26	0	0	0	26	0	28
392811^	0	0	0	0	0	0	0	5
392813^	0	0	0	0	0	0	0	1
393302	1	1	0	0	1	1	4	7
393303	11	10	0	0	11	10	18	14
393307	6	9	0	0	6	9	10	14
393505	93	100	0	0	93	100	103	106
393515	18	17	0	0	18	17	18	17
393518	59	64	0	0	59	64	59	64
393519	131	124	0	0	131	124	142	136
PA Total	**14,795**	**15,086**	**13**	**4**	**14,808**	**15,090**	**16,390**	**16,844**
Network Total	**16,088**	**16,404**	**13**	**5**	**16,101**	**16,409**	**17,823**	**18,351**
Source of Information: Facility Survey (CMS 2744) and CROWNWeb Database								
*Total from Table #3 plus total from Table #4 (for last column of report year)								
Date of Preparation: June 2014								
This table includes 18 Veterans Affairs Facility patients for 2012 and 66 Veterans Affairs Facility patients for 2013								
# Provider not operational in 2012								
^ Provider not operational in 2013								

Table 5: Renal Transplants by Transplant Center (Transplants performed in 2012 and 2013)

	Table 5: Renal Transplants by Transplant Center **TRANSPLANTS PERFORMED IN 2012 AND 2013**			
	Number of transplants performed by transplant center calendar year 2012 and calendar year 2013			
Transplant Center	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
	2012	2013	2012	2013
080001	7	45	419	123
083300	2	4	19	6
DE Total	**9**	**49**		
390006	31	23	193	0
390027	7	19	182	0
390050	70	73	302	0
390067	59	54	409	414
390111	75	187	1,171	1,138
39012F	5	39	0	0
390133	51	74	360	379
390142	20	73	1,150	1,070
390164	48	203	774	642
390174	24	105	589	606
390180	3	6	0	32
390195	10	21	165	77
390256	9	38	178	175
390270	11	25	70	72
390290	16	39	394	109
393302	4	8	10	15
393303	5	20	34	9
393307	1	1	1	1
PA Total	**449**	**1,008**		
NETWORK TOTAL	**458**	**1,057**		

Source of information: CROWNWeb Database/CMS-2744

Date of Preparation: June 2014

* These numbers are not added to State or Network totals because some patients may be placed on more than one waiting list. The numbers are only accurate for each center.
# Provider not operational in 2012
^ Provider not operational in 2013

Table 6: Renal Transplants: Transplant Recipients for Transplant Centers within the Network Area

Table 6: RENAL TRANSPLANTS: TRANSPLANT RECIPIENTS FOR TRANSPLANT CENTERS WITHIN THE NETWORK AREA.				
RENAL TRANSPLANT RECIPIENTS BY TRANSPLANT TYPE, AGE, RACE, SEX, AND PRIMARY DIAGNOSIS FOR CALENDAR YEAR 2013				
Age Group	**CADAVERIC**	**LIVING RELATED**	**LIVING UNRELATED**	**Total**
00-04	1	4	2	**7**
05-09	5	2	1	**8**
10-14	7	6	3	**16**
15-19	9	3	0	**12**
20-24	6	5	4	**15**
25-29	13	14	9	**36**
30-34	32	8	10	**50**
35-39	34	8	15	**57**
40-44	60	9	11	**80**
45-49	72	20	22	**114**
50-54	79	16	19	**114**
55-59	111	21	25	**157**
60-64	123	18	21	**162**
65-69	92	19	17	**128**
70-74	58	10	5	**73**
75-79	23	2	0	**25**
80-84	5	0	0	**5**
>=85	0	0	0	**0**
Total	**730**	**165**	**164**	**1,059**
Gender				
Female	289	66	56	**411**
Male	441	99	108	**648**
Total	**730**	**165**	**164**	**1,059**
				Race
American Indian/Alaska Native	0	0	0	**0**
Asian	27	3	3	**33**
Black or African American	243	21	20	**284**
Multiracial	2	0	0	**2**
Native Hawaiian or Other Pacific Islander	3	1	0	**4**
White	454	140	139	**733**
Not Specified	1	0	2	**3**
Total	**730**	**165**	**164**	**1,059**
Primary Diagnosis				
Acquired obstructive uropathy	6	0	1	**7**
Acute interstitial nephritis	0	0	1	**1**
AIDS nephropathy	1	0	0	**1**
Analgesic abuse	1	0	0	**1**
Chronic interstitial nephritis	10	2	5	**17**
Chronic pyelonephritis, reflux nephropathy	3	4	2	**9**
Complications of other specified transplanted organ	1	0	0	**1**

Complications of transplanted heart	4	0	1	**5**
Complications of transplanted kidney	38	8	7	**53**
Complications of transplanted liver	5	0	0	**5**
Complications of transplanted lung	1	0	1	**2**
Complications of transplanted organ unspecified	0	1	0	**1**
Primary Diagnosis	**CADAVERIC**	**LIVING RELATED**	**LIVING UNRELATED**	**Total**
Congenital nephrotic syndrome	1	0	1	**2**
Congenital obstruction of ureterpelvic junction	1	0	0	**1**
Congenital obstruction of uretrovesical junction	1	0	0	**1**
Dense deposit disease, MPGN type 2	1	0	0	**1**
Diabetes with renal manifestations Type 1	69	13	10	**92**
Diabetes with renal manifestations Type 2	164	30	29	**223**
Etiology uncertain	29	5	2	**36**
Focal Glomerulonephritis, focal sclerosing GN	39	10	13	**62**
Glomerulonephritis (GN) (histologically not examined)	31	7	13	**51**
Goodpasture's syndrome	3	0	1	**4**
Hemolytic uremic syndrome	2	1	1	**4**
Henoch-Schonlein syndrome	2	1	0	**3**
Hepatorenal syndrome	6	0	0	**6**
Hereditary nephritis, Alport's syndrome	4	2	4	**10**
Hypertension: Unspecified with renal failure	134	25	22	**181**
IgA nephropathy, Berger's disease (proven by immunofluorescence)	11	7	5	**23**
Lupus erythematosus, (SLE nephritis)	16	3	1	**20**
Medullary cystic disease, including nephronophthisis	3	4	0	**7**
Membranoproliferative GN type 1, diffuse MPGN	2	3	0	**5**
Membranous nephropathy	10	1	0	**11**
Multiple myeloma	1	0	0	**1**
Nephrolithiasis	0	1	1	**2**
Nephropathy caused by other agents	9	2	0	**11**
Other (congenital malformation syndromes)	3	2	1	**6**
Other Congenital obstructive uropathy	4	1	0	**5**
Other disorders of calcium metabolism	0	0	1	**1**
Other immuno proliferative neoplasms (including light chain nephropathy)	0	0	1	**1**
Other proliferative GN	2	0	0	**2**
Other renal disorders	13	3	3	**19**
Other Vasculitis and its derivatives	3	0	0	**3**
Polyarteritis	3	0	0	**3**
Polycystic kidneys, adult type (dominant)	56	10	24	**90**
Polycystic, infantile (recessive)	3	1	1	**5**
Post infectious GN, SBE	1	0	0	**1**

Post partum renal failure	2	0	0	**2**
Primary oxalosis	1	0	0	**1**
Prune belly syndrome	0	2	0	**2**
Renal artery stenosis	4	1	0	**5**
Renal hypoplasia, dysplasia, oligonephronia	3	5	1	**9**
Scleroderma	1	0	0	**1**
Secondary GN, other	1	1	0	**2**
Primary Diagnosis	**CADAVERIC**	**LIVING RELATED**	**LIVING UNRELATED**	**Total**
Sickle cell disease/anemia	1	0	0	**1**
Tubular necrosis (no recovery)	4	2	1	**7**
Urolithiasis	1	0	0	**1**
Wegener's granulomatosis	1	1	1	**3**
With lesion of rapidly progressive GN	0	0	2	**2**
Not Specified	14	6	7	**27**
Total	**317**	**76**	**101**	**494**

Source of information: CROWNWeb Database

Date of Preparation: June 2014

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

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

Table 7: CY 2013 Dialysis Deaths

Table 7: CY 2013 Dialysis Deaths				
DEATHS OF DIALYSIS PATIENTS BY STATE RESIDENCE, AGE, RACE, SEX, PRIMARY DIAGNOSIS, AND CAUSE				
Age Group	**DE**	**PA**	**Other**	**Total**
00-04	0	0	0	**0**
05-09	0	1	0	**1**
10-14	0	0	0	**0**
15-19	0	0	0	**0**
20-24	0	4	1	**5**
25-29	1	6	0	**7**
30-34	1	14	1	**16**
35-39	1	27	1	**29**
40-44	5	49	1	**55**
45-49	8	80	2	**90**
50-54	9	173	6	**188**
55-59	20	262	3	**285**
60-64	31	351	9	**391**
65-69	27	423	8	**458**
70-74	20	477	10	**507**
75-79	42	517	8	**567**
80-84	32	494	20	**546**
>=85	32	554	11	**597**
Total	**229**	**3,432**	**81**	**3,742**
Gender				
Female	97	1,507	39	**1,643**
Male	132	1,925	42	**2,099**
Total	**229**	**3,432**	**81**	**3,742**
Race				
American Indian/Alaska Native	0	0	0	**0**
Asian	2	26	0	**28**
Black or African American	82	748	9	**839**
Multiracial	0	1	0	**1**
Native Hawaiian or Other Pacific Islander	0	5	0	**5**
White	145	2,652	72	**2,869**
Total	**229**	**3,432**	**81**	**3,742**
Primary Diagnosis				
Cystic/Hereditary/Congenital Diseases	3	63	1	**67**
Diabetes	105	1,555	38	**1,698**
Glomerulonephritis	7	177	3	**187**
Hypertension/Large Vessel Disease	54	926	24	**1,004**
Interstitial Nephritis/Pyelonephritis	6	113	4	**123**
Miscellaneous Conditions	37	367	5	**409**
Neoplasms/Tumors	8	128	2	**138**
Secondary GN/Vasculitis	4	49	2	**55**
Not Specified	5	54	2	**61**

Total	**229**	**3,432**	**81**	**3,742**

CY 2013 Dialysis Deaths				
DEATHS OF DIALYSIS PATIENTS BY STATE RESIDENCE, AGE, RACE, SEX, PRIMARY DIAGNOSIS, AND CAUSE				
Primary Cause of Death	**DE**	**PA**	**Other**	**Total**
Cardiac	84	1,343	42	**1,469**
Gastro-Intestinal	3	27	0	**30**
Infection	20	251	12	**283**
Liver Disease	0	32	0	**32**
Other	36	936	14	**986**
Unknown	61	601	9	**671**
Vascular	7	120	2	**129**
Not Specified	18	122	2	**142**
Total	**229**	**3,432**	**81**	**3,742**

Source of information: CROWNWeb Database

Date of Preparation: June 2014

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

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

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

This table includes 6 patients receiving treatment at VA facilities.

Table 8: Vocational Rehabilitation

	Table 8: Vocational Rehabilitation				
	Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013				
Provider	No. dialysis patients age 18-54	No. dialysis patients receiving services from voc rehab and other voc rehab related service providers	No.dialysis pts employed full-time or part-time	No. dialysis pts attending school full-time or part-time	Offers dialysis shift starting at 5 pm or later
Delaware					
080001	6	0	1	0	N
080004	1	0	1	0	N
08002F	1	0	0	0	N
082501	16	0	1	0	Y
082502	23	0	1	0	Y
082503	15	0	1	0	Y
082505	35	0	6	0	Y
082506	16	0	3	0	Y
082507	29	0	5	0	N
082508	17	0	0	0	Y
082509	31	0	0	0	Y
082510	5	0	0	0	N
082511	20	0	1	0	N
082512	16	0	0	0	N
082513	19	0	4	0	N
082514	6	0	0	0	N
082515	27	0	2	0	N
082516	25	0	2	0	Y
082517	16	0	2	0	N
082518	22	0	3	0	N
082519	10	0	3	0	N
082520	36	0	5	0	N
082521	15	0	0	0	N
083300	1	0	0	0	N
DE Total	**408**	**0**	**41**	**0**	**8 Y/ 16 N**
Pennsylvania					
390006	4	0	0	0	**N**
390035	5	0	0	0	N
390046	54	0	0	0	Y
390049	12	0	0	0	Y
39005F	2	0	0	0	N
390079	13	0	0	0	Y
390119	3	0	0	0	N
390123	0	0	0	0	N
39012F	7	0	0	0	N

	Table 8: Vocational Rehabilitation				
Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013					
Provider	No. dialysis patients age 18-54	No. dialysis patients receiving services from voc rehab and other voc rehab related service providers	No.dialysis pts employed full-time or part-time	No. dialysis pts attending school full-time or part-time	Offers dialysis shift starting at 5 pm or later
39013F	3	0	0	0	N
390142	15	0	0	0	N
390164	6	0	1	0	Y
390256	18	0	1	0	N
392501	43	0	0	0	N
392502	29	0	4	0	N
392505	22	0	2	0	Y
392506	14	0	1	0	N
392507	34	0	3	0	N
392508	53	0	5	0	Y
392509	27	0	2	0	N
392511	44	0	8	0	N
392512	40	1	4	0	Y
392513	23	0	1	0	Y
392515	7	0	1	0	N
392516	8	0	0	0	N
392517	18	0	3	0	N
392518	16	0	1	0	Y
392520	14	0	1	0	N
392521	83	2	14	2	Y
392522	40	0	8	0	N
392523	15	0	1	0	N
392524	14	0	1	0	N
392528	31	0	3	0	N
392530	32	0	1	0	N
392531	26	0	1	0	N
392532	16	0	0	0	N
392533	36	0	1	0	N
392534	27	0	4	0	N
392535	15	0	3	0	N
392536	32	0	1	0	Y
392537	16	0	3	0	N
392538	32	0	4	0	N
392539	37	0	4	0	N
392540	43	0	0	0	N
392541	10	0	0	0	N
392542	30	0	5	0	N
392543	26	1	1	1	Y

	Table 8: Vocational Rehabilitation				
Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013					
Provider	No. dialysis patients age 18-54	No. dialysis patients receiving services from voc rehab and other voc rehab related service providers	No.dialysis pts employed full-time or part-time	No. dialysis pts attending school full-time or part-time	Offers dialysis shift starting at 5 pm or later
392544	9	0	2	0	Y
392545	3	0	0	0	N
392546	18	0	0	0	N
392547	23	0	2	0	N
392548	52	4	3	4	N
392549	77	4	21	4	Y
392551	30	0	2	0	N
392552	18	0	0	0	Y
392553	25	0	4	0	Y
392554	8	0	0	0	N
392555	21	0	0	0	N
392556	21	0	0	0	N
392557	22	0	3	0	Y
392559	11	0	0	0	N
392560	20	0	1	0	N
392561	14	0	1	0	N
392562	15	0	2	0	N
392563	11	0	3	0	Y
392565	9	0	0	0	Y
392567	12	0	1	0	N
392568	41	0	1	0	Y
392569	40	0	2	0	N
392572	1	0	1	0	N
392573	12	0	1	0	N
392574	10	1	3	1	N
392575	10	0	2	0	N
392576	7	0	0	0	N
392577	17	0	1	0	N
392578	8	0	0	0	N
392579	14	0	2	0	N
392580	8	0	0	0	N
392581	9	0	3	0	N
392582	3	0	1	0	N
392584	8	0	1	0	N
392586	17	1	1	1	N
392587	29	1	3	1	N
392588	14	1	5	1	N
392590	6	0	0	0	Y

	Table 8: Vocational Rehabilitation				
Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013					
Provider	No. dialysis patients age 18-54	No. dialysis patients receiving services from voc rehab and other voc rehab related service providers	No.dialysis pts employed full-time or part-time	No. dialysis pts attending school full-time or part-time	Offers dialysis shift starting at 5 pm or later
392592	27	0	3	0	N
392594	28	0	2	0	Y
392595	20	0	1	0	N
392597	4	0	0	0	N
392598	19	0	1	0	N
392600	8	0	0	0	N
392601	30	0	1	0	N
392602	10	0	1	0	N
392603	29	1	6	1	Y
392604	8	0	0	0	N
392605	39	0	4	0	N
392606	17	0	0	0	Y
392609	28	0	1	0	Y
392610	56	2	10	2	N
392612	8	0	2	0	N
392613	11	0	0	0	N
392614	31	0	3	0	N
392616	14	0	1	0	Y
392617	14	0	1	0	N
392618	8	0	0	0	N
392619	31	0	5	0	N
392620	9	0	1	0	N
392621	9	0	0	0	N
392622	4	0	1	0	N
392623	13	0	2	0	N
392626	8	0	1	0	Y
392627	15	0	4	0	N
392628	22	0	4	0	Y
392629	27	0	1	0	N
392630	27	1	12	1	N
392631	30	0	3	0	N
392632	13	0	0	0	Y
392633	17	0	1	0	N
392634	4	0	0	0	N
392635	24	2	2	1	N
392636	9	0	0	0	N
392637	6	0	0	0	N
392638	9	0	0	0	N

	Table 8: Vocational Rehabilitation				
Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013					
Provider	No. dialysis patients age 18-54	No. dialysis patients receiving services from voc rehab and other voc rehab related service providers	No.dialysis pts employed full-time or part-time	No. dialysis pts attending school full-time or part-time	Offers dialysis shift starting at 5 pm or later
392639	6	0	0	0	N
392640	31	0	5	0	N
392641	8	0	0	0	N
392642	5	0	0	0	N
392644	3	0	0	0	N
392646	8	0	2	0	N
392647	9	0	1	0	N
392648	12	0	3	0	N
392649	24	0	4	0	N
392650	5	0	0	0	N
392651	13	0	2	0	N
392653	23	0	0	0	N
392656	5	0	2	0	N
392657	9	0	0	0	N
392658	52	0	8	0	Y
392659	13	0	2	0	N
392660	8	0	0	0	N
392661	8	0	0	0	N
392662	10	0	0	0	N
392663	18	0	1	0	N
392664	30	0	0	0	Y
392665	17	0	1	0	N
392666	7	0	2	0	N
392669	2	0	0	0	N
392670	22	0	0	0	N
392671	9	0	0	0	N
392672	14	0	0	0	Y
392674	12	0	1	0	N
392676	9	1	3	1	N
392677	19	0	2	0	N
392678	6	0	0	0	N
392680	0	0	0	0	N
392681	7	0	0	0	N
392682	15	0	1	0	N
392683	14	0	2	0	N
392684	35	0	1	0	Y
392685	9	1	2	0	N
392686	6	0	0	0	N

	Table 8: Vocational Rehabilitation				
Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013					
Provider	No. dialysis patients age 18-54	No. dialysis patients receiving services from voc rehab and other voc rehab related service providers	No.dialysis pts employed full-time or part-time	No. dialysis pts attending school full-time or part-time	Offers dialysis shift starting at 5 pm or later
392687	26	0	0	0	Y
392688	8	0	0	0	N
392689	7	0	0	0	N
392690	2	0	0	0	N
392691	10	0	3	0	N
392692	7	0	0	0	N
392694	18	0	4	0	Y
392695	1	0	0	0	N
392697	0	0	0	0	N
392698	10	1	4	1	N
392699	22	0	1	0	N
392700	7	0	0	0	N
392701	5	0	1	0	N
392702	0	0	0	0	N
392704	6	0	0	0	N
392705	14	0	1	2	Y
392706	14	0	0	0	N
392707	30	0	5	0	N
392708	8	0	0	0	N
392710	8	0	0	0	N
392711	21	0	5	0	Y
392713	9	0	1	0	N
392714	20	0	5	0	N
392715	15	0	1	0	N
392716	9	0	0	0	N
392717	10	0	2	0	N
392718	23	0	2	0	N
392719	3	0	0	0	N
392720	24	0	5	0	N
392721	10	0	2	0	Y
392723	29	0	4	0	Y
392724	9	0	0	0	N
392725	8	0	1	0	N
392726	9	0	0	0	N
392727	4	0	3	0	Y
392729	12	0	2	0	N
392731	18	1	5	1	N
392732	0	0	0	0	N

	Table 8: Vocational Rehabilitation				
Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013					
Provider	No. dialysis patients age 18-54	No. dialysis patients receiving services from voc rehab and other voc rehab related service providers	No.dialysis pts employed full-time or part-time	No. dialysis pts attending school full-time or part-time	Offers dialysis shift starting at 5 pm or later
392733	13	0	1	0	N
392734	9	0	2	0	N
392735	14	0	1	0	N
392736	24	0	6	0	Y
392738	7	0	0	0	N
392739	22	0	2	0	N
392740	2	0	0	0	N
392741	24	0	2	0	N
392742	17	0	4	0	N
392743	9	0	2	0	N
392745	0	0	0	0	N
392746	14	0	2	0	N
392747	5	0	0	0	N
392748	29	0	1	0	N
392749	40	0	5	0	Y
392750	16	0	2	0	N
392751	26	0	2	0	N
392752	10	0	2	0	N
392753	18	0	1	0	N
392754	1	0	0	0	N
392755	15	0	4	0	N
392756	40	0	9	0	N
392757	0	0	0	0	N
392758	0	0	0	0	N
392759	11	0	0	0	N
392760	7	0	3	0	N
392761	4	0	0	0	N
392763	11	0	2	0	N
392764	19	0	1	0	Y
392765	9	0	1	0	N
392766	32	1	0	1	N
392767	6	0	0	0	N
392768	6	0	0	0	N
392769	42	0	3	0	Y
392770	3	0	0	0	N
392771	5	0	0	0	N
392772	12	1	3	0	N
392773	12	0	2	0	N

	Table 8: Vocational Rehabilitation				
Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013					
Provider	No. dialysis patients age 18-54	No. dialysis patients receiving services from voc rehab and other voc rehab related service providers	No.dialysis pts employed full-time or part-time	No. dialysis pts attending school full-time or part-time	Offers dialysis shift starting at 5 pm or later
392775	9	0	3	0	N
392776	10	0	1	0	N
392777	28	0	4	0	N
392778	9	0	1	0	N
392779	12	0	3	0	N
392780	3	0	2	0	N
392781	18	0	0	0	N
392782	4	1	2	1	N
392783	12	0	0	0	N
392784	8	0	1	0	N
392785	30	0	9	0	N
392786	13	1	4	1	N
392787	30	0	8	0	N
392788	14	0	1	0	N
392789	8	0	1	0	N
392790	9	0	3	0	N
392791	12	0	2	0	N
392792	8	0	0	0	Y
392793	0	0	0	0	N
392795	0	0	0	0	N
392796	31	0	4	0	N
392797	16	0	0	0	N
392798	9	0	1	0	N
392800	1	0	0	0	N
392801	2	0	0	0	N
392802	6	0	1	0	N
392803	50	0	3	0	N
392804	3	0	2	0	N
392805	1	0	0	0	N
392806	7	0	1	0	N
392807	7	0	0	0	N
392809	11	1	0	1	N
392810	9	0	1	0	N
392811	3	0	1	0	N
392813	1	0	1	0	N
393302	0	0	0	0	N
393303	1	0	0	0	N
393307	1	0	0	0	N

	Table 8: Vocational Rehabilitation				
Vocational Rehabilitation by Dialysis Facility Patients Aged 18-54 as of December 31, 2013					
Provider	No. dialysis patients age 18-54	No. dialysis patients receiving services from voc rehab and other voc rehab related service providers	No.dialysis pts employed full-time or part-time	No. dialysis pts attending school full-time or part-time	Offers dialysis shift starting at 5 pm or later
393505	16	0	2	0	Y
393515	6	0	0	0	N
393518	13	0	0	0	N
393519	42	0	5	0	N
PA Total	**4,402**	**33**	**471**	**31**	**46 Y/233 N**
Network Total	**4,810**	**33**	**512**	**31**	**54 Y/ 249 N**

Provider List

Facility CCN	Facility Name
Delaware	
080001	CHRISTIANA CARE HEALTH SYSTEM
080004	BAYHEALTH MEDICAL CENTER
08002F	WILMINGTON VETERANS ADMINISTRATION MEDICAL CENTER
082501	FRESENIUS MEDICAL CARE BRANDYWINE
082502	FRESENIUS MEDICAL CARE CENTRAL DELAWARE
082503	FRESENIUS MEDICAL CARE MID SUSSEX COUNTY
082505	FRESENIUS MEDICAL CARE RIVERSIDE PARK
082506	FRESENIUS MEDICAL CARE CHRISTIANA
082507	FRESENIUS MEDICAL CARE MILFORD
082508	FRESENIUS MEDICAL CARE SEAFORD
082509	FRESENIUS MEDICAL CARE FIRST STATE
082510	FRESENIUS MEDICAL CARE REHOBOTH
082511	FRESENIUS MEDICAL CARE WILMINGTON
082512	FRESENIUS MEDICAL CARE SMYRNA
082513	FRESENIUS MEDICAL CARE NEWPORT PIKE
082514	FRESENIUS MEDICAL CARE MIDDLETOWN
082515	FRESENIUS MEDICAL CARE GREENTREE
082516	FRESENIUS MEDICAL CARE NORTH WILMINGTON
082517	LIBERTY DIALYSIS - WILMINGTON
082518	LIBERTY DIALYSIS - SEAFORD
082519	FRESENIUS MEDICAL CARE MILLSBORO
082520	FRESENIUS MEDICAL CARE BRANDYWINE HOME THERAPIES
082521	FRESENIUS MEDICAL CARE FOX RUN
083300	ALFRED I. DUPONT HOSPITAL FOR CHILDREN DIALYSIS CENTER
Pennsylvania	
390006	GEISINGER HEALTH SYSTEM
390035	ST. LUKES QUAKERTOWN HOSPITAL
390046	WELLSPAN DIALYSIS-YORK
390049	ST. LUKES HOSPITAL OUTPATIENT DIALYSIS CENTER
390079	ROBERT PACKER HOSPITAL
390119	SCRANTON QUINCY HOSPITAL
390123	USRC PMMC, LLC
39012F	VA PITTSBURGH HEALTHCARE SYSTEM
39013F	VETERANS ADMINISTRATION MEDICAL CENTER OF WILKES-BARRE
390142	ALBERT EINSTEIN MEDICAL CENTER
390164	UPMC PRESBYTERIAN - RENAL UNIT
390256	M.S. HERSHEY MEDICAL CENTER
392501	FRESENIUS MEDICAL CARE PHILADELPHIA
392502	DAVITA - WAVERLY DIALYSIS
392505	FRESENIUS MEDICAL CARE ALLENTOWN
392506	FRESENIUS MEDICAL CARE ABINGTON
392507	FRESENIUS MEDICAL CARE CENTRAL PHILADELPHIA
392508	UPLAND DIALYSIS CENTER
392509	DAVITA NORTHERN PHILADELPHIA
392511	FRESENIUS MEDICAL CARE BETHLEHEM
392512	FRESENIUS MEDICAL CARE WILKES-BARRE
392513	DAVITA - WEST PHILADELPHIA DIALYSIS
392515	FRESENIUS MEDICAL CARE EAST NORRITON

Facility CCN	Facility Name
392516	DAVITA - ROXBOROUGH DIALYSIS
392517	FRESENIUS MEDICAL CARE EASTON
392518	FRESENIUS MEDICAL CARE POTTSVILLE
392520	FRESENIUS MEDICAL CARE GREENSBURG
392521	DAVITA - PHILADELPHIA 42ND STREET DIALYSIS
392522	DAVITA THORNDALE DIALYSIS
392523	DAVITA - BRADFORD DIALYSIS
392524	FRESENIUS MEDICAL CARE HAZLETON
392528	DIALYSIS CENTER OF ERIE
392530	FRESENIUS MEDICAL CARE TEMPLE DIALYSIS - GERMANTOWN
392531	DAVITA - FRANKLIN DIALYSIS CENTER
392532	DAVITA - MCKEESPORT DIALYSIS
392533	FRESENIUS MEDICAL CARE NORTHEAST PHILADELPHIA
392534	DAVITA - CAMP HILL DIALYSIS CENTER
392535	DCI OF NEW KENSINGTON
392536	DAVITA - COBBS CREEK DIALYSIS
392537	DAVITA - MEADVILLE DIALYSIS
392538	DAVITA - PHILADELPHIA PMC DIALYSIS
392539	FRESENIUS MEDICAL CARE WYNNEWOOD
392540	Fresenius Medical Care
392541	RENAL CARE OF OIL CITY, INC.
392542	FRESENIUS MEDICAL CARE WESTERN PENNSYLVANIA
392543	DAVITA - ERIE DIALYSIS
392544	FRESENIUS MEDICAL CARE SOUTH HILLS
392545	BELMONT COURT DIALYSIS - DOYLESTOWN CAMPUS
392546	FRESENIUS MEDICAL CARE HERMITAGE
392547	FRESENIUS MEDICAL CARE EAST STROUDSBURG
392548	DCI OF PHILADELPHIA
392549	PENNSYLVANIA DIALYSIS CLINIC OF READING
392551	BIO-MEDICAL APPLICATIONS OF PENNSYLVANIA, INC.
392552	FRESENIUS MEDICAL CARE NEW CASTLE
392553	FRESENIUS MEDICAL CARE UNIONTOWN
392554	CENTRAL KITTANNING DIALYSIS CENTER, LLC
392555	NORTHEAST PHILADELPHIA DIALYSIS CENTER
392556	SOUTH PHILADELPHIA DIALYSIS CENTER
392557	GSH DIALYSIS, INC.
392559	FRESENIUS MEDICAL CARE THREE RIVERS
392560	FRESENIUS MEDICAL CARE NORTHWEST PHILADELPHIA
392561	FRESENIUS MEDICAL CARE LATROBE
392562	FRESENIUS MEDICAL CARE LIMERICK
392563	DCI RENAL SERVICES OF PITTSBURGH, LLC - MONROEVILLE
392565	FRESENIUS MEDICAL CARE MON VALLEY
392567	DCI RENAL SERVICES OF PITTSBURGH, LLC - BANKSVILLE
392568	FRESENIUS MEDICAL CARE EPISCOPAL
392569	FRESENIUS MEDICAL CARE PARKVIEW
392572	BELMONT COURT DIALYSIS - WARMINSTER CAMPUS
392573	DAVITA - JEFFERSON DIALYSIS
392574	DCI OF JEANNETTE
392575	Dialysis Center of Bryn Mawr
392576	FRESENIUS MEDICAL CARE CLAIRTON
392577	BELMONT COURT DIALYSIS - NORTHEAST CAMPUS
392578	FRESENIUS MEDICAL CARE ELLWOOD CITY

Facility CCN	Facility Name
392579	FRESENIUS MEDICAL CARE OHIO VALLEY
392580	DAVITA - CORRY DIALYSIS
392581	DCI OF NORTH HILLS
392582	HONESDALE DIALYSIS CENTER
392584	PALMERTON DIALYSIS CENTER
392586	DCI RENAL SERVICES OF PITTSBURGH, LLC - POINT BREEZE
392587	READING DIALYSIS CENTER
392588	DCI OF MOUNT PLEASANT
392590	FRESENIUS MEDICAL CARE MOUNT PLEASANT
392592	FRESENIUS MEDICAL CARE SHADYSIDE
392594	FRESENIUS MEDICAL CARE HARRISBURG
392595	DAVITA - PARIS DIALYSIS
392597	DCI OF WASHINGTON
392598	DAVITA - LEWISTOWN DIALYSIS
392600	DAVITA - DELAWARE VALLEY DIALYSIS CENTER
392601	MEMPHIS STREET RENAL CENTER
392602	US RENAL CARE WELLSBORO
392603	FRESENIUS MEDICAL CARE WHITEHALL
392604	DAVITA - ELIZABETHTOWN DIALYSIS
392605	FRESENIUS MEDICAL CARE TEMPLE DIALYSIS - ONTARIO
392606	DAVITA - POCONO DIALYSIS CENTER
392609	DAVITA - LANCASTER
392610	DCI RENAL SERVICES OF PITTSBURGH, LLC - OAKLAND
392612	US RENAL CARE BEDFORD
392613	DAVITA - NORTHUMBERLAND DIALYSIS
392614	DAVITA - ABINGTON DIALYSIS
392616	NEWTOWN DIALYSIS CENTER
392617	FRESENIUS - SELLERSVILLE DIALYSIS
392618	BELMONT COURT DIALYSIS - ROOSEVELT CAMPUS
392619	PALMER DIALYSIS CENTER
392620	FRESENIUS MEDICAL CARE CARBON COUNTY
392621	FRESENIUS MEDICAL CARE PITTSTON
392622	DCI OF BEAVER FALLS / CHIPPEWA
392623	DCI OF GROVE CITY
392626	FRESENIUS MEDICAL CARE REDSTONE
392627	US RENAL CARE CARLISLE
392628	DAVITA - SELINSGROVE DIALYSIS
392629	FRESENIUS MEDICAL CARE CAMBRIA
392630	DAVITA - RADNOR DIALYSIS
392631	JENNERSVILLE DIALYSIS CENTER
392632	FRESENIUS MEDICAL CARE PENN HILLS
392633	FRESENIUS MEDICAL CARE ALTOONA
392634	FRESENIUS MEDICAL CARE CUMBERLAND COUNTY
392635	DAVITA - WYNCOTE
392636	DCI OF SEVEN FIELDS
392637	FRESENIUS MEDICAL CARE GREENE COUNTY
392638	FRESENIUS MEDICAL CARE SLATEBELT
392639	DCI OF NORTH BOROUGH CLINIC
392640	FRESENIUS MEDICAL CARE MONTGOMERY EAST
392641	DAVITA - WAYNESBURG DIALYSIS
392642	FRESENIUS MEDICAL CARE CRANBERRY
392644	DIALYSIS CENTER AT OXFORD COURT

Facility CCN	Facility Name
392646	DCI OF SHENANGO VALLEY
392647	FRESENIUS MEDICAL CARE STATE COLLEGE
392648	US RENAL CARE CHAMBERSBURG
392649	BIO-MEDICAL APPLICATIONS OF PENNSYLVANIA, INC.
392650	FRESENIUS MEDICAL CARE MILLERSBURG
392651	FRESENIUS MEDICAL CARE DONORA
392653	FRESENIUS MEDICAL CARE CITYLINE
392656	US RENAL CARE HUNTINGDON
392657	DCI OF PARKS BEND
392658	FRESENIUS MEDICAL CARE MT. AIRY
392659	FRESENIUS MEDICAL CARE PALMYRA/LEBANON COUNTY
392660	DCI OF CLARION
392661	BELMONT COURT DIALYSIS - TORRESDALE CAMPUS
392662	DAVITA - HOMESTEAD DIALYSIS
392663	FRESENIUS MEDICAL CARE GRADUATE
392664	FRESENIUS MEDICAL CARE OLNEY
392665	RENAL CENTER OF PHILADELPHIA, LLC
392666	WARREN DIALYSIS
392669	FRESENIUS MEDICAL CARE SHALER
392670	FRESENIUS MEDICAL CARE NANTICOKE
392671	FRESENIUS MEDICAL CARE LANSDALE
392672	FRESENIUS MEDICAL CARE CAPITAL AREA
392674	DCI RENAL SERVICES OF PITTSBURGH, LLC - NORTH VERSAILLES
392676	DCI RENAL SERVICES OF PITTSBURGH, LLC - HARMAR VILLAGE
392677	BUTLER COUNTY DIALYSIS CENTER
392678	LOCK HAVEN DIALYSIS CLINIC
392680	FRESENIUS MEDICAL CARE EAST HILLS
392681	DCI OF PUNXSUTAWNEY
392682	DAVITA - HUNTINGDON VALLEY DIALYSIS
392683	DCI OF INDIANA
392684	WILLIAMSPORT DIALYSIS CLINIC
392685	FRESENIUS MEDICAL CARE KUTZTOWN
392686	DAVITA - EBENSBURG
392687	DAVITA - JOHNSTOWN
392688	THE KIDNEY CENTER OF GREATER HAZLETON
392689	FRESENIUS MEDICAL CARE BERWICK
392690	FRESENIUS MEDICAL CARE DUNMORE
392691	US RENAL CARE MECHANICSBURG
392692	DAVITA - OAK SPRINGS DIALYSIS
392694	FRESENIUS MEDICAL CARE HAHNEMANN
392695	DCI OF HILLPOINTE
392697	FRESENIUS MEDICAL CARE MT. OLIVER
392698	DCI RENAL SERVICES OF PITTSBURGH, LLC - FIVE POINTS
392699	DAVITA - PITTSBURGH DIALYSIS
392700	DAVITA - MCKEESPORT WEST DIALYSIS
392701	FRESENIUS MEDICAL CARE WAYNESBORO
392702	DAVITA - WALNUT TOWERS
392704	DAVITA - CLEARFIELD DIALYSIS
392705	DAVITA - MOUNT POCONO DIALYSIS
392706	DAVITA - EPHRATA
392707	US RENAL CARE POTTSTOWN
392708	FRESENIUS MEDICAL CARE TAMAQUA

Facility CCN	Facility Name
392710	DAVITA - ELIZABETH DIALYSIS
392711	FRESENIUS MEDICAL CARE SOUTH ALLENTOWN
392713	RENAL CARE OF CLARION
392714	FRESENIUS MEDICAL CARE NAZARETH
392715	NEW CASTLE DIALYSIS CENTER
392716	LIBERTY DIALYSIS - WASHINGTON
392717	LIBERTY DIALYSIS - SOUTHPOINTE
392718	DAVITA - PHILADELPHIA - MARKET STREET
392719	DAVITA - LINCOLN WAY DIALYSIS
392720	LIBERTY DIALYSIS - HOPEWELL
392721	LIBERTY DIALYSIS - BADEN
392723	DUNMORE DIALYSIS
392724	CHILDS DIALYSIS
392725	TUNKHANNOCK DIALYSIS
392726	OLD FORGE DIALYSIS
392727	LIBERTY DIALYSIS - BANKSVILLE
392729	SCRANTON DIALYSIS
392731	US RENAL CARE YORK
392732	LIBERTY DIALYSIS - FRIENDSHIP RIDGE
392733	LIBERTY DIALYSIS - CHIPPEWA
392734	FRESENIUS MEDICAL CARE MURRYSVILLE
392735	DIALYSIS CENTER OF BUCKS COUNTY
392736	LANGHORNE DIALYSIS CENTER
392738	PRODIGY DIALYSIS, LLC - RICHLAND SQUARE
392739	RIDDLE DIALYSIS CENTER
392740	DCI OF HASTINGS
392741	FRESENIUS MEDICAL CARE CHAMBERSBURG
392742	BENSALEM DIALYSIS CENTER
392743	LIBERTY DIALYSIS - DOYLESTOWN
392745	PHYSICIANS DIALYSIS OF LANCASTER LLC
392746	KIDNEY CARE SERVICES OF DUBOIS
392747	KIDNEY CARE SERVICES OF PHILIPSBURG
392748	DAVITA - EAST END PITTSBURGH
392749	DAVITA - CALLOWHILL
392750	US RENAL CARE CAMP HILL
392751	DAVITA - BLOOMFIELD - PITTSBURGH
392752	DAVITA - MONROEVILLE
392753	DAVITA - BROAD STREET
392754	PRODIGY DIALYSIS, LLC - EBENSBURG
392755	FRESENIUS MEDICAL CARE CAMP HILL
392756	DAVITA - FRANKLIN DIALYSIS AT HOME
392757	PRODIGY DIALYSIS, LLC - SOMERSET
392758	PRODIGY DIALYSIS, LLC - MEYERSDALE
392759	ARA DIALYSIS UNIT AT OHIO VALLEY HOSPITAL LLC
392760	PRODIGY DIALYSIS, LLC - OSBORNE STREET
392761	COMMONWEALTH DIALYSIS
392763	NORTH CENTRAL PENNSYLVANIA DIALYSIS CENTER - LEWISBURG, LLC
392764	DAVITA - WILLOW GROVE DIALYSIS CENTER
392765	RENAL CARE-PARTNERS OF ST MARYS, LLC
392766	COTTMAN KIDNEY CENTER
392767	RAI CARE CENTERS OF UNIONTOWN, LLC
392768	DAVITA - ALLEGHENY VALLEY DIALYSIS

Facility CCN	Facility Name
392769	DAVITA - NORTHSIDE DIALYSIS
392770	FRESENIUS MEDICAL CARE HARSTON HALL
392771	FRANKLIN COMMONS DIALYSIS
392772	DAVITA - PITTSBURGH HOME MODALITY CENTER OF EXCELLENCE
392773	WOODHAVEN DIALYSIS CENTER
392775	BUDFIELD STREET HOME DIALYSIS
392776	DAVITA - FRACKVILLE
392777	RENAL CARE PARTNERS, INC. - PHILADELPHIA
392778	DAVITA - SOMERSET COUNTY DIALYSIS
392779	DAVITA - THORN RUN DIALYSIS
392780	DCI AT CHESTNUT RIDGE
392781	FRESENIUS MEDICAL CARE OVERBROOK
392782	LIBERTY DIALYSIS LLC - CAMP HILL
392783	FRESENIUS MEDICAL CARE PORT RICHMOND
392784	FRESENIUS MEDICAL CARE NEW BLOOMFIELD
392785	DAVITA - MANHEIM PIKE DIALYSIS
392786	US RENAL CARE ALTOONA
392787	DAVITA - UNIVERSITY CITY DIALYSIS
392788	DAVITA BUTTONWOOD DIALYSIS
392789	STATE COLLEGE DIALYSIS
392790	USRC CENTRAL YORK, LLC
392791	WESTTOWN DIALYSIS
392792	DAVITA - GRANT ONE DIALYSIS CENTER
392793	PRODIGY DIALYSIS, LLC - CARROLLTOWN
392795	PRODIGY DIALYSIS - EVERETT
392796	DAVITA - LAKE ERIE HOME DIALYSIS
392797	CEDAR DIALYSIS, LLC
392798	DAVITA - PENN HILLS DIALYSIS
392800	HARMARVILLE DIALYSIS
392801	Wooten Dialysis, LLC
392802	Fresenius Medical Care Pottstown
392803	DAVITA SUBURBAN CAMPUS DIALYSIS
392804	DAVITA - POCONO HOME CENTER
392805	Fresenius Medical Care Abramson
392806	Fresenius Medical Care Greater Northeast
392807	Fresenius Medical Care, Southeast Delco
392809	Davita City Line
392810	Sahara Dialysis, LLC
392811	Davita Montage at Home Dialysis
393302	CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC DIALYSIS UNIT
393303	CHILDRENS HOSPITAL OF PHILADELPHIA
393307	ST. CHRISTOPHERS HOSPITAL FOR CHILDREN
393505	LITTLESTOWN DIALYSIS CENTER
393515	ROBERT PACKER HOSPITAL - TOWANDA SATELLITE UNIT
393518	GMC OUTPATIENT DIALYSIS UNIT - JUSTIN DRIVE
393519	ST. LUKES OUTPATIENT DIALYSIS



Appendix A: Glossary of Terms

Quality Insights
Renal Network 4

Acronym Glossary

AAKP	American Association of Kidney Patients
AAMI	Association for the Advancement of Medical Instrumentation
AAR	After-Action Report
ABC	Achievable Benchmark of Care
ACC	Acute Care Center
ACCME	Accreditation Council for Continuing Medical Education
ACF	Alternative Care Faculties
ACHPN	Advanced Certified Hospice and Palliative Nurse
ACPE	Accreditation Council for Pharmacy Education
ACS	Alternative Care Sites
ACSW	Academy of Certified Social Workers
ADA	Americans with Disabilities Act
ADEA	Age Discrimination in Employment Act
ADL	Activities of Daily Living
AFDT	American Foundation for Donation and Transplantation
AFL-CIO	American Federation of Labor and Congress of Industrial Organizations
AHA	American Hospital Association
AHCPR	Agency of Health Care Policy and Research
AHRQ	Agency for HEALTH CARE Research and Quality
AKF	American Kidney Fund
ANNA	American Nephrology Nurses Association
ANP	Advanced Nurse Practitioner
ANP-C	Adult Nurse Practitioner Certified
AOR	Adverse Occurrence Report
APD	Automated Peritoneal Dialysis
APN	Advanced Practice Nurse
APRN	Advanced Practice Registered Nurse
ARA	American Renal Associates
ARF	Acute Renal Failure
ARS	Acceptable Risk Safeguards
ASHE	American Society for HEALTH CARE Engineering
ASN	American Society of Nephrology
AST	American Society of Transplantation
ASTS	American Society of Transplant Surgeons
ATN	Acute Tubular Necrosis
AV	ArterioVenous
AV FISTULA	ArterioVenous Fistula
AVG	ArterioVenous Graft

B	
BA	Bachelor of Arts
BBA	Balanced Budget Act
BBB	Better Business Bureau
BCCP	Business Continuity and Contingency Plan
BCG	Bromcresol Green Laboratory Method
BCP	Bromcresol Purple Laboratory Method
BCSSI	Buccaneer Computer Systems and Service, Inc.
BFR	Blood Flow Rate (also expressed QB)
BIC	Beneficiary Identification Code
BID	Bis In Die (Twice a day)
BIPA	Benefits Improvement and Protection Act
BLR	Business and Legal Reports
BMI	Body Mass Index
BOD	Board Of Directors
BONENT	Board of Nephrology Nurses and Technicians
BS	Bachelor of Science
BSA	Body Surface Area
BSI	Bloodstream Infection
BSN	Bachelor of Science in Nursing
BSO	Batch Submitting Organization
BSW	Bachelor of Social Work
BUN	Blood Urea Nitrogen
BV	Blood Volume
C	
C and G	Complaints and Grievances
Ca	Calcium
CAD	Cadaveric Donor (kidney transplant)
CAN	Chronic Allograft Nephrology
CAP	Council of Advanced Practitioners
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAS	CROWNWeb Authentication System
CAVH	Continuous ArterioVenous Hemofiltration
CAVHD	Continuous ArterioVenous HemoDialysis
CAVHFD	Continuous ArterioVenous Hi-Flux Hemodialysis
CBC	Complete Blood Count
CCHT	Certified Clinical Hemodialysis Technician
CCI	Creatinine Clearance
CCN	CMS Certification Letter
CCNT	Certification in Clinical Nephrology Technology

CCPD	***Continuous Cyclic Peritoneal Dialysis***
CCR	***Central Contractor Registration***
CDC	***Centers for Disease Control and Prevention***
CDE	***Certified Diabetes Educator***
CDN	***Certified Dialysis Nurse***
CE	***Continuing Education***
CEA	***Critical Event Annexes***
CEO	***Chief Executive Officer***
CEU	***Continuing Education Unit***
CfC	***Conditions for Coverage***
CFR	***Code of Federal Regulations***
CHES	***Certified Health Education Specialist***
CHF	***Congestive Heart Failure***
CHID	***Combined Health Information Database***
CHIP	***Children's Health Insurance Program***
CHN	***Certified Hemodialysis Nurse***
CHOW	***Change of Ownership (Certification Letter)***
CHPN	***Certified Hospice and Palliative Nurse***
CHT	***Certified Hemodialysis Technician***
CIA	***Confidentiality, Integrity and Accountability***
CIO	***Chief Information Officer***
CIPA	***Comprehensive Interdisciplinary Patient Assessment***
CISR	***Certified Insurance Sales Representative***
CKD	***Chronic Kidney Disease***
CLABSI	***Central Line-Associated Blood Stream Infection***
CLC	***Certified Licensed Certificate***
CM	***Clinical Manager***
CME	***Continuing Medical Education***
CMHCB	***Care Management for High Cost Beneficiaries***
CMS	***Centers for Medicare & Medicaid Services***
CMSDC	***CMS Data Center***
CMSW	***Certified Master of Social Work***
CNA	***Certified Nursing Assistant***
CNE	***Continuing Nursing Education***
CNN	***Certified Nephrology Nurse***
CNN-NP	***Certified Nephrology Nurse - Nurse Practitioner***
CNNT	***Council of Nephrology Nurses and Technicians***
CNSW	***Council of Nephrology Social Workers***
CO	***Contract Officer***
CO	***Central Office (of CMS)***
c/o	***complaint of***
COB	***Close Of Business***

COB	Coordination of Benefits
COBRA	Consolidated Omnibus Budget Reconciliation Act
COC	Community Outreach Coordinator
COOP	Continuity of Operations
COPs	Conditions Of Participation
	Contracting Officer's Representative (formerly PO-Project Officer and COTR-Contract
COR	Officer's Technical Representative)
CPA	Certified Public Accountant
CPHQ	Certified Professional in HEALTH CARE Quality
CPM	Clinical Performance Measures
CPN	Certified Pediatric Nurse
CPR	Cardio Pulmonary Resuscitation
CPT4	Current Procedural Terminology, 4th Edition
CQI	Continuous Quality Improvement
CRAFT	CROWN Responsiveness And Feedback TreeSystem
CrCL	Creatinine Clearance
CRE	Center for Regulatory Effectiveness
CRF	Chronic Renal Failure
CRI	Chronic Renal Insufficiency
CRN	Council on Renal Nutrition
CROWNWeb	Consolidated Renal Operations in a Web enabled Network
CRRT	Continuous Renal Replacement Therapy
CSC	Computer Sciences Corporation
CSV	Comma Separated Variable
CVC	Central Venous Catheter
CWH	Continuous Venovenous Hemofiltration
CWHD	Continuous Venovenous HemoDialysis
CWHFD	Continuous Venovenous High-Flux Hemodialysis
D	
D & B	Dun and Bradstreet
DAGC	Days After Government Comments
DAT	Diet As Tolerated
DCH	Department of Community Health
DCI	Dialysis Care Inc.
DFC	Dialysis Facility Compare (web site)
DFR	Dialysis Facility Reports
DFR	Dialysate Flow Rate (also expressed as Qd)
DFS	Division of Facility Services
DHEC	Department of Health and Environmental Control
DHHS	Department of Health and Human Services

DHR	*Department of Human Resources*
DHS	*Department of Homeland Security*
DM	*Data Manager*
DMA	*Division of Medical Assistance*
DME	*Durable Medical Equipment*
DNR	*Do Not Resuscitate*
DO	*Director of Operations*
DOD	*Department of Defense*
DOL	*US Department of Labor*
DON	*Director Of Nursing*
DOPPS	*Dialysis Outcomes Practice Patterns Study*
DOQI	*Dialysis Outcome Quality Initiative (now K-DOQI)*
DoS	*Denial of Service (attack)*
DoT	*Division of Transplantation*
DPC	*Decreasing Dialysis Patient/Provider Conflict*
DQI	*Division of Quality Improvement*
DRG	*Diagnosis Related Group*
DT	*Dialysis Technician*
DUA	*Data Use Agreement*
DUNS	*Data Universal Numbering System*
DVA	*Department of Veterans Affairs*
DVP	*Divisional Vice President*
DW	*Dry Weight*
E	
EC	*(County) Emergency Coordinator*
ED	*Executive Director of the Network*
EDEES	*ESRD Data Entry and Editing System*
EDI	*Electronic Data Interchange*
EDW	*Estimated Dry Weight*
EEO	*Equal Employment Opportunity*
EEOC	*Equal Employment Opportunity Commission*
EFTPS	*Electronic Federal Tax Payment System*
EGHP	*Employer Group Health Plan*
eHR	*Electronic Health Records*
EIPD	*Extended Intermittent Peritoneal Dialysis*
EITC	*Earned Income Tax Credit*
eKt/V	*Equilibrated Kt/V (See Kt/V)*
ELAB	*Electronic Collection of Lab Data*
ELT	*Electronically*
EMA	*Emergency Management Agency*
EMAC	*Emergency Management Assistance Compact*

EMC	*Emergency Management Coordinators*
EMI	*Emergency Management Institute*
EMP	*Emergency Management Program*
EMS	*Emergency Medical Services*
EMSA	*Emergency Medical Services Authority*
EMTALA	*Emergency Medical Treatment and Active Labor Act*
ENOR	*End Stage Renal Disease Network Online Resources*
EO	*Executive Order*
EOC	*Emergency Operations Center*
EOM	*End Of Month*
EPA	*Environmental Protection Agency*
EPO	*Erythropoietin*
EPO	*Epogen*
EPSDT	*Early and Periodic Screening, Diagnostic, and Treatment*
ePTFE	*Expanded Polytetrafluoroethylene*
ERA	*Early Retirement Age*
ERB	*Engineering Review Board*
ERISA	*Employee Retirement Income Security Act*
ESA	*Erythropoietin Stimulating Agents*
ESF	*Emergency Support Function*
ESR	*Erythrocyte Sedimentation Rate*
ESRD	*End Stage Renal Disease*
ESRS	*Electronic Subcontracting Reporting System*
EUM	*End User Manager (CrownWeb User)*
F	
FAAHPM	*Fellow American Academy of Hospice and Palliative Medicine*
FAC	*Family Assistance Center*
FACP	*Fellow of the American College of Physicians*
FAR	*Federal Acquisition Regulation*
FASN	*Fellow of the American Society of Nephrology*
FBHF	*Facility-Based Hospice Forum*
FDA	*Food and Drug Administration*
FEMA	*Federal Emergency Management Agency*
FEOP	*Facility Emergency Operations Plans*
FF	*Fistula First formerly referred as NVAII)*
FFBI	*Fistula First Breakthrough Initiative*
FI	*Fiscal Intermediary*
FIPS	*Federal Information Processing Standards*
FISMA	*Federal Information Security Management Act (of 2002)*
FLMA	*Family and Medical Leave Act*
FLSA	*Fair Labor Standards Act*

FMC	*Fresenius Medical Care*
FMS	*Federal Medical Station*
FNP	*Family Nurse Practitioner*
FNP-BC	*Family Nurse Practitioner Board Certified*
FNP-C	*Family Nurse Practitioner Certified*
FORUM	*Forum of ESRD Networks*
FPC	*Federal Preparedness Circular*
FPDS - NG	*Federal Procurement Data System - Next Generation*
FR	*Focused Review*
G	
GAO	*General Accounting Office*
GFE	*Government Furnished Equipment*
GFP	*Government Furnished Property*
GFR	*Glomerular Filtration Rate*
GN	*GlomeruloNephritis*
GSA	*Government Services Account*
GTL	*Government Task Leader*
H	
HAI	*HEALTH CARE Acquired/Associated Infection*
HazMat	*Hazardous Material*
Hb	*Hemoglobin*
HbsAb	*Hepatitis B surface antibody*
HbsAg	*Hepatitis B surface antigen*
HBV	*Hepatitis B Virus*
HC	*Hard Copy*
HCBU/Mis	*Historically Black Colleges and Universities and Minority Institutions*
HCE	*Highly Compensated Employees*
HCFA	*Health Care Financing Administration (Now CMS)*
HCQIP	*Health Care Quality Improvement Program*
HCT	*Hematocrit*
HD	*Hemodialysis*
HDC	*HCFA Data Center*
HeRO	*Hemodialysis Reliable Outflow*
HgB	*Hemoglobin*
HHD	*Home HemoDialysis*
HHS	*(Department of) Health and Human Services*
HIC	*Health Insurance Claim*
HIPAA	*Health Insurance Portability and Accountability Act*
HMO	*Health Maintenance Organization*
HR	*Human Resources*

HRA	*Health Reimbursement Arrangement*
HRSA	*Health Resources and Services Administration*
HSA	*Health Savings Account*
HSB	*HEALTH CARE Systems Bureau*
HSPD HUB	*Homeland Security Presidential Directive*
	Historically Underused Business
HVA	*Hazard Vulnerability Analysis*
	I
IAP	*Incident Action Plan*
IAW	*In Accordance With*
ICD10	*International Classification of Diseases, 10th Revision*
ICD9	*International Classification of Diseases, 9th Revision*
ICH-CAHPS	*In Center HemoDialysis Consumer Assessment of HEALTH CARE Providers and Systems*
ICHD	*In-Center HemoDialysis*
ICP	*Incident Command Post*
ICS	*Incident Command System*
IDPN	*IntraDialytic Parenteral Nutrition*
IDT	*Inter Disciplinary Team*
IHI	*Institute of HEALTH CARE Improvement*
IJ	*Internal Jugular Catheter*
IJV	*Internal Jugular Vein*
IM	*Intramuscular*
IM	*Information Management*
IMRP	*Instruction Manual for Renal Providers*
IMS	*Incident management System*
IMT	*Incident Management Team*
IOM	*Institute of Medicine*
IP	*Improvement Plan*
IPD	*Intermittent Peritoneal Dialysis*
IPG	*Incident Planning guide*
IPN	*Intermittent Peritoneal Nutrition*
IQC	*Internal Quality Control*
IQI	*Internal Quality Improvement*
IQP	*Internal Quality Program*
IRB	*Institutional Review Board*
IRG	*Incident Response Guide*
IRS	*Internal Revenue Service*
IS	*Independent Study*
ISR	*Individual Subcontract Report*
ISSO	*Information Systems Security Officer*

IT/IS	*Information Technology/Information Services*
IU	*International Unit*
IV	*Intravenous*
IVD	*Involuntary Discharge*
IVT	*Involuntary Transfer*
J	
JAS	*Job Action Sheet*
JCAHO	*Joint Commission on Accreditation of HEALTH CARE Organizations*
JIC	*Joint Information Center*
JIS	*Joint Information System*
K	
K	*Potassium*
KCER	*Kidney Community Emergency Response (coalition)*
KDIGO	*Kidney Disease: Improving Global Outcomes*
KDOQI	*Kidney Disease Outcomes Quality Initiative*
KDQOL	*Kidney Disease Quality of Life Patient Survey*
KECC	*Kidney Epidemiology and Cost Center*
KEEP	*Kidney Early Evaluation Program*
KLS	*Kidney Learning System*
	A method to measure adequacy of dialysis. K = the dialyzer clearance, t = time on dialysis, and
Kt/V	*V =volume of water in the patient's body.*
KTDA	*Kidney Transplant Dialysis Association*
KUf	*Ultrafiltration Coefficient*
L	
LAN	*Learning and Action Network*
LB	*Large Business*
LCSW	*Licensed Clinical Social Worker*
LDO	*Large Dialysis Organizations*
LEPC	*Local Emergency Planning Committees*
LICSW	*Licensed Independent Clinical Social Worker*
LISW	*Licensed Independent Social Worker*
LMSW	*Licensed Master of Social Work*
LODN	*Living Organ Donor Network*
LORAC	*Life Options Rehabilitation Advisory Council*
LPN	*Licensed Practical Nurse*
LPN/VN	*Licensed Practical Nurse/Vocational Nurse*
LRD	*Living Related Donor*
LRD	*Licensed Registered Dietician*

LSW	*Licensed Social Worker*
LTFU	*Lost To Follow Up*
LUD	*Living Unrelated Donor*
M	
MAC	*Multi Agency Coordination*
MAH	*Master Account Holder*
MARC	*Mid-Atlantic Renal Coalition*
MBA	*Master of Business Administration*
MCI	*Mass Casualty Incident*
MCO	*Managed Care Organization*
MD	*Medical Doctor*
MedPAC	*Medicare Payment Advisory Commission*
META	*Model Employment Termination Act*
MHA	*Masters of Health Administration*
MI	*Myocardial Infarction*
MIPPA	*Medicare Improvements for Patients and Providers Act*
MIS	*Master of Information Science*
MOU	*Memorandum Of Understanding*
MPH	*Master of Public Health*
MRB	*Medical Review Board*
MRCGP	*Member of the Royal College of General Practitioners*
MRI	*Magnetic Resonance Image*
MRSA	*Methicillin-Resistant Staphylococcus Aureus*
MSc	*Master of Science*
MSHA	*Master of Science in Hospital Administration*
MSN	*Master of Science in Nursing*
MSPA	*Migrant and Seasonal Agricultural Protection Act*
MSS	*Master of Social Service*
MSW	*Master of Social Work*
N	
Na	*Sodium*
NaCl	*Sodium Chloride*
NAICS	*North America Industry Classification System*
NANT	*National Association of Nephrology Technicians/Technologists*
NAPEO	*National Association of Professional Employer Organizations*
NASW	*National Association of Social Workers*
NBCC	*National Board for Certified Counselors*
NC	*Network Council (formerly NCC-Network Coordinating Council)*
NC	*North Carolina*
NCC	*Network Coordinating Centers (for all Networks)*

NCDOL	***North Carolina Department of Labor***
NCQA	***National Committee for Quality Assurance***
NCU	***Network Contacts Utility***
NDMS	***National Disaster Medical System***
NEHC	***Neighborhood Emergency Health Clinic***
NEJM	***New England Journal of Medicine***
NEPOP	***New ESRD Patient Orientation Package***
NETT	***Network Emergency Triage Team***
NFPA	***National Fire Protection Association***
NHCE	***Non-Highly Compensated Employees***
NHD	***Nocturnal HemoDialysis***
NHHD	***Nocturnal Home HemoDialysis***
NHPCO	***National Hospice and Palliative Care Organization***
NHSN	***National HEALTH CARE Safety Network***
NIC	***National Incident Commander***
NIC	***National Integration Center***
NICE	***National Institute for health and Clinical Excellence***
NICS	***Network Incident Command System***
NIDDK	***National Institute of Diabetes and Digestive and Kidney Diseases***
NIDDM	***Non-Insulin Dependent Diabetes Mellitus***
NIH	***National Institutes of Health***
NIMS	***National Incident Management System***
NIP	***National Improvement Project***
NIP	***National Improvement Plan***
NIPD	***Nightly Intermittent Peritoneal Dialysis***
NIPD	***Nocturnal Intermittent Peritoneal Dialysis***
NIST	***National Institute of Standards and Technology***
NKDEP	***National Kidney Disease Education Program***
NKF	***National Kidney Foundation***
NLC	***Nurse Licensure Compact***
NLDAC	***National Living Donor Assistance Center***
NOC	***Network Operations Center***
NOTA	***National Organ Transplant Act***
NPAR	***Network Patient Activity Report***
nPCR	***Normalized Protein Catabolic Rate***
NPD	***Nightly Peritoneal Dialysis***
NPI	***National Provider Identifier***
NPP	***Narrative Project Plan***
NPSF	***National Patient Safety Foundation***
NQF	***National Quality Forum***
NQS	***National Quality Strategy***
NRA	***Normal Retirement Age***

NRAA	***National Renal Administrators Association***
NRP	***National Response Plan***
NS	***Nepgrotic Syndrome***
NSAID	***NonSteroidal Anti-Inflammatory Drug***
NTTAA	***National Technology Transfer and Advancement Act***
NVABI	***National Vascular Access Breakthrough Initiative***
NVAII	***National Vascular Access Improvement Initiative***
NW	***Network***
O	
OAGM	***Office of Administrations and Grants Management***
OBRA	***Omnibus Budget Reconciliation Act***
OCR	***Office for Civil Rights***
OCSQ	***Office of Clinical Standards and Quality***
ODIE	***Online Data Input and Edit***
OFAC	***Office of Foreign Assets Control***
OGC	***Office of General Counsel (CMS)***
OHRP	***Office for Human Research Protections***
OIC	***Opportunity to Improve Care***
OIG	***Office of the Inspector General***
OMB	***Office of Management and Budget***
OPO	***Organ Procurement Organization***
OPTN	***Organ Procurement and Transplantation Network***
ORCA	***Online Representations and Certifications Application***
ORD	***Office of Research and Demonstrations***
ORS	***Office of Regulatory Services***
OSCAR	***Online Survey Certification and Reporting***
OSHA	***Occupational Safety and Health Administration***
OTSB	***Other Than Small Business***
P	
P&FE	***Patient & Family Engagement***
PA	***Physician's Assistant***
PAC	***Patient Advisory Committee***
PART	***Patient Attributes and Related Treatments***
PCP	***Primary Care Physician***
PCT	***Patient Care Technician***
PD	***Peritoneal Dialysis***
PDCA	***Plan, Do, Check, Act***
PDR	***Physician's Desk Reference***
PDSA	***Plan, Do, Study, Act***
PEO	***Professional Employer Organization***

PET	Peritoneal Equilibration Test
PhD	Philosophy Doctorate
PHI	Protected Health Information
PHR	Professional in Human Resources
PII	Personally Identifiable Information
PIO	Public Information Officer
PIP	Performance Improvement Plan
PISP	Policy for the Information Security Program
PMF	Patient Master File
PMMIS	Program Management and Medical Information System
POD	Point of Distribution
POP	Premium Only Plan
PPA	Pension Protection Act
PPD	Purified Protein Derivative
PPE	Personal Protective Equipment
PPO	Preferred Provider Organization
PPS	Prospective Payment System
PRO	Peer Review Organization (Now Called QIO)
PRO	Utilization and Quality Control Peer Review Organization
PSC	Patient Services Coordinator
PSC	Product Service Code
PSC	Performance Score Certificate
PSIM	Planning, Statistics and Information Management (OSHA)
PSR	Performance Score Report
Pt	Patient

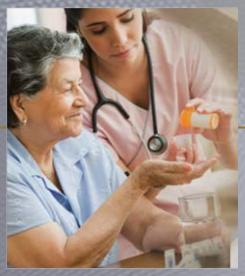
Q

Q_H	Quaque Hours (number of hours a dose is to be taken)
QA	Quality Assurance
QAIP	Quality Assessment and Improvement Projects (facility specific)
QAPI	Quality Assessment Performance Improvement
QCC	Quality of Care Commitment
QD	Quaque die (once a day)
QD	Quotidian Dialysis
QDIA	Qualified Default Investment Alternative
QI	Quality Improvement
QIA	Quality Improvement Activity
QID	Quality Improvement Director
QIMS	Quality Net Identity Management System
QINS	Quality Improvement Nurse Specialist
QIO	Quality Improvement Organization (Formerly PRO)
QIP	Quality Improvement Project (Network specific)

QIP	Quality Incentive Program
QIWP	Quality Improvement Work Plan
QMAC	Qualified Matching Contribution
QMHAG	Quality Measurement and Health Assessment Group
QNET	Quality Net
QNEXC	Qualified Non Elective Contribution
QTY	Quantity
R	
RD	Renal Dietician
RD	Registered Dietician
REBUS	Renal Beneficiary and Utilization System (replaced by REMIS)
REMIS	Renal Management Information System
RHIT	Registered Health Information Technician
RN	Registered Nurse
RNOC	Regional Hospital Coordination Center
RO	Regional Office (of CMS)
ROD	Regional Office Director
ROPO	Regional Office Project Officer
RPA	Renal Physicians' Association
RRF	Residual Renal Function
RVP	Regional Vice President
S	
SA	Security Administrator
SA	State Agency/State Survey Agency
SADBUS	Small And Disadvantaged Business Utilization Specialist
SAR	Summary Annual Report
SARS	Severe Acute Repertory Syndrome
SAT	Security Awareness Training
SB	Small Business
SBA	Small Business Administration
SC	South Carolina
SC	Subcutaneous
SDB	Small Disadvantaged Business
SDPS	Standard Data Processing Systems
SDVOSV	Service Disabled Veteran-Owned Small Business
SEOC	State Emergency Operations Center
SEOPF	Southeast Organ Procurement Foundation
SHRM	Society for Human Resource Management
SIMS	Standard Information Management System
SIN	Special Item Number

SITREP	*Situation Report*
SKC	*Southeastern Kidney Council*
SME	*Subject Matter Expert*
SMR	*Standardized Mortality Ratio*
SO	*Scientific Officer*
SO	*Security Official*
SOD	*Statement of Deliverables*
SOW	*Statement of Work*
SPOC	*Security Point of Contact*
SRTR	*Scientific Registry of Transplant Recipients*
SS	*Scientific Symposium*
SS	*Social Services*
SSA	*State Survey Agency*
SSA	*Social Security Act*
SSA	*Social Security Administration*
SSN	*Social Security Number*
SSNRA	*Social Security Normal Retirement Age*
SSPH	*System Security Policies Handbook*
SSR	*Summary Subcontract Report*
STIC	*Safe and Timely Immunization Coalition*
T	
TB	*Tuberculosis*
TBD	*To Be Discussed or Determined*
TCV	*Total Cell Volume*
TEP	*Technical Expert Panel*
TID	*Ter In Die (three times a day)*
TQE	*Total Quality Environment*
TRIO	*Transplant Recipients International Organization*
Tsat	*Transferring Saturation*
U	
UA	*Urinalysis*
UCR	*Usual, Customary, Reasonable*
UKM	*Urea Kinetic Modeling*
UMKECC	*University of Michigan Kidney Epidemiology and Cost Center*
UNOS	*United Network for Organ Sharing*
UPI	*Unique Patient Identifier*
UPIN	*Unique Physician Identification Number*
URR	*Urea Reduction Ratio*
USC	*United States Code*
USCIS	*United States Citizenship and Immigration Service*

USRDS	***United States Renal Data System***
V	
VA	***Vascular Access***
VA	***Veterans Administration***
VA	***Veterans Affairs***
VAC	***Vascular Access Coordinator***
VAM	***Vascular Access Manager***
VAM	***Vascular Access Monitoring***
VAMP	***Vascular Access Management Program***
VE	***Vaccine Effectiveness***
VHA	***Veterans Health Administration***
VISION	***Vital Information System to Improve Outcomes in Nephrology***
VNA	***Visiting Nurses Association***
VOSB	***Veteran-Owned Small Business***
VR	***Vocational Rehabilitation***
W	
WAP	***Wireless Access Points***
WARN	***Worker Adjustment and Retraining Notification (Act)***
WHO	***World Health Organization***
WM	***Workforce Management***
WOSB	***Women-Owned Small Business***
WRERA	***Worker, Retiree and Employer Recovery Act (of 2008)***



Appendix B1: Patient Learning and Action Network Job Descriptions

Quality Insights
Renal Network 4

Quality Insights
Renal Network 4

630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
Phone: 610.265.2418
Patient Toll Free: 800.548.9205
Fax: 610.783.0374
www.qirn4.org

Patient Learning and Action Network

Job Description

Purpose: The Patient Learning and Action Network (P-LAN) serves as a voice and advocate for Kidney patients throughout Network 4. The P-LAN will identify ways to spread best practices as well as design and implement Quality Improvement Activities and educational campaigns that promote patient-centered care and encourage family engagement.

Term: Two years. Members serve for two years with a maximum of three consecutive terms. After serving a third consecutive term, members rotate off as a P-LAN Committee member for at least one year.

Expected Meeting Attendance:

- Regularly attend meetings as scheduled
  - * There are 6-10 per year by phone and potentially 1-2 face-to-face meetings.
- Participate as an ad hoc committee member if needed.

Responsibilities of the P-LAN:

- Develop an annual Quality Improvement Activity that promotes patient-centered care and encourages family engagement.
- Develop two patient education campaigns that are based upon the needs and concerns of kidney patients.
- Act as an Advisory Group to the Network's Patient Services Department.
- Provide input to other Network projects.

Specific Duties:

- Attend meetings and provide input based on patient experience at Network 4 activities.
- Be well-informed on issues and agenda items in advance of meetings.
- Contribute skills, knowledge and experience when appropriate.
- Listen dutifully and consider other patient's points of view.
- Represent Network 4 to the public and private industry.



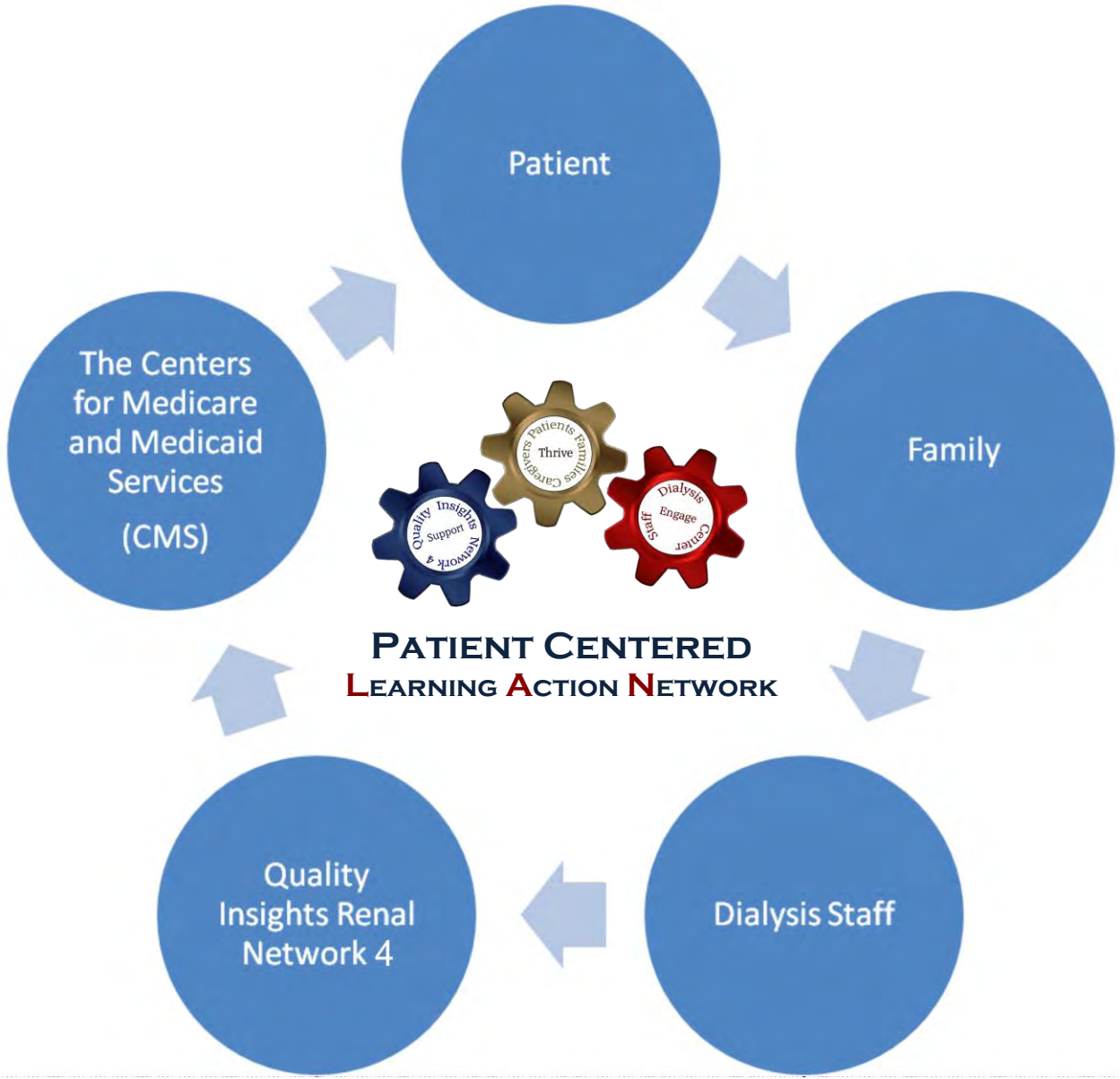
Appendix B2: Be Part of the PLAN

Quality Insights
Renal Network 4

Quality Insights Renal Network 4
Serving Pennsylvania and Delaware

630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
Phone: 610.265.2418
Patient Toll Free: 800.548.9205
Fax: 610.783.0374
www.qirn4.org

Come and Be Part of the PLAN!



JOIN THE PATIENT FOCUSED LEARNING AND ACTION NETWORK

CALL 1-800-548-9205



Appendix B3: Be Part of the Action

Quality Insights
Renal Network 4

Quality Insights
Renal Network 4
Serving Pennsylvania and Delaware

630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
Phone: 610.265.2418
Patient Toll Free: 800.548.9205
Fax: 610.783.0374
www.qirn4.org

Come and Be Part of the Action!

New for 2013, CMS has implemented an exciting new platform for everyone impacted by and involved with ESRD to come together to positively change ESRD Care. Together, the Network, ESRD Stakeholders, Patients and Providers will form new ESRD Learning and Action Networks (LANS). The LAN is a group of patients, family members and renal professionals, who will collaborate to identify best practices, design and implement Quality Improvement Activities and design and implement educational campaigns to promote more patient-centered standards of quality care and opportunities for learning in the renal community.

The LANs are designed to empower patients and educate the community on changes and policies that affect patient care. We are asking for patients to volunteer as Subject Matter Experts to assist us in guiding educational and patient empowerment activities. If you are a patient who would like to serve as a Subject Matter Expert, please contact the Network at: 1-800-548-9205. If you are a practitioner, please discuss this opportunity with your patients and encourage them to become a Subject Matter Expert. Please also consider joining us in this exciting new initiative.

Conference calls and webinars will be scheduled at times that are convenient for all participants, and will last for one hour. The LAN will be part advocacy, part outreach and part sharing of stories, to keep the Network, LAN members and the ESRD Community informed on practices that influence dialysis care, and to inform the Network on how these policies are working at the patient level. Please sign up if you are able to take part in workgroup conference calls, periodically review educational materials and share your experience to help make ESRD care more patient-centered and safe, and to promote the best possible health while living with ESRD.

Join the Patient Focused Learning and Action Network

Call 1-800-548-9205



Appendix B4: Patient Focused LAN Mission Statement

Quality Insights
Renal Network 4

Quality Insights Renal Network 4
Serving Pennsylvania and Delaware

630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
Phone: 610.265.2418
Patient Toll Free: 800.548.9205
Fax: 610.783.0374
www.qirn4.org

Quality Insights Renal Network 4
"Patient Focused Learning and Action Network"

Mission Statement

The Patient and Family Focused Learning and Action Network (LAN) will ensure that patients are empowered to advocate for the best quality of care possible in the End-Stage Renal Disease (ESRD) community. Patients' knowledge and energy will help move the LAN activities forward. Members will be engaged in an action-based agenda to ensure the activities of the LAN will be focused on the needs of the ESRD community of patients.



Appendix B5: SME Participant Agreement Form

Quality Insights
Renal Network 4

Quality Insights
Renal Network 4
Serving Pennsylvania and Delaware

630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
Phone: 610.265.2418
Patient Toll Free: 800.548.9205
Fax: 610.783.0374
www.qirn4.org

Subject Matter Expert (SME) Participant Agreement Form

Below is my information for use in Network 4 LAN communications:

Name: _____

Mailing Address: _____

_____

Home Phone: _____ Cell Phone: _____

Email: _____

Name of Current Dialysis Unit: _____

Modality: Hemodialysis ☐ Peritoneal Dialysis ☐ Transplant ☐

Dialysis Schedule: M/W/F Time: _____ T/T/S Time: _____

Transplant Listed? Yes ☐ No ☐

Computer Access? Yes ☐ No ☐

Please read and check statements below:

☐ **I agree to particpate as a SME for QIRN4. I authorize Network 4 to utilize my name and email address for specific Patient Learning and Action Network (LAN) communications.**

☐ **I further authorize QIRN4 to use my name where necessary in LAN meeting minutes, and in listing LAN members in reports to The Centers for Medicare and Medicaid Services (CMS).**

Signature of Participant: _____ **Date:** _____



Appendix B6: Patient LAN Project – Missed Treatment Baseline Form

Quality Insights
Renal Network 4

Quality Insights Renal Network 4

Clinic Name: _____

Medicare #_____

Patient LAN Project: Missed Treatment Baseline Form

Kindly provide the information requested below for the Quality Insights Renal Network 4 Patient Learning and Action Network's Quality Improvement Project.

	Total no shows	Total treatments
September	_____	_____
October	_____	_____
November	_____	_____
Total	_____	_____

* No show = unscheduled missed treatment that is not made-up.

Contact Information: Who is the best contact in your facility for this information?

Name: _____

Phone number: _____

Email address: _____

Comments: _____

_____

_____

Due December 10, 2013

Fax completed form to:
Quality Insights Renal Network 4
Attn. Paul Gordon
Fax: 610-783-0374



Appendix B7: Missing Treatments

Quality Insights
Renal Network 4

Missing Treatments?

You may not immediately experience any problems, but studies show inadequate dialysis will shorten your life expectancy.

Is it worth the risk?

This message is brought to you by:
Quality Insights Renal Network 4 – Learning and Action Network. A task-force of patients working for the patients of Network 4.

Patient Hotline

800-548-9205

(Patients only)

Skipping treatments and shortening dialysis time carries risks and complications including:

- Worsening of ANEMIA and BONE DISEASE as a result of not receiving scheduled intravenous medications at dialysis.
- CARDIAC COMPLICATIONS – such as cardiac arrhythmia, cardiac arrest and death due to high potassium levels.
- CEREBROVASCULAR COMPLICATIONS like stroke that could lead to disability and death.
- CRAMPING and LOW BLOOD PRESSURE during your next dialysis treatment from removing the built-up fluid caused by missing treatment.
- FLUID OVERLOAD – shortness of breath from fluid in lungs that may require an emergency room visit and emergency dialysis.
- It is extremely important that you receive your full treatments as prescribed by your doctor.
- Please call the dialysis facility when you are unable to keep.



Appendix B8: Every Minute Counts

Quality Insights
Renal Network 4

Every Minute Counts!

Take a look at how lost minutes of dialysis treatment add up.

Treatment	Week	Month	Year
5 Minutes	15 Minutes	65 Minutes	780 Minutes = 3.3 treatments
10 Minutes	30 Minutes	130 Minutes	1560 Minutes = 6.5 treatments
15 Minutes	45 Minutes	195 Minutes	2340 Minutes = 9.8 treatments
20 Minutes	60 Minutes	260 Minutes = 1.1 treatments	3120 Minutes = 13 treatments
25 Minutes	75 Minutes	325 Minutes = 1.4 treatments	3900 Minutes = 16.3 treatments
30 Minutes	90 Minutes	390 Minutes = 1.6 treatments	4680 Minutes = 19.5 treatments

Imagine what days would look like!

Quality Insights Renal Network 4

This education is brought to you by Quality Insights Renal Network 4's Learning and Action Network

800.548.9205 Patient Hot Line

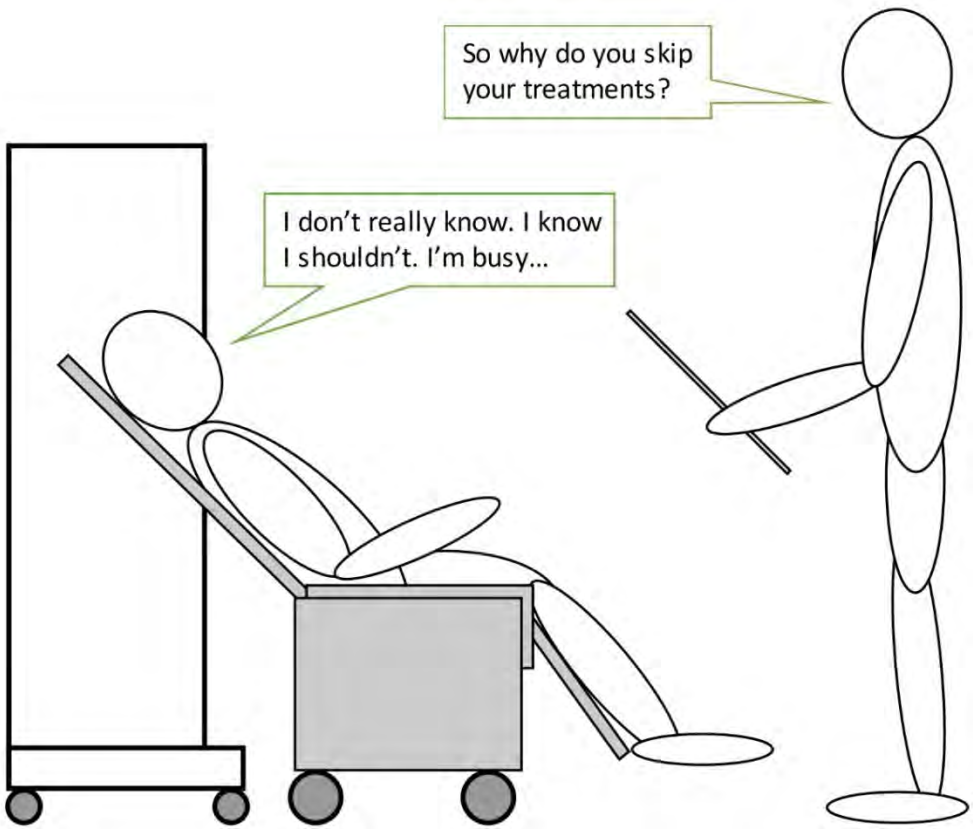


Appendix B9: Missing Dialysis Treatment?

Quality Insights
Renal Network 4

Missing Dialysis Treatment?

Four Easy Steps to any Behavior Change



If you've been missing dialysis treatments please consider these
Four Easy Steps to any Behavior Change

Step 1: Gather Information;
Define the change you'd like to see. *I'd like to make all my treatments.* What will you need to do to attain your desired goal? *I will need to change some appointments. I will need to schedule my rides...*

Step 2: Motivate
Think through, and list out, the benefits you will personally see by making this change to your behavior.
I'll breathe easier and feel better. The dialysis staff will get off my back. ☺

Step 3: Find Support
It is far easier to change if you have a network of people encouraging you and propping you up when needed. Tell people that you're trying to make all your treatments and accept, and seek out, help. You can even enlist a dialysis buddy at your dialysis center.

Step 4: Learn New Skills
You won't be successful if you aren't capable of making the change you want to make. In order to change your behavior, you may need to learn new skills. *I need to learn to manage my time better.* Learning how to manage time properly will make you more confident and make it more likely that you will stick to your schedule.



Appendix B10: “It’s Still True” Flyer

Quality Insights
Renal Network 4

A study done in 1998 showed that missing just two treatments a month can increase chances of death by 51%.

It's Still True

Dialysis replaces only 15% what healthy kidneys do. Healthy kidneys function ceaselessly 24 hours a day, 7 days a week. If you miss your dialysis treatment, it will increase your risk of illness and early death.

http://www.kidneyabc.com

This message is brought to you by:
Quality Insights Renal Network 4 – Learning and Action Network. A task-force of patients working for the patients of Network 4.



Appendix B11: “Time” Flyer

Quality Insights
Renal Network 4

Time,

The hours you spend today could add weeks, months or years to your life.

Don’t skip out on treatment. Your life depends on it…

The message is brought to you by Quality Insights Renal Network 4’s Learning and Action Network



Appendix B12: Hemodialysis Treatments

Quality Insights
Renal Network 4

The hemodialysis treatments you are receiving replace only a small part (less than 15%) of the normal function of your kidneys. This is far below the 100% of normal kidney function.

If you miss treatments you are likely to:

- Feel weak and tired
- Lose real weight
- Have a poor appetite
- Be nauseous
- Taste ammonia in your mouth
- Experience inflammation of the heart (Uremic pericarditis)

On the other hand, most patients who are *well dialyzed* will experience the following:

- A sense of feeling good
- Good appetite with normal weight
- Feeling like dialysis is not necessary when the treatment day arrives
- Yellow skin color fading/faded away

A well-dialyzed patient can look forward to doing many of the things that were planned before renal disease occurred.

To file a grievance, please contact Quality Insights Renal Network 4 at: Patient Toll Free Line: 1-800-548-9205, www.qirn4.org, 630 Freedom Business Center, Suite 116, King of Prussia, PA 19406.

Brought to you by the Learning and Action Network (LAN) from Quality Insights Renal Network 4



Appendix B13: Patient LAN Project: Monthly Missed Treatment Form

Quality Insights
Renal Network 4

Quality Insights
Renal Network 4

Clinic Name: _____

Medicare #_____

Patient LAN Project: Monthly Missed Treatment Form

Kindly provide the information requested below for the Quality Insights Renal Network 4 Patient Learning and Action Network's Quality Improvement Project.

Month	Total no shows	Total treatments
_____	_____	_____

* No show = unscheduled missed treatment that is not made-up.

Comments: _____

_____

_____

Fax completed form to:
Quality Insights Renal Network 4
Attn. Paul Gordon
Fax: 610-783-0374



Appendix B14: Patient Representative Inquiry Form

Quality Insights
Renal Network 4

Quality Insights
Renal Network 4
Serving Pennsylvania and Delaware

630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
Phone: 610.265.2418
Patient Toll Free: 800.548.9205
Fax: 610.783.0374
www.qirn4.org

Patient Representative Inquiry Form

Facility Name: _____

Medicare
Provider # _____

☐ We do not have a Patient Representative at this time.

- If not check box and return

Patient Representative Information

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Kindly fax return by Friday, October 25th

To: Paul Gordon at 610-783-0374



Appendix B15: Patient Representative Handbook

Quality Insights
Renal Network 4

Quality Insights
Renal Network 4

Patient Representative

Handbook

Thank you for agreeing to serve as a Patient Representative for your local dialysis facility. **The most important person on the health care team is the patient.** That's why the role of Patient Representative is so valuable. The duties may vary from facility to facility, but your main responsibility is to be the needed link between patients in the facility and Quality Insights Renal Network 4 (QIRN 4).

This booklet is intended to:

- Provide information about the federally funded End Stage Renal Disease (ESRD) Program and the ESRD Networks;
- Describe how patients are involved
- Give some guidelines for your role as a Patient Representative.

Patient Representatives

To provide additional patient input, each facility is asked to name at least one patient to serve as a Patient Representative.

Patient Representatives act as the link between the patients and the Network.

Facility Social Workers serve as patient advocates in facilities without Patient Representatives. The Social Worker for each facility is the Patient Representative's primary contact.

The Federal ESRD Program and ESRD Networks

In 1972, Congress established the ESRD Program providing payment for dialysis and transplant services through Medicare. The program is run by the Centers for Medicare & Medicaid Services (CMS). Under CMS, there are 18 ESRD Networks that oversee the quality of care for dialysis patients.

Quality Insights Renal Network 4 is a non-profit organization contracted by CMS to administer Network 4 serving Delaware and Pennsylvania.

QIRN 4 is a non-profit organization serving Delaware and Pennsylvania.

What Does QIRN 4 Do?

QIRN 4 works with dialysis facilities to improve quality of patient care. The Network also maintains data for over 18,000 dialysis patients and 7,000 transplant patients in the Network 4 region. QIRN 4 provides educational material and quality improvement programing to the dialysis and transplant facilities. QIRN 4 supports the CROWNWeb ESRD database and processes patient grievances when patients are not satisfied with the quality of care they receive at their dialysis facility. QIRN 4 oversees facilities' adherence to CMS conditions for coverage.

Patient Advisory Committee

The Patient Advisory Committee (PAC) is made up of patients that either receive dialysis or have a functioning kidney transplant. It is designed to help Network 4 identify patient concerns, problems and educational needs that are related to the mission and philosophy of Network 4.

The Network may not engage in lobbying activities. PAC members may participate as individuals in these activities or through the American Association of Kidney Patients (AAKP), Renal Support Network, or other organization.

This Committee usually meets one or two times a year and corresponds more frequently by conference calls. The Committee geographically represents the Network and includes persons with all treatment modalities. PAC members serve three year terms. As a Patient Representative, you will be notified when a PAC position becomes available. The Patient Advisory Committee reviews a summary of patient grievances each year. The PAC members also assist with writing the Network 4 newsletter.

Patient Involvement

Quality Insights Renal Network 4 maintains a Patient Advisory Committee (PAC) staffed by ESRD patients and strives to maintain a Patient Representative for each dialysis facility.

There is also patient representation on the Network Board of Directors, the Medical Review Board and Learning and Action Network (LAN).

Learning Action Network

In 2013 CMS implemented an exciting platform for everyone impacted by and involved with ESRD to come together to positively change ESRD Care. These groups are now known as ESRD Learning and Action Networks (LAN). Each of the 18 Networks has a LAN. The LAN is a group of patients, family members and renal professionals, who work together to identify best practices, design and implement Quality Improvement Activities and design and implement educational campaigns to promote more patient-centered standards of quality care and opportunities for learning in the renal community.

The LANs are designed to empower patients and educate the community on changes and policies that affect patient care. They are staffed primarily by patients who volunteer as Subject Matter Experts to assist Network 4 in guiding educational and patient empowerment policy and activities. The LAN is part advocacy, part outreach and part story sharing to keep the Network, LAN members and the ESRD Community informed on practices that influence ESRD care, and to inform the Network on how current policies are working at the patient level.

LAN Mission Statement

The Patient and Family Focused Learning and Action Network (LAN) will ensure that patients are empowered to advocate for the best quality of care possible in the End-Stage Renal Disease (ESRD) community. Patients' knowledge and energy will help move the LAN activities forward. Members will be engaged in an action-based agenda to ensure the activities of the LAN will be focused on the needs of the ESRD community of patients.

So What Do Patient Representatives Do?

The Network provides Patient Representatives with information from the Network, PAC, LAN projects and other educational materials. Patient Representatives are asked to distribute that information to the other patients in the facility.

Patient Representatives may be asked to:

- Act as a mentor, particularly to new patients, introducing them to Network activities and publications including the "QIRN 4 Patient Rights and Responsibilities/Network 4 Grievance Procedures" and the Network newsletters.
- Bring Patient concerns and questions to the facility administration during Quality and Governing Body Meetings.
- Contact the Network at the **toll-free phone number** to report patient concerns or question from your facility.

Patient Representatives are encouraged to attend the annual Network Meeting.

MEDICAL INFORMATION

As an ESRD patient you have a lot to teach patients about renal disease. Share your personal experiences cheerfully, but you should not attempt to provide technical medical information or advice. Medical treatments or a diet that works for you as a patient may be dangerous or even fatal to another patient with a different combination of medical conditions.

- For medical questions, always refer to the Physician.
- For questions about diet, always refer to the Dietitian.
- For question about coping, always refer to the Social Worker.

Have all written materials approved by the dialysis facility administrator before posting or distributing to other patients.

When a patient has a grievance be sure that you:

1. Know the grievance policies and procedures in your facility and encourage the patient to resolve the complaint at the facility level.

2. Become familiar with the Network's grievance procedures for concerns that cannot be resolved at the facility level.
3. Take a positive approach to facility problems; be cheerful and approach staff at the right time.
4. Reassure patients that they have a right to file a grievance and cannot be retaliated against for filing a grievance with the facility or the Network.

Federal regulations covering dialysis facilities make this very clear.

WORKING WITH PATIENT GRIEVANCES

Respect

Integrity

Understanding

Acknowledgement

Acceptance

Awareness

Kindness

Diligence

Empathy

Dignity

Humor

Other Potential Activities

Patient Representatives have volunteered to perform other activities in their facility with the approval of facility staff.

These activities are not required but may include:

- Working with staff to start a patient support group.
- Serving as a "peer counselor" or mentor to new patients.
- Starting a facility newsletter.
- Contributing articles, poems or other items to the Quality Insights Renal Network 4 newsletter.
- Planning patient and staff events such as picnics and holiday parties.
- Participating in community health fairs.
- Working to promote organ donation.
- Facilitating meetings between patients and staff.

Ask your facility social worker if any of these activities are possible!

Confidentiality

All health care personnel are bound to observe confidentiality of patient records and personal information.

QIRN 4 Patient Representatives are bound by the same standards of confidentiality.

ALWAYS get the patient's permission before approaching a staff member with a patient concern.

NEVER repeat personal or confidential information you may learn in your role as a Patient Representative.

OUR FOUNDATION IS RESPECT

Additional Resources

For additional information, you may want to check out the following websites:

www.esrdnetworks.org	Forum of End Stage Renal Disease Networks
www.akfinc.org	American Kidney Foundation
www.ikidney.com	Patient Education Website
www.aakp.org	American Association of Kidney Patients
www.kidney.org	National Kidney Foundation

We look forward to working with you as a Patient Representative. If you have questions or would like to discuss any concerns or recommendations from your facility, please feel free to call the Network's toll-free number: **1.800.548.9205**. The Network liaison to Patient Representatives, Patient Advisory Committee and the Learning Action Network is Paul Gordon, Patient Services Director.

Contact Information

Quality Insights
Renal Network 4

Serving Pennsylvania and Delaware

630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
P: 610.265.2418 F: 610.783.0374
www.qirn4.org

Please Contact:

Paul D. Gordon, MSW

Patient Services Director

pgordon@nw4.esrd.net

P: 610.265.2418 x2830

F: 610-783-0374

Toll Free Patient Phone

800-548-9205

(Patients only)

The analyses upon which this publication is based were performed under Contract Number HHSM-500 · 2013 · NW004C, entitled "End Stage Renal Disease Network Organization Number 4", sponsored by the Centers for Medicare & Medicaid Services, Department of Health and Human Services. The conclusions and opinions expressed, and methods used herein are those of the author. They do not necessarily reflect CMS policy. The author assumes full responsibility for the accuracy and completeness of the ideas presented. This article is a direct result of the Health Care Quality Improvement Program initiated by CMS, which has encouraged identification of quality improvement projects derived from analysis of patterns of care, and therefore required no special funding on the part of this contractor. Ideas and contributions to the author concerning experience in engaging with issues presented are welcomed.



Appendix B16: Patient Representative Job Description

Quality Insights
Renal Network 4

Quality Insights
Renal Network 4

630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
Phone: 610.265.2413
Patient Toll Free 877.346.6180
Fax: 610.265.3909
www.qirn4.org

Patient Representative – Job Description

The Patient Representative program is made up of people who are on dialysis or have a kidney transplant who have been chosen to serve as Patient Representative's at their clinic. Patient Representatives volunteer to work with staff toward fostering a positive environment in their clinic. The Patient Representative volunteers serve as experts in the patient experience to the Network in developing projects to improve patient care. It is QIRN4's goal to have Patient Representatives in every dialysis clinic.

Patient Representative responsibilities may include:

- Informing fellow patients about Quality Insights Renal Network 4
- Receiving and distributing Network 4 communications and educational materials
- Participating in their dialysis facility's Quality Assurance and Governing Body Meetings
- Communicating clinic updates or concerns to fellow patients (at the clinic's request)
- Sharing useful resources, expertise and experiences with patients, clinic staff and the Network
- Providing the PAC and the Network with information regarding patient concerns at the clinic level
- Serving as a role model to other patients by learning information about treatments for kidney disease and following their own treatment plan
- Serving as role models to other patients by maintaining a positive outlook and using good listening skills in communications with other patients and staff
- Being respectful of differing points of view
- Referring patients to the appropriate person when concerns or complaints are voiced
- Referring patients to their doctor or clinic staff regarding medical concerns
- Never offering medical advice
- Giving support to new and current patients
- Improving communication between clinic staff and patients
- Supporting other clinic and Network initiatives as needed

Patient Representative must:

- Be receiving Hemodialysis, peritoneal dialysis or have a kidney transplant
- Be willing to serve for two years or more
- Be able to participate in their dialysis facility's Quality Assurance and Governing Body Meetings
- Be able to attend conference calls with the PAC to share information
- Be willing to respond to the Network requests for information and feedback
- Be able to work with the PAC on Network projects for improving patient care

If you are a dialysis patient or transplant recipient interested in becoming a Patient Representative, talk to your facility staff about getting involved. Complete the Patient Representative Recruitment Form available at your local dialysis center and online at www.qirn4.org, then choose a staff member who knows you well to fill out the Patient Representative Staff Referral Form and fax it to the Network office at 610-783-0374.



Appendix B17: Patient Representative Recruitment Form

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Serving Pennsylvania and Delaware

630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
Phone: 610.265.2418
Patient Toll Free: 800.548.9205
Fax: 610.783.0374
www.qirn4.org

Patient Representative - Recruitment Form

Name: _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

Email: _____

Name of Current Dialysis Unit: _____

Social Worker: _____ Phone: _____

Social Worker Email: _____

Modality: Home Hemodialysis ☐ Hemodialysis ☐ Peritoneal Dialysis ☐ Transplant ☐

Dialysis Schedule: M/W/F Time: _____ T/T/S Time: _____

Are you on a transplant list? Yes ☐ No ☐

Do you have computer access? Yes ☐ No ☐

Please read and check statements below:

☐ I authorize Network 4 to utilize my name and email address for specific Patient Representative Program (PRP) communications.

☐ I further authorize QIRN4 to use my name where necessary in PRP meeting minutes, and in listing Patient Representatives in reports to The Centers for Medicare and Medicaid Services (CMS).

Signature of Candidate: _____ Date: _____



Appendix B18: QIRN 4 Flyer

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QIRN 4 is a non-profit organization serving Delaware and Pennsylvania.

The Federal ESRD Program and the ESRD Networks

In 1972, Congress established the ESRD Program providing payment for dialysis and transplant services through Medicare. The program is run by the Centers for Medicare & Medicaid Services (CMS). Under CMS, there are 18 ESRD Networks that oversee the quality of care for dialysis patients.

Quality Insights Renal Network 4 (QIRN4) is a non-profit organization contracted by CMS to administer Network 4 serving Delaware and Pennsylvania.

What Does QIRN4 Do?

QIRN4 works with dialysis facilities to improve the quality of patient care. QIRN4 provides educational material and quality improvement programing to dialysis and transplant facilities. QIRN4 supports the CROWNWeb ESRD database and processes patient grievances if patients are not satisfied with the quality of care they receive at their dialysis facility. QIRN4 oversees facilities' adherence to CMS' conditions for coverage. QIRN4 also maintains data for over 18,000 dialysis patients and 7,000 transplant patients.

Quality Insights Renal Network 4

Patient Hotline
800.548.9205



Appendix B19: QIRN 4 – Patient Representatives Flyer

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Quality Insights Renal Network 4

QIRN 4 is a non-profit organization serving Delaware and Pennsylvania.

Help Wanted: Quality Insights Renal Network 4 (QIRN 4) has immediate openings for Patient Representatives.

What Do Patient Representatives Do?

Patient Representatives are patients who volunteer to serve as liaisons to Network 4 and the dialysis facility administration. The Network provides Patient Representatives with information from the Network and it's various committees. The information may be in the form of news from the Centers for Medicare and Medicaid Services (CMS) or educational materials to be handed out to fellow patients. Patient Representatives may be asked to:

- Assist with special projects at the dialysis facility.
- Act as mentors, particularly to new patients, introducing them to network activities and publications including the QIRN 4 patient rights and responsibilities, Network 4 grievance procedures and the network newsletters.
- Bring patient concerns and questions to the facility administration during Quality and Governing Body meetings.
- Contact the Network at the toll-free phone number to report patient concerns or questions from your facility.

* Speak with your Social Worker or Clinic Manager if you'd like to hear more about becoming a Patient Representative at your dialysis center.

Quality Insights Renal Network 4

Patient Hotline
800.548.9205



Appendix B20: QIRN 4 – “Can I Help?” Flyer

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Renal Network 4

Quality Insights Renal Network 4

QIRN 4 is a non-profit organization serving Delaware and Pennsylvania.

Can I help you?

Yes,

As a matter of fact, you can!

- Are you a can-do person?
- Do you like to help others?

Why not use your dialysis experience to do just that?

Become a Patient Representative!

- Be a Liaison to Quality Insights Renal Network 4
- Participate in facility quality meetings
- Welcome and mentor new patients
- Get involved in special projects

* Speak with your Social Worker or Clinic Manager if you'd like to hear more about becoming a Patient Representative at your dialysis center.

Quality Insights Renal Network 4

Patient Hotline
800.548.9205



Appendix B21: QIRN 4 – “Uncle Sam Wants You!” Flyer

Quality Insights
Renal Network 4

Quality Insights Renal Network 4

QIRN 4 is a non-profit organization serving Delaware and Pennsylvania.

Uncle Sam Wants You!

to Become a Patient Representative

Standard responsibilities include:

- Being a role model to other patients by learning information about treatments for kidney disease and following your own treatment plan.
- Reporting patient concerns at your facility's quality meetings.
- Receiving and distributing ESRD Network patient materials.
- Communicating clinic updates or concerns to fellow patients.
- Being available to assist the unit Social Worker with special projects.

Optional responsibilities may include:

- Reading and answering patients' questions about information from their facility and the Network.
- Helping with communications between patients and facility staff.
- Assisting with the orientation and support of new patients.
- Assisting with patient activities such as educational meetings and social events.
- Writing and/or distributing a patient newsletter for your clinic with the aid of clinic staff.

If you would like to assist the Network, your clinic and your fellow patients with updates and information, then you are perfect for the job!

* Speak with your Social Worker or Clinic Manager if you'd like to hear more about becoming a Patient Representative at your dialysis center.

Quality Insights Renal Network 4

Patient Hotline
800.548.9205

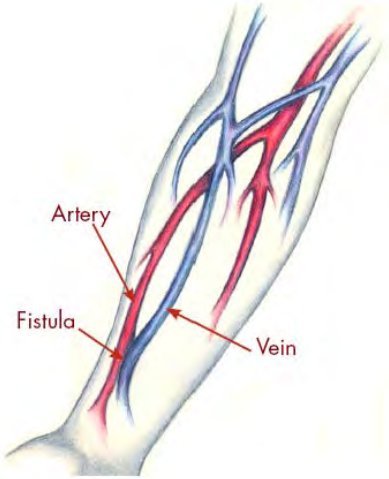


Appendix B22: Caring for Your Dialysis Access

Quality Insights
Renal Network 4

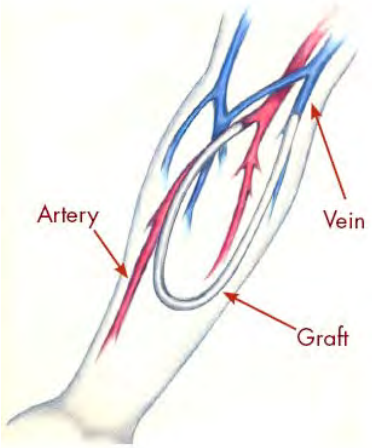
Caring for your Dialysis Access

Back to Basics



Fistula: An artery in your forearm is sewed to a nearby vein.

- Needles are inserted into the vein for dialysis treatment.
- Fistulas normally take between 1 & 4 months to heal before use.
- Fistulas are considered the gold standard in accesses.



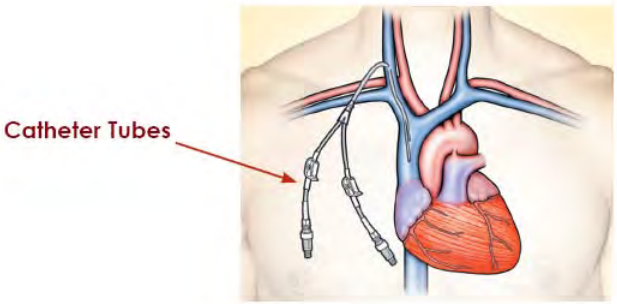
Graft: A vein and an artery are connected with a plastic tube.

- Needles are inserted into the graft when you have a dialysis.
- A graft is generally ready to use in 3 to 6 weeks.

Take good care of your fistula or graft.

- Do not carry heavy items with the arm that contains the access.
- Do not sleep on the arm that contains the access.
- Do not wear any snug clothing or jewelry on the arm that contains the access.
- Do not allow anyone draw blood from the arm that contains the access.
- Do not allow anyone measure blood pressure on the arm that contains the access.
- Do not allow injections to be given into the fistula or graft.
- **Do** check several times each day for the "thrill" to make sure your access is functioning.
- **Do** monitor the access for signs of infection, such as swelling or redness.

Central Venous Catheter: A plastic tube that is placed in a vein in your neck, chest, or groin.



- A central venous catheter is ready to use right away.
- It is usually used only for a few weeks or months.

- **Do** keep the dressing dry at all times.
- **Do** cover it with plastic when you shower.
- Do not take baths, go swimming, or soak in a hot tub.
- Do not let anyone draw blood from your catheter.

Educational material brought to you by the Patient Learning and Action Network at:

Quality Insights Renal Network 4



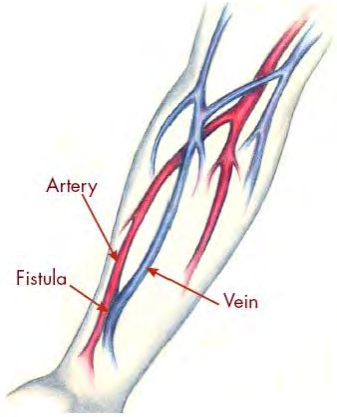
Appendix B23: Dialysis Access 101

Quality Insights
Renal Network 4

DIALYSIS ACCESS 101

Caring for your fistula

Fistula: An artery in your forearm is sewed to a vein nearby.



- ✓ Always wash your hands before touching your access.
- ✓ Clean the area around the access with antibacterial soap or alcohol before every dialysis treatment.
- ✓ Check the pulse (sometimes called "thrill") in your access every day.
- ✓ Your dialysis technician or nurse can show you how.
- ✓ Change the needle stick site on your fistula or graft every treatment.
- ✓ Do not let anyone take your blood pressure on your access arm.
- ✓ Do not let anyone draw blood from your access arm.
- ✓ Do not sleep on your access arm.
- ✓ Do not carry more than 10 lbs. with your access arm.
- ✓ Do not wear a watch, jewelry, or tight clothes over your access site.
- ✓ Be careful not to bump, cut or scrape your access.
- ✓ Never use your access for anything but dialysis.



Appendix B24: Tips for a Happy Dialysis Access

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Tips for a Happy Dialysis Access

For a happy fistula or graft.

Do not carry heavy items with the arm that contains the access.

REMEMBER

Do not allow injections to be given into the fistula or graft.

For a happy central venous catheter

Do not take baths, go swimming, or soak in a hot tub.

Avoid long-term catheter use whenever possible!

Educational material brought to you by the Patient Learning and Action Network at:

Quality Insights Renal Network 4



Appendix B25: Dialysis Access 101 – Flyer 2

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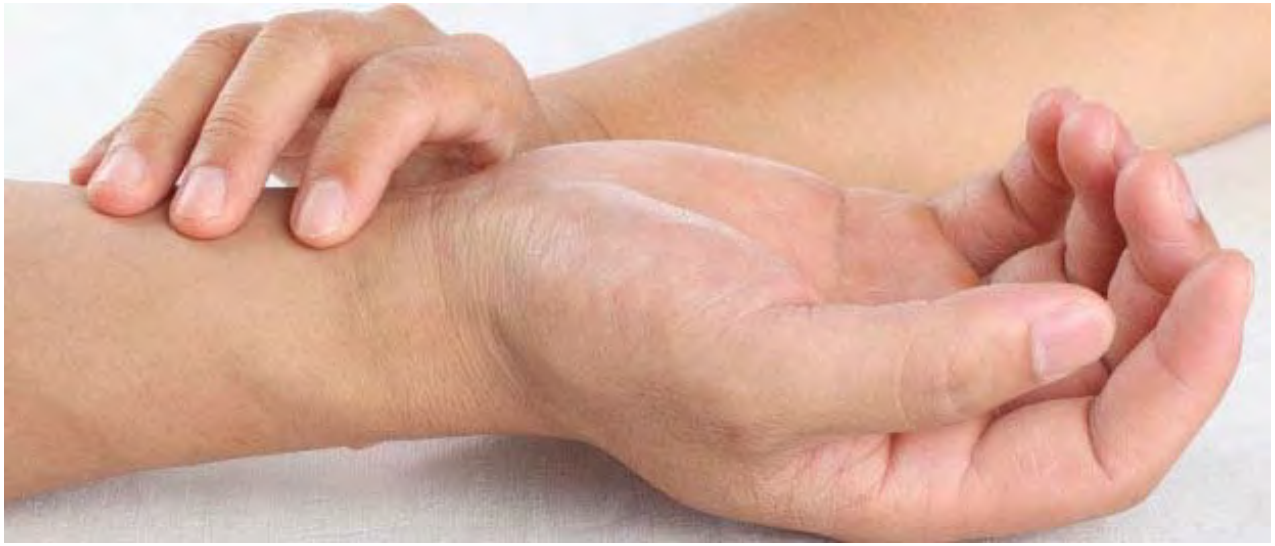
Dialysis Access 101

So what is a thrill anyway?



A thrill (purring or vibration) indicates blood flow through the AV fistula. A continuous thrill should be present that diminishes in strength as you move farther away from where the vein and artery were joined to form your fistula. Feel for a pulse. Avoid forceful compression of the fistula with the examining finger. Always tell your dialysis nurse if you feel anything out of the ordinary.

Educational material brought to you by the Patient Learning and Action Network at:
Quality Insights Renal Network 4

* To file a grievance, contact Quality Insights Renal Network 4 at 800.548.9205, 630 Freedom Business Center, Suite 116, King of Prussia, PA 19406, dknight@nw4.esrd.net or www.qirn4.org.



Appendix B26: Dialysis Access Care Post-test

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630 Freedom Business Center, Suite 116
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Phone: 610.265.2418
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www.qirn4.org

Dialysis Access Care Posttest

1. The dialysis nurse is the only person who should measure blood pressure on your dialysis access arm. T F (circle answer)

2. Only the dialysis nurse can monitor the access for signs of infection. T F

3. No one should draw blood from your dialysis access. T F

4. Its best to check several times each day for the “thrill” to make sure your access is functioning. T F

5. The graft is considered the best dialysis access type. T F

Thank you for participating!



Appendix B27: Dialysis Access Care Post-test - Answers

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www.qirn4.org

Dialysis Access Care Posttest

1. The dialysis nurse is the only person who should measure blood pressure on your dialysis access arm. T (F) (circle answer)

2. Only the dialysis nurse can monitor the access for signs of infection. T (F)

3. No one should draw blood from your dialysis access. (T) F

4. Its best to check several times each day for the "thrill" to make sure your access is functioning. (T) F

5. The graft is considered the best dialysis access type. T (F)

Thanks for your help in grading the posttests!



Appendix B28: Dialysis Access Care Pre-test Reporting Form

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630 Freedom Business Center, Suite 116
King of Prussia, PA 19406
Phone: 610.265.2418
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Fax: 610.783.0374
www.qirn4.org

Dialysis Access Care Pretest Reporting Form

Name of person reporting: _____

Email for person reporting: _____

Facility CCN (Medicare) number: _____

Total answered correctly:

Question 1. _____

Question 2. _____

Question 3. _____

Question 4. _____

Question 5. _____

Total Tests Taken: _____

Due: March 28, 2013

Please fax only this form to: 610-783-0374

Thank you for your assistance!