



ESRD Network 4

2012
Annual Report

Contract Information

January 1, 2012-December 31, 2012

CMS CONTRACT NUMBER

HHSM-500-2010-NW004C

Contractor Information

The Renal Network, Inc.: ESRD Network 4

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Sponsoring Agency

Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services

CMS Written Materials Disclaimer

This report was prepared by The Renal Network, Inc.: ESRD Network 4 under Contract Number HHSM-500-2010-NW004C with the Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.

To File a Grievance

To file a grievance, please contact The Renal Network, Inc.: ESRD Network 4 at ☎ 1-800/548-9205, or ✉ info@nw4.esrd.net, or ✉ 40 24th Street, Suite 410, Pittsburgh, PA 15222, or visit 🌐 <http://www.esrdnetwork4.org>.

Network 4 Publication Number

[trn-nw4-ar-2012]

Core Purpose

The Renal Network, Inc. facilitates the achievement of optimal wellness for renal disease patients.

Core Values

- To act compassionately and responsibly
- To be unbiased
- To advocate for excellence
- To be proactive and innovative

I. Preface

A. STATEMENT BY BOARD OF TRUSTEES PRESIDENT

It is my honor to present the Annual Report for 2012 on behalf of ESRD Network 4, the final report which will be issued from our organization. Since the creation of the ESRD Network program in 1977, the staff and volunteers of ESRD Network 4 have served the renal communities of Pennsylvania and Delaware to ensure quality care for individuals receiving renal replacement therapy. As of June 2013, the ESRD Network 4 contract will be managed by Quality Insights Renal Network.

As we transition to the new contracting organization, we wish to celebrate several notable achievements of our tenure. Utilizing a peer-review model, a collegial approach, and a multitude of volunteers on the Board of Trustees, Medical Review Board, Patient Advisory Committee and other committees, we accomplished:

- AV Fistula rate in prevalent hemodialysis patients increased 27.3 percentage points from 32.9% in July 2003 to 60.2% in April 2012.
- Long-term Catheter rate in prevalent hemodialysis patients decreased 7.9 percentage points from 16.5% in July 2003 to 8.6% in April 2012.
- A focused project demonstrated a 32 percentage point improvement over baseline in the area of anemia management, through ESA dosing, when an individual moves across care settings.
- As of March 2013, 99% of dialysis facilities enrolled in CDC's National Healthcare Safety Network (NHSN), with 98% of those units having also joined the Network 4 group.
- CROWNWeb was launched in June 2012 and Network 4 now has over 1,500 user IDs across 292 unit settings.

I especially want to take this opportunity to thank our staff for their dedicated service to our patients and the ESRD community.

Name	Title	Years of Service
Judi Persichetti, BA	Office Manager	35.5
Rhonda Lockett	Data Operations Director	33.1
Debra Tarrant	Secretary	15.2
Laura Kanchy	Information Specialist	14.4
Shane Perry, BS	Project Director	14.3
David Moskovitz, RN, BA	Quality Improvement Coordinator	12.4
Amanda Topeck	Patient Services Operational Coordinator	10.7
Albert Dean Morris, MSSA, LSW	Patient Services Director	9.7
Suzanne M. Kirschbaum, RN, CNN	Quality Improvement Director	6.5
Bonnie Freshly, MEd, CMP	Community Outreach Director	0.9
Jeff Rohay, PhD, MSIS	Director of Information Services and Statistical Analysis	0.7

Sincerely,



George Aronoff, M.D.
President

B. TABLE OF CONTENTS

I. Preface	3
A. Statement by Board of Trustees President.....	3
B. Table of Contents	4
II. Introduction	7
A. The Renal Network, Inc.	7
B. Network Description.....	7
C. Network Structure.....	10
1. Staffing	10
2. Corporate Structure	15
III. CMS National Goals and Network Activities	21
A. GOAL 1: Improve the Quality and Safety of Dialysis Related Services Provided for Individuals with ESRD	21
Quality Improvement Work Plan and Quality Improvement Activities	21
Task 1.a. Vascular Access Quality Improvement Project	22
Engaging Facility Medical Directors.....	23
Vascular Access Feedback Reports.....	23
Surgeon-Specific Reports	23
Best Practices Webinars	24
Resources.....	24
Task 1.b. Clinical Performance Measures Quality Improvement Project	25
Task 1.c. Network-Specific Quality Improvement Project	27
Task 1.d. Facility-Specific Quality Assessment and Performance Improvement Project	29
5. Emergency/Disaster Preparedness and Response.....	31
6. Internal Quality Program.....	33
7. Clinical Performance Goals	34
8. Five-Diamond Patient Safety Program.....	35
9. Support of ESRD Quality Incentive Program (QIP)	36
B. GOAL 2: Improve the Independence, Quality of Life, and Rehabilitation (to the extent possible) of Individuals with ESRD Through Support of Transplantation, Use of Self-Care Modalities, and In-Center Self-Care, as Medically Appropriate, Through the End of Life.	38
1. Initiatives to Improve Independence and Quality of Life for Patients	38
2. Educational Workshops for People with Kidney Disease and Their Families	38

3. Educational Program Development	38
4. "Renal Outreach" Patient Newsletter	39
5. "Services for Patients" Brochure	40
6. Rehabilitation: Getting Back to Work! Brochure	41
7. Collaboration With National Patient Organization	41
C. GOAL 3: Improve Patient Perception of Care and Experience of Care, and Resolve Patients' Complaints and Grievances.	42
1. Perception of Care.....	42
2. Patient Advisory Committee	42
3. Patient Education Bulletin Board	42
4. Protocol for Evaluation of Patient Complaints and Grievances	43
5. TRN DPC Webinar Training Programs	44
6. Review of Contact Data	45
6.1 Beneficiary Grievance, Complaint and Inquiry Processing	45
6.2 Facility Concerns and Inquiries	46
6.3 The Involuntary Discharge or Involuntary Transfer of a Patient	47
D. GOAL 4: Improve Collaboration with Providers and Facilities to Ensure Achievement of Goals 1 Through 3 Through the Most Efficient and Effective Means Possible, With Recognition of the Differences Among Providers and the Associated Possibilities/ Capabilities.....	49
1. 2012 Nephrology Conference	49
2. Network Coordinating Council Webinar	50
3. Cannulation Camps	50
4. Symposiums	51
5. Regional Meetings	52
6. Site Visits.....	52
7. Department of Health	52
8. Vascular Access Advisory Panel Coalition.....	52
9. PennDel CKD Partnership -- a Renal Coalition	52
10. Network 4 Website	53
E. GOAL 5: Improve the Collection, Reliability, Timeliness, and Use of Data to Measure Processes of Care and Outcomes; to Maintain a Patient Registry; and to Support the Goals of the ESRD Network Program.....	56
1. The CROWN Environment	56
2. Standard Information Management System.....	56
3. CROWNWeb	56

4. QualityNet Identity Management System (QIMS).....	59
5. Renal Management Information System (REMIS)	59
6. Vital Information System to Improve Outcomes in Nephrology (VISION)	59
7. QualityNet Exchange (My QualityNet)	60
IV. Sanction Recommendations	61
V. Recommendations For Additional Facilities	62
VI. Data Tables	63
Table #1 – Newly Diagnosed Chronic ESRD Patients (ESRD Incidence).....	64
Table #2 – Living ESRD Dialysis Patients (ESRD Dialysis Prevalence)	65
Table #3 – Dialysis Modality – Self Care Settings (Home).....	66
Table #4 – Dialysis Modality – In-Center and Total	76
Table #5 – Renal Transplants By Transplant Center	87
Table #6 – Renal Transplant Recipients.....	88
Table #7 – Dialysis Deaths.....	89
Table #8 – Vocational Rehabilitation By Dialysis Facility	90
List of Figures	102

II. Introduction

A. THE RENAL NETWORK, INC.

ESRD Network 4 became part of The Renal Network, Inc. (TRN) on April 1, 2010. All necessary documents were sent to CMS to complete the post-merger requirements. This merger created a six-state regional ESRD Network area covering Delaware and Pennsylvania (Network 4); Indiana, Ohio and Kentucky (Network 9); and Illinois (Network 10).

In 2012, the merged Networks of The Renal Network served approximately 65,500 patients in 1,050 dialysis facilities, and 43 kidney transplant centers. ESRD Network 9 and ESRD Network 10 remain headquartered in Indianapolis, Indiana, and the ESRD Network 4 office remains in Pittsburgh, Pennsylvania.

On April 10, 2013, CMS announced that the ESRD Network 4 contract was awarded to Quality Insights Renal Network which will be managed out of their King of Prussia, Pennsylvania location. The Renal Network completed their transition of the ESRD Network contract, closed the Pittsburgh office and, effective June 10, 2013, all ESRD Network 4 activity will be supported through Quality Insights Renal Network.

B. NETWORK DESCRIPTION

The ESRD Network 4 area consists of the Commonwealth of Pennsylvania and the state of Delaware.

As of December 31, 2012, there were 294 chronic ESRD dialysis facilities and 20 renal transplant units in the Network 4 region.

Pennsylvania is made up of 67 counties that cover 44,827 square miles. According to the U.S. Census Bureau, the total population for Pennsylvania was estimated at 12,763,536 (U.S. Census Bureau Quick Facts; June 7, 2013). Pennsylvania is the sixth most populous and the fifth "oldest state", with 16% of the population being 65 years old or older.

In Pennsylvania, there were 267 Medicare approved dialysis centers, one Medicare approved Veterans Administration Medical Center (VAMC), two non-Medicare approved VAMC units, 17 Medicare approved kidney transplant centers and one UNOS only approved transplant center. Counted together, these 270 chronic dialysis facilities and 18 transplant centers supplied renal replacement services to the local ESRD population.

Delaware is made up of three counties and spans 1,954 square miles. According to the U.S. Census Bureau, the total population for Delaware was estimated at 907,092 (U.S. Census Bureau Quick Facts; June 7, 2013). Delaware is the second smallest state in the country.

In Delaware, there were 23 Medicare approved dialysis centers, one non-Medicare approved VAMC unit and two kidney transplant centers. Counted together, these 24 chronic dialysis facilities and two transplant centers supplied renal replacement services to the local ESRD population.

Prevalent Hemodialysis and Peritoneal Dialysis Population

According to the "Patient Population Report", the total prevalent ESRD population was 17,391 for chronic dialysis patients and 10,194 kidney transplant patients as of December 31, 2012. This total number of individuals (27,585) includes all types of renal replacement therapy: in-center and home hemodialysis, peritoneal dialysis, and transplantation. This figure cannot be compared to Table 2 of this report because there is variation in the query logic used to generate the datasets.

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.

Figure 1: Prevalent Hemodialysis and Peritoneal Dialysis Population by Gender, Race and Age as of December 31, 2012

Age Category	Male			Male Total	Female			Female Total	Grand Total
	Black or African American	White	Other		Black or African American	White	Other		
00-04	1	2		3	1	6	1	8	11
05-09	4	2		6	1	1		2	8
10-14	1	7		8	1	3		4	12
15-19	8	12	1	21	6	8		14	35
20-24	27	32	3	62	21	27	1	49	111
25-29	66	74	4	144	42	43	2	87	231
30-34	96	110	5	211	72	65	2	139	350
35-39	150	134	10	294	95	91	5	191	485
40-44	242	241	10	493	144	149	8	301	794
45-49	338	351	17	706	202	228	5	435	1,141
50-54	410	535	14	959	276	329	8	613	1,572
55-59	556	645	22	1,223	322	447	17	786	2,009
60-64	550	785	23	1,358	367	571	16	954	2,312
65-69	355	827	18	1,200	345	604	23	972	2,172
70-74	277	705	17	999	295	603	18	916	1,915
75-79	203	675	12	890	215	595	14	824	1,714
80-84	126	586	9	721	185	467	12	664	1,385
85+	89	497	5	591	105	433	5	543	1,134
Grand Total	3,499	6,220	170	9,889	2,695	4,670	137	7,502	17,391

[Source: CROWNWeb¹ Patient Population Report as of December 31, 2012 generated June 2013]

¹ CROWNWeb Data Disclaimer: Be cautious in comparing the data tables presented in this report to those published in previous years. The Centers for Medicare & Medicaid Services (CMS) instituted a new data system, CROWNWeb, during 2012. It should be noted that the Network is no longer the primary responsible party for the collection or entry of data into the system.

Figure 2: Prevalent Hemodialysis and Peritoneal Dialysis Population by Gender, Race and Primary Cause of ESRD as of December 31, 2012

Primary Cause of ESRD	Male			Male Total	Female			Female Total	Grand Total
	Black or African American	White	Other		Black or African American	White	Other		
Cystic/Hereditary/ Congenital Diseases	77	304	6	387	60	269	1	330	717
Diabetes	1,243	2,527	76	3,846	1,091	2,091	54	3,236	7,082
Glomerulonephritis	325	627	18	970	232	353	19	604	1,574
Hypertension/Large Vessel Disease	1,302	1,428	40	2,770	830	1,018	40	1,888	4,658
Interstitial Nephritis/ Pyelonephritis	54	282	6	342	43	207	6	256	598
Miscellaneous Conditions	259	561	13	833	185	363	10	558	1,391
Neoplasms/Tumors	143	304	5	452	113	178	2	293	745
Not Specified	61	82	4	147	44	57	1	102	249
Secondary GN/ Vasculitis	35	105	2	142	97	134	4	235	377
Grand Total	3,499	6,220	170	9,889	2,695	4,670	137	7,502	17,391

[Source: CROWNWeb² Patient Population Report as of December 31, 2012 generated June 2013]**Figure 3: Prevalent Kidney Transplant Recipient Population by Gender, Race and Age as of December 31, 2012**

Age Category	Male			Male Total	Female			Female Total	Grand Total
	Black or African American	White	Other		Black or African American	White	Other		
00-04	2	7	4	13		2		2	15
05-09	6	28	5	39		16	2	18	57
10-14	6	38	4	48	5	26	4	35	83
15-19	7	66	5	78	5	48	9	62	140
20-24	19	72	13	104	20	55	7	82	186
25-29	23	125	17	165	18	71	5	94	259
30-34	40	123	11	174	36	103	8	147	321
35-39	62	216	16	294	40	125	20	185	479
40-44	109	299	28	436	67	185	29	281	717
45-49	134	428	34	596	96	306	38	440	1,036
50-54	155	554	43	752	103	352	30	485	1,237
55-59	150	627	48	825	114	369	38	521	1,346
60-64	210	635	65	910	115	382	44	541	1,451
65-69	149	566	54	769	101	325	42	468	1,237
70-74	95	374	43	512	69	218	29	316	828
75-79	65	237	18	320	33	128	6	167	487
80-84	18	116	10	144	18	59	3	80	224
85+	5	55	5	65	2	24		26	91
Grand Total	1,255	4,566	423	6,244	842	2,794	314	3,950	10,194

[Source: CROWNWeb² Patient Population Report as of December 31, 2012 generated June 2013]

² CROWNWeb Data Disclaimer: Be cautious in comparing the data tables presented in this report to those published in previous years. The Centers for Medicare & Medicaid Services (CMS) instituted a new data system, CROWNWeb, during 2012. It should be noted that the Network is no longer the primary responsible party for the collection or entry of data into the system.

Figure 4: Prevalent Kidney Transplant Recipient Population by Gender, Race and Age as of December 31, 2012

Primary Cause of ESRD	Male			Male Total	Female			Female Total	Grand Total
	Black or African American	White	Other		Black or African American	White	Other		
Cystic/Hereditary/Congenital Diseases	75	848	30	953	57	542	17	616	1,569
Diabetes	299	1,132	63	1,494	188	552	37	777	2,271
Glomerulonephritis	249	1,051	96	1,396	174	557	76	807	2,203
Hypertension/Large Vessel Disease	423	498	49	970	226	251	31	508	1,478
Interstitial Nephritis/Pyelonophritis	18	247	16	281	20	248	12	280	561
Miscellaneous Conditions	84	288	26	398	57	207	17	281	679
Neoplasms/Tumors	30	184	6	220	21	105	4	130	350
Not Specified	50	202	129	381	20	139	104	263	644
Secondary GN/Vasculitis	27	116	8	151	79	193	16	288	439
Grand Total	1,255	4,566	423	6,244	842	2,794	314	3,950	10,194

[Source: CROWNWeb³ Patient Population Report as of December 31, 2012 generated June 2013]

In addition to serving individuals residing in Pennsylvania and Delaware, dialysis and transplant facilities within the Network 4 region also served chronic kidney disease patients who resided in the following areas: Arkansas, Alabama, Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, U.S. Virgin Islands, Utah, Vermont, Virginia, Washington, West Virginia and Wisconsin.

C. NETWORK STRUCTURE

1. STAFFING

Network 4 is fully staffed with dedicated individuals who possess the experience, education and training to complete the work of the contract, to develop quality improvement and educational activities, and to provide technical assistance to dialysis facility staff, patients, and the renal community. The Network 4 staff collectively has over 175 years of experience administering the Network contract. Several employees have been with the Network since the inception of the ESRD Program in 1977.

The Network 4 staff has developed strong, collegial relationships in the Network 4 area with the 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 and Philadelphia, Vascular Access Centers, Western Pennsylvania Kidney Support Group, and many other renal partners. These relationships have fostered open communication and enabled the Network 4 staff to address any problems or concerns

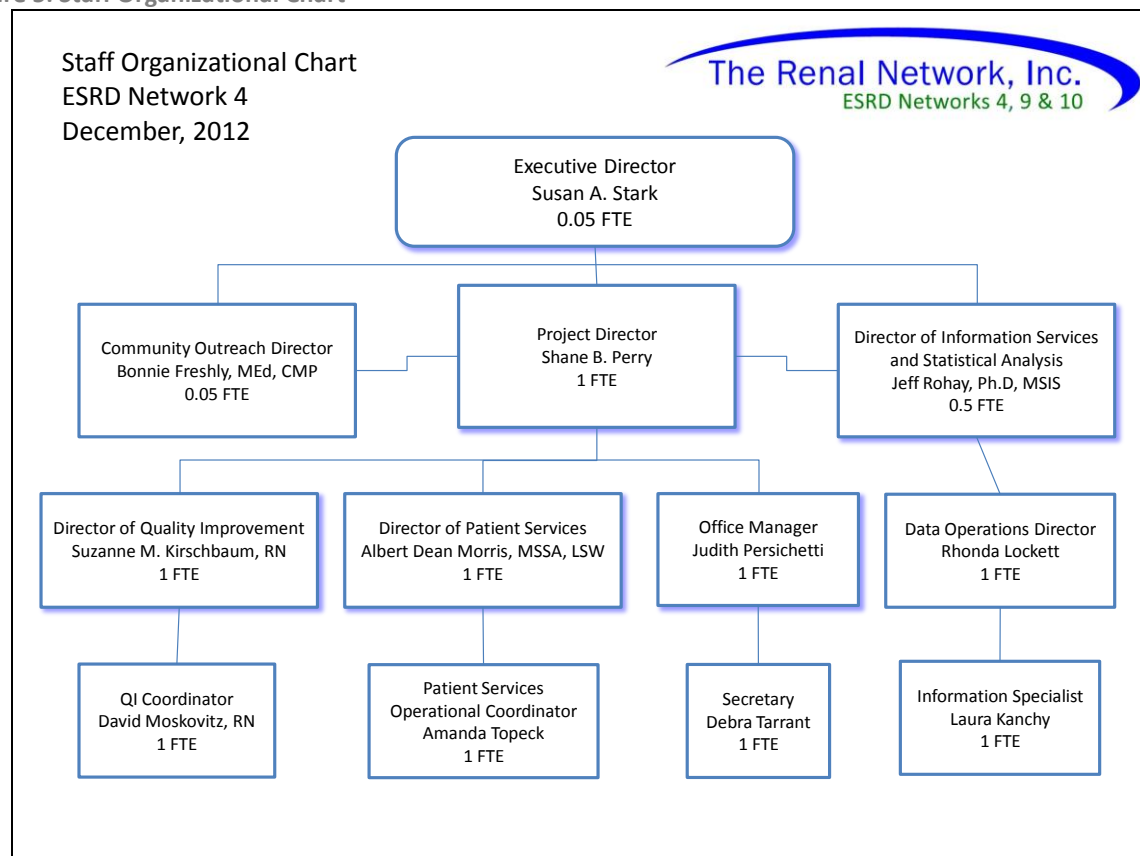
³ CROWNWeb Data Disclaimer: Be cautious in comparing the data tables presented in this report to those published in previous years. The Centers for Medicare & Medicaid Services (CMS) instituted a new data system, CROWNWeb, during 2012. It should be noted that the Network is no longer the primary responsible party for the collection or entry of data into the system.

that occurred regarding quality improvement, disaster preparedness, complaints and grievances, facility and/or patient education, and CROWNWeb.

A number of position changes occurred in 2012:

- Judy A. Stevenson, MSH, CPHQ, Associate Director, retired effective July 31, 2012.
- Shane B. Perry, BS, Information Systems Director, was promoted to Project Director effective August 7, 2012. He continued to function as the Information Services Director until Jeffrey Rohay began his employment on September 1, 2012.
- In May 2012, two employees were realigned to better match employee strengths with departmental needs:
 - Amanda Topeck, Data Entry Specialist, was re-assigned to the Patient Services Department to act in a clerical role to assist the Patient Services Director to improve the timely response to and documentation of beneficiary and provider calls. Her new title is Patient Services Operational Coordinator.
 - David Moskovitz, RN, BS, QI/Community Outreach Coordinator, was assigned full time to the Quality Improvement Director as the QI Coordinator.
- One new position (Community Outreach Director) was filled in July 2012 by Bonnie Freshly, MEd, CMP.
- Jeffrey M. Rohay, PhD, MSIS joined the Network 4 staff on September 1, 2012 as the Director of Information Services and Statistical Analysis.

Figure 5: Staff Organizational Chart



The Network 4 employees and their responsibilities as of December 31, 2012 are provided below.

Executive Director

Susan A. Stark, BA

Responsible for the overall operation of all functions of The Renal Network, Inc. (TRN – ESRD Networks 4, 9 & 10). 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 and fiscal management for TRN. Serves as the primary staff person for the TRN Board of Trustees, Executive Committee, Audit Committee, Finance Committee, Medical Review Boards (Network 4 and Network 9/10), Network Councils (Network 4 and Network 9/10), and the Strategic Planning Committee.

Associate Director

Judy A. Stevenson, MSN, CPHQ (January 1-July 31, 2012)

Project Director

Shane B. Perry, BS (Acting Project Director, August 1-6, 2012; Promoted to Project Director effective August 7, 2012)

Responsible for the overall management operations of the Network 4 office. Responsible to manage and coordinate contract requirements and compliance with deliverable due dates for Network 4. Responsible for the internal quality control program, personnel development and staffing, and emergency/disaster preparedness and response in Network 4. Provides staff support on the TRN Board of Trustees, Executive Committee, Finance Committee, Network 4 Medical Review Board, and the Network 4 Council.

Office Manager

Judi Persichetti, BA

Responsible for the timely submission of all CMS contract deliverables. Performs administrative and office management duties for Network 4. Serves as the supervisor of the Secretary. Acts as the financial liaison to the corporate office and provides verification of financial expenses for Network 4. Coordinates travel arrangements for Network 4 staff. Provides staff support to the Project Director. Serves as the Compliance Officer for TRN.

Secretary

Debra A. Tarrant

Responsible to answer the telephone, open and distribute mail, and dispense faxes. Responsible for the preparation of correspondence and other 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. Responsible to order and maintain supplies and to place service calls for office machines.

Director, Quality Improvement**Suzanne M. Kirschbaum, RN, CNN**

Responsible for the design, development and implementation of the quality improvement work plan (QIWP) in consultation with the Medical Review Board (MRB), and continuous quality improvement (CQI) initiatives. Supervises the Quality Improvement Coordinator. Serves as the primary staff person to the Network 4 MRB and provides staff support to the TRN Vascular Access Advisory Panel. Serves as chair of the PennDel CKD Partnership.

Quality Improvement Coordinator**David L. Moskovitz, RN, BA**

Responsible to collect, validate, and enter data for Network and CMS quality improvement activities. Monitor and track compliance of required QI submissions. Process requests for information or assistance from ESRD facilities regarding QI projects. Assist the QI Director to educate facility staff and implement QI tools and processes within Network 4. Provide technical assistance to facility staff on QI projects, NHSN and entry of clinical data in CROWNWeb. Track Network 4 facility participation in the Five Dialysis Patient Safety Program. Obtain and process required forms for CEs for educational presentations for renal professionals.

Director, Information Services and Statistical Analysis**Jeffrey M. Rohay, M.D., M.S.I.S. (Effective September 1, 2012)**

Oversees the operation of data administration within Network 4 inclusive of installation, modification, and maintenance of hardware and software. Responsible to communicate and resolve all information systems issues within the Network office. Provides statistical analysis and interpretation in support of Network activities and projects to identify significant differences in relationships of elements, particularly those of disparate populations. Responsible to ensure data security, strategic computing and disaster recovery for efficient operation according to CMS requirements. Serves as the primary Security Point of Contact for Network 4. 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.

Director, Data Operations**Rhonda Lockett**

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. Serves as the supervisor of the Information Specialist. 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. Ensures the timely execution of the Annual ESRD Facility Survey process in CROWNWeb. Coordinates the NEMO/NEPOP data submissions to the Network Coordinating Center (NCC). Provides staff support for the TRN Organ Procurement/Transplantation Committee. Serves as the Backup Security Point of Contact (SPOC) for disaster and recovery activities in Network 4.

Information Specialist

Laura S. Kanchy

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 accurate Annual ESRD Facility Surveys (CMS-2744) in CROWNWeb. Enters CMS-2728 and CMS-2746 forms received from the transplant centers and new dialysis facilities that do not have access to CROWNWeb. Assists the Health Maintenance Organizations (HMOs) on patient ESRD status as required by CMS. Assists in the maintenance of facility-specific data files. Responsible to access the Renal Management Information System (REMIS) to assist in updating patient information, modality, setting, and transplant status.

Director, Patient Services

Albert Dean Morris, MSSA, LSW

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. Develops Network newsletters for patients and facility staff for publication. Acts in a liaison capacity to renal-related organizations or agencies. Serves as the primary staff person to the TRN Patient & Family Engagement Committee, Network 4 Patient Advisory Committee (PAC) and Network 4 Patient Representatives. Organizes educational sessions for PAC members, patient representatives and the general patient community. Supervises the Patient Services Operational Coordinator.

Patient Services Operational Coordinator

Amanda Topeck (Effective May 2012)

Provides clerical support to the Patient Services Department to assist in improving the timely response to beneficiary and provider calls. Obtain 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.

Director, Community Outreach**Bonnie Freshly, MEd, CMP**

Oversees all functions of communication on behalf of TRN, including email blasts, fax blasts, newsletters for patients and renal professionals, and updating the Network 4 website. Facilitates the development and dissemination of communications and educational material to beneficiaries and the renal community. Serves as the lead staff in Network 4 for emergency/disaster preparedness communications and response with the dialysis and transplant facilities and CMS. Facilitates communications for webinars for beneficiaries and the renal community and provides technical assistance during webinars as needed. Responsible for meeting planning for TRN as directed by the Executive Director.

2. CORPORATE STRUCTURE

The work of The Renal Network, Inc. is carried out through the expertise and oversight of medical experts and ESRD beneficiaries who comprise the committees within the corporate structure. These individuals are committed to the mission of TRN. They are unified in their efforts to uphold the TRN core values to act compassionately and responsibly; to be unbiased; to advocate for excellence; and to be proactive and innovative. They are volunteers and are active participants in the development and focus of committee meetings, the design and execution of quality improvement initiatives, the review and resolution of grievance cases, and the general oversight of all TRN activities. TRN is governed by a Board of Trustees (BOT) with representation from all three Network areas. Network 4 maintains a separate Medical Review Board (MRB) with representation from Pennsylvania and Delaware. Network 9 and Network 10 shared an MRB with representation from Illinois, Indiana, Ohio and Kentucky. Both MRBs share resources and together support four advisory committees which contribute to MRB projects.

The leadership committees for TRN include:

- Board of Trustees (BOT)
- Network Council (NC)
- Medical Review Board (MRB) and Subcommittees:
 - Patient & Family Engagement Committee
 - Organ Procurement/Transplantation Committee (OP/TC)
 - Vascular Access Advisory Panel (VAAP)
 - Pediatric Committee
- Patient Advisory Committee (PAC)

Each leadership committee is comprised of categorical positions to ensure that the needed expertise is represented. Categorical representation ensures the inclusion of beneficiaries in each committee, along with other disciplines which comprise the renal care team: nephrologists specializing in adult, transplant, pediatric and interventional medicine; transplant surgeons; renal nurses; administrators; social workers; patient care technicians; and dietitians. At large categories allow representation from related areas such as interventional radiology and surgery, expertise critical to meeting the goals of vascular access and other quality improvement activities. The Renal Network strives for a balanced and diverse membership among the leadership committees. Committee members come from dialysis providers set in nephrology academic centers; rural private nephrology practices; large and small dialysis

organizations; independent dialysis providers; and from inner-city and suburban neighborhoods in large and small metropolitan areas.

Network 4 maintains autonomy from within The Renal Network through member participation on TRN's Board of Trustees and in the following committees:

- Network 4 Council
- Network 4 Medical Review Board (with participation on all MRB subcommittees: Patient & Family Engagement Committee, Organ Procurement/Transplantation Committee, Vascular Access Advisory Panel, and Pediatric Committee)
- Network 4 Patient Advisory Committee

2.a. Board of Trustees

The Board of Trustees is the chief governing body of The Renal Network, Inc. The BOT administers the CMS contracts for ESRD Network 4, ESRD Network 9 and ESRD Network 10, and is ultimately responsible for meeting contract deliverables and oversight of the programmatic and fiscal administration of TRN. It establishes policies and budgets, governs finances and is empowered to carry out all of the duties, powers and responsibilities of the Corporation.

The BOT is responsible for hiring the Executive Director and for the ongoing evaluation of the Executive Director's performance in meeting contract requirements and any additional deliverables. The BOT has responsibility for financial oversight of the Network and maintaining the Network's financial viability. The BOT is also responsible to respond to direct CMS requests. The BOT is responsible to review and approve any recommendations from the Medical Review Board (MRB) to sanction ESRD facilities prior to submission to CMS. Members of the BOT are selected through the election process.

As of December 2012, there were 27 members on the Board. The BOT includes physicians (nephrologists, interventional radiologist, transplant nephrologist and transplant surgeon), other renal professionals (nurse, social worker, dietitian, administrators, and technician), lawyer, financial professionals, and beneficiaries. The BOT officers consist of President, Vice President, Secretary and Treasurer. Both Chairs of the Medical Review Boards (Network 4 and Network 9/10) serve on the BOT by virtue of their positions. The following chart shows the composition of TRN Board of Trustees.

Figure 6: The Renal Network, Inc. Board of Trustees Membership

Officers	Category	Affiliation	Location
President George Aronoff, MD	Nephrologist	Independent	Louisville, KY
Vice President Paul M. Palevsky, MD, FACP	Nephrologist	Independent	Pittsburgh, PA
Secretary Benjamin Pflederer, MD	Nephrologist	FMC	Peoria, IL
Treasurer Chester A. Amedia, MD	Nephrologist	Independent	Boardman, OH
Members	Category	Affiliation	Location
Richard Ayers	Beneficiary		New Middletown, OH
Susan Bray, M.D.	Nephrologist	Independent	Philadelphia, PA
John Cannady	Beneficiary		Philadelphia, PA
Paul W. Crawford, M.D., FACP	Nephrologist	FMC	Chicago, IL
Daniel DeFalco	Financial Representative	FMC	Westchester, IL

Members	Category	Affiliation	Location
Peter DeOreo, M.D.	Chair, NW 9/10 MRB (Nephrologist)	Independent	East Cleveland, OH
James Dineen	Beneficiary		West Chester, OH
Diana Headlee-Bell	Beneficiary		Bentleyville, PA
Stephen Korbet, M.D.	Nephrologist	Independent	Chicago, IL
Robert Krebs, CPA	Financial Representative	Independent CPA Firm	Pittsburgh, PA
Joseph Liput, M.D. (Resigned Oct. 2012)	Nephrologist	DaVita	New Kensington, PA
Gordon McLennan, M.D.	Physician (Interventional Radiologist)	Independent	Cleveland, OH
Keith Mentz	Corporate Vice President (Government Affairs)	FMC	Mishawaka, IN
Dennis Muter, CHT	Technician	Independent	Springfield, OH
Kathy Olson, RN, CNN	Nurse Manager	FMC	East Peoria, IL
Bonnie Orlins, MSW, LISW	Social Worker	FMC	Dayton, OH
Emil Paganini, M.D.	Ad-Hoc Member (Nephrologist)	Independent	Chesterland, OH
Velma Scantlebury, M.D. (Appointed Dec. 2012)	Transplant Surgeon	Independent	Newark, DE
Joseph Scodro, JD	Legal Representative	Independent	Indianapolis, IN
Fali Sidhva	Ad-Hoc Member (Corporate Regional Vice President)	FMC	Plymouth Meeting, PA
Michelle Taylor	Administrator	Liberty/FMC	Canonsburg, PA
Linda Ulerich, RD, LD	Dietitian	Independent	Indianapolis, IN
Marc Weiner, M.D.	Chair, NW4 MRB (Nephrologist)	Independent	Lancaster, PA
Melvin Yudis, M.D.	Ad-Hoc Member (Transplant Nephrologist)	Independent	Willow Grove, PA

Three standing committees help manage the administrative aspects of TRN:

- Audit Committee: Responsible for the oversight of the annual audit of TRN.
- Finance Committee: Responsible for monitoring Network finances and making recommendations on financial activities to the BOT.
- Nominating Committee: Responsible for oversight of the composition of the BOT and MRBs, the annual selection process and the election process.

The Nominating Committee is a standing committee of the Board of Trustees. It is charged with oversight of the annual nominations process for the Board of Trustees and the Medical Review Boards for Network 4 and Networks 9/10. Requests are made by the Nominating Committee to the dialysis and transplant centers to fill these positions. The Committee reviews the qualifications of all nominees to ensure that prospective candidates are appropriate for the positions sought. The Nominating Committee prepares a slate of candidates for the BOT subject to election by the Network Councils (NCs) in Network 4 and Networks 9/10. While the NCs of Network 4 and Network 9/10 elect members of the BOT, they can only elect members for their respective MRB.

The term of office for BOT and MRB members is three years. The members serve staggered terms to assure the continuity of future committee activities. No nominee is considered for any position if

he/she would be immediately completing three consecutive terms as a member of either the BOT or MRB. Reconsideration for membership on the BOT or MRB can be undertaken after a one-year hiatus.

2.b. Network 4 Council

Each dialysis and transplant facility in Pennsylvania and Delaware is required to designate a representative and an alternate representative to the Network 4 Council (NC). The Board of Trustees 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 current membership of the Board of Trustees, the Medical Review Board, and the Patient Advisory Committee. This diverse council of renal community representatives includes nephrologists, transplant surgeons, administrators, nurses, social workers, dietitians, and other ancillary health personnel. The co-chairs of the Patient Advisory Committee serve as appointed patient representatives to the Network Council.

The NC is responsible for the election of members to the Board of Trustees and the Network 4 Medical Review Board. Elections are held by mail-in ballot. Network Council members communicate CMS initiatives, information, and Network activities to their dialysis or transplant programs.

2.c. Medical Review Board

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 activities and initiatives and advises on the care of ESRD patients on dialysis within the Network areas and on quality improvement activities and projects. Network 4 and Networks 9/10 maintain separate MRBs, but they also meet together to share ideas and stimulate project enhancement. These joint meetings allow the members to focus on designing and executing local quality initiatives with a broader perspective.

As of December 2012, there were 15 members on the Network 4 MRB with reasonable geographic representation. The membership included one patient. Membership reflected participation by: nephrologists (with specialties in adult, pediatric, transplant and interventional areas), 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 7: Network 4 Medical Review Board Membership

Officers	Title	Affiliation	Location
Chairperson Marc H. Weiner, MD	Nephrologist	Independent	Lancaster, PA
Vice Chairperson Evan Norfolk, MD	Nephrologist	DaVita	Danville, PA
Members	Title	Affiliation	Location
Rose Barsotti, LSW, ACSW	Social Worker	FMC	New Castle, PA
Laura Bishop, MS, RD, LDN	Dietician	Independent	Newark, DE
Jamie Blessing, CCHT	Technician	FMC	New Cumberland, PA
Jeffrey S. Cicone, M.D.	Nephrologist	FMC	Newark, DE
Kevin Ho, M.D.	Nephrologist	Independent	Pittsburgh, PA
Raymond Joseph, M.D.	Nephrologist	FMC	Wilkes Barre, PA
Robert Jubelirer, M.D.	Surgeon	Independent	Abington, PA
Deborah Kees-Folts, M.D.	Pediatric Nephrologist	Independent	Hershey, PA

Members	Title	Affiliation	Location
Joseph Liput, M.D. (Resigned Oct. 2012)	Nephrologist	DaVita	New Kensington, PA
Jeffrey Milan, M.D.	Nephrologist	FMC	Dover, DE
Paul M. Palevsky, M.D., FACP	Nephrologist	Independent	Pittsburgh, PA
Nancy L. Scott	Beneficiary		Newark, DE
Kathy Young, RN, BSN, CNN	Nurse Manager	Independent	Newark, DE
Melvin Yudis, M.D.	Transplant Nephrologist	Independent	Willow Grove, PA

2.d. Patient Advisory Committee

The Patient Advisory Committee (PAC) serves as a forum for patient concerns, knowledge sharing and discussions on beneficiary population, as well as a prime source for dissemination of Network program information. The PAC has guided the patient education focus in Network 4 since 1988 and has operated under the "PAC Statement of Purpose" since 2006. PAC members share their personal experiences to help guide educational initiatives that consider the patient's readiness for learning across the CKD spectrum. The participation of PAC members enhances the support and education available to ESRD patients in Network 4. The PAC not only identifies issues and concerns affecting the experience of care for ESRD patients, but also assists in defining Network goals regarding patient education to focus on what patients can do to enjoy a better quality of life. This Committee seeks initiatives to develop effective communication methods with patient groups in ESRD facilities.

In 2012, the PAC consisted of 14 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). The following chart shows the composition of the Network 4 Patient Advisory Committee:

Figure 8: Network 4 Patient Advisory Committee Membership

Co-Chairs	Modality	Location
Diana Headlee-Bell	Transplant Recipient	Bentleyville, PA
John Cannady	Home Hemodialysis	Philadelphia, PA
Members	Modality	Location
Tyron Barnett	Hemodialysis	Philadelphia, PA
Karen Cannady	Spouse	Philadelphia, PA
Charles Ballard	Hemodialysis	Rising Sun, MD (Receives treatment in Delaware)
Agnes Ballard	Spouse	Rising Sun, MD
Wendell Devlin, II	Transplant Recipient	Philadelphia, PA
Daniel H. Lackey	Hemodialysis	Philadelphia, PA
Gerome Lewis	Hemodialysis	Elkins Park, PA
Dorothy Pitts	Hemodialysis	Philadelphia, PA
Jerry Robbins	Hemodialysis	Newark, DE
Nancy L. Scott	Transplant Recipient	Newark, DE
Pansy Smith	Hemodialysis	Philadelphia, PA
Vaughn Spears	Transplant Recipient	Philadelphia, PA

The co-chairs of the Patient Advisory Committee serve as active members of the BOT and as the patient representatives on the Network 4 Council. PAC members also serve on the Network 4 Medical Review

Board and Patient & Family Engagement Committee. A renal transplant recipient/renal nurse educator who is not a member of the PAC continues to serve on the Organ Procurement/Transplantation Committee to provide the patient voice during their discussions.

2.e. Patient & Family Engagement Committee

The Patient & Family Engagement Committee is a subcommittee of the TRN MRB. (This Committee was formerly known as the Rehabilitation Committee.) In late 2012, the Committee changed its name to “Patient & Family Engagement Committee” to better align its mission with the change in focus of the work to be accomplished in the new contract with CMS starting in 2013. The Patient & Family Engagement Committee is composed of 11 members. Membership reflected participation by a nephrologist, renal dietitians, renal social workers, and four patients.

The mission of the Committee is to assist dialysis and transplant patients in finding ways to achieve maximum physical and mental capacities by promoting an increased potential for employment, volunteerism, education and involvement in meaningful life activities. The members included both individuals with chronic kidney disease and renal professionals. They worked collaboratively to select educational initiatives to assist the dialysis facility staff to support a greater quality of life for the ESRD Medicare beneficiary population.

2.f. Organ Procurement/Transplantation Committee

The Organ Procurement/Transplantation Committee (OP/TC) is a subcommittee of the TRN MRB. The Committee reviews organ procurement and transplantation activity in order to recommend initiatives to increase referrals for transplantation.

The OP/TC is composed of 12 members. Membership reflected participation by: transplant surgeons, transplant nephrologist, transplant coordinator, renal transplant patient/dialysis nurse educator, nurse/administrator, transplant dietitian, and transplant outreach liaison, as well as representatives of both Organ Procurement Organizations (OPO) in the Network 4 area.

2.g. Vascular Access Advisory Panel

The Vascular Access Advisory Panel (VAAP) is a subcommittee of the TRN MRB and was organized at the beginning of the Fistula First Initiative in 2003. This panel of experts oversees Fistula First activities and is charged with developing and implementing strategies to achieve Fistula First goals, under the direction of the TRN MRB. VAAP activities are reported to the MRB. The VAAP membership is composed of nephrologists, surgeons, interventional radiologists and nurses.

2.h. Pediatric Committee

The Pediatric Committee is a subcommittee of the TRN MRB. It consists of one member from each pediatric dialysis and transplant center within the boundaries of the six states of TRN. It is tasked to advise the MRB on the specialized and unique treatment needs of the pediatric ESRD patient and to act as a resource for those looking for information on pediatric treatment. Members were appointed by their programs.

III. CMS National Goals and Network Activities

The Renal Network, Inc. – ESRD Network 4 adopted the national goals established by CMS for the ESRD Networks, in accordance with the Statement of Work (SOW Section C.1.C.). The Network's performance (i.e., activities conducted) in meeting these five goals, an evaluation and analysis of the Network's accomplishment of these goals, as well as the impact they had on the ESRD population, are provided in this section.

A. GOAL 1: IMPROVE THE QUALITY AND SAFETY OF DIALYSIS RELATED SERVICES PROVIDED FOR INDIVIDUALS WITH ESRD

All quality improvement activities are conducted within the paradigm set forth by the Institute of Medicine aims: patient-centered, safe, effective, efficient, equitable and timely. Achievement of our mission activities are demonstrated through measurable outcomes, culture change, and process redesign.

QUALITY IMPROVEMENT WORK PLAN AND QUALITY IMPROVEMENT 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. Network 4 utilizes a Quality Improvement Work Plan (QIWP) to accomplish these objectives.

This Work Plan addresses targeted clinical or patient experience areas selected by the Centers for Medicare & Medicaid Services (CMS) and the Network 4 Medical Review Board (MRB) that indicates opportunities for improvement or is of such critical importance that ongoing surveillance are required. The Network 4 MRB provides oversight for the quality of care delivered to ESRD Medicare beneficiaries in Network 4, in collaboration with the Patient Advisory Committee and Network Council. The work plan, at a minimum, is updated as needed after approval from the Network's CMS Contracting Officer's Representative (COR). Revisions to specific sections are made during the year as tasks are accomplished or modifications to the plan become necessary. The Network Board and staff considered the QIWP an essential dynamic tool that provides a quality improvement road map for Network 4.

This QIWP is collaboratively developed by the Network 4 Medical Review Board and Network quality improvement staff to provide a structured method for the CMS contract year regarding the QI activities that are conducted to support specific national and Network 4 goals. Four major QI strategies are included in the QIWP, which serves as the framework for quality improvement activities:

Task 1.a.: Vascular Access Quality Improvement Project

Project: "AV Fistula Use-Rate Improvement in the Prevalent Hemodialysis Patient Population"

Task 1.b.: Clinical Performance Measures

Project: "Anemia Management: Maintaining Erythropoiesis Stimulating Agents (ESA) Dosing Across Care Settings"

Task 1.c.: Network-Specific Improvement Projects

Project: "Decreasing Vascular Access Infection Rates Through Participation in the CDC National Healthcare Safety Network (NHSN)"

Task 1.d.: Facility-Level Quality Assessment and Improvement Project

Project: "Targeting Catheter Reduction to Increase AV Fistula Use-Rate in the Prevalent Hemodialysis Patient Population"

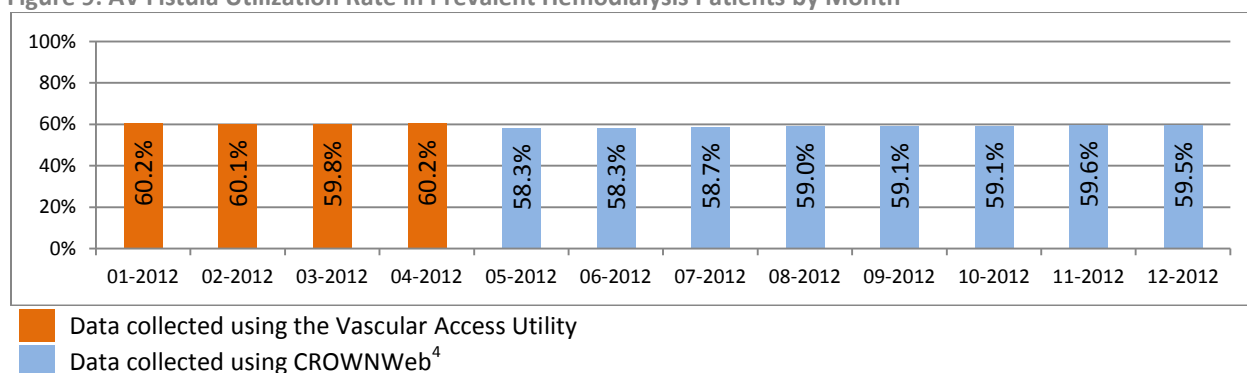
Task 1.a. Vascular Access Quality Improvement Project
AV Fistula Use-Rate Improvement in the Prevalent Hemodialysis Patient Population

Goal: The ultimate goals of this initiative are to increase the likelihood that all eligible hemodialysis patients will be using a native AV Fistula as a primary source of vascular access and to meet the Network annual contract goal, which was 59% for 2012, with the ultimate aim of achieving the CMS goal of 66% AVF rate.

Background: "Fistula First" is the Centers for Medicare & Medicaid Services' national quality improvement project that started in 2003. The initial goal of the project was to reach the National Kidney Foundation Kidney Dialysis Outcomes Quality Initiative (NKF-K/DOQI) target guidelines of 40% arteriovenous fistula (AVF) utilization rate for adult hemodialysis patients. In 2006, CMS increased the AVF utilization goal to 66% for adult hemodialysis patients. Since the inception of the *Fistula First* initiative in 2003, Network 4 has conducted vascular access quality initiatives and provided educational programs for vascular surgeons, nephrologists, nurses, technicians and patients and their caregivers in Pennsylvania and Delaware.

Project Results: Network 4 achieved its contract goal by reaching an AVF utilization rate of 59.8% March 2012 (the deadline for achieving the contract rate).

Figure 9: AV Fistula Utilization Rate in Prevalent Hemodialysis Patients by Month



⁴ CROWNWeb Data Disclaimer: Be cautious in comparing the data tables presented in this report to those published in previous years. The Centers for Medicare & Medicaid Services (CMS) instituted a new data system, CROWNWeb, during 2012. It should be noted that the Network is no longer the primary responsible party for the collection or entry of data into the system.

Quality Improvement Activities: Regional differences need individualized solutions for improvement of fistula placement and usage. Under the guidance of the Medical Review Board, the Network Quality Improvement team developed multiple methods that speak to the needs of the individual regions or even individual facility practices. These methods are described in detail below.

Engaging Facility Medical Directors

Facilities with low AV fistula performance often begin with a non-engaged Medical Director, one who has no belief or interest in the Fistula First program. A non-engaged Medical Director often does not refer to a surgeon with the best outcomes, but rather may choose a surgeon with political ties to a particular health center. The *ESRD Conditions for Coverage* released in April 2008 clearly defines the responsibilities of the Medical Director. The Network has established programs that require the Medical Director's participation, and directs all facility correspondence, feedback reports or quality improvement initiatives to the facility Medical Director. Network facility site visits require the Medical Director's attendance.

Overall, the Medical Directors have responded favorably to a partnership with the Network and recognized the value of receiving the facility-specific feedback data with Network and national comparison tables.

Vascular Access Feedback Reports

Feedback reports allow the facility interdisciplinary team to rapidly identify progress (or lack of) and to develop or modify existing intervention plans as needed. Each facility Medical Director, Nurse Manager and Vascular Access Coordinator received a monthly Vascular Access Feedback report that included a facility fistula rate ranking and the number of additional patients needed to achieve a 66% prevalent AV fistula rate. These reports continued until April 2012, with the last national release of vascular access data available through the Vascular Access Utility.

Surgeon-Specific Reports

The Network developed a feedback report for individual vascular surgeons (based on claims data) as a "snapshot" of their vascular access placement and maintenance practices. The Network also notified facility Medical Directors that this report was sent to encourage the nephrologists to discuss this outcome report with their referring surgeons to encourage vascular access partnerships.

CONFIDENTIAL REPORT: This report is being shared only with the performing surgeon for purposes of examining vascular access practice patterns. The surgeon is free to distribute this report.

Medicare Part B Vascular Access Procedure Report
Calendar Years 2009 and 2010

Physician:
NPI:
Location:

Your Medicare Part B permanent vascular access placement patterns

	2009			2010			Total Placed	Total %	Network	USA
	Placed	%	Placed	%	Placed	%				
AVF							39,083	78.7		
AVG							24,455	20.3		

Note: AVF is arteriovenous fistula, AVG is arteriovenous graft. Procedure codes available at web address below.

Division of your Medicare Part B practice: numbers of vascular access procedures

	2009			2010		
	Placed	%	Placed	%	Placed	%
AVF + AVG						
Secondary						
CVC						

Note: Secondary procedures include thrombectomy, angioplasty, and other revisions of AVFs and AVGs. All secondary procedures performed by you are counted, regardless of whether you placed the AVF or AVG. This table is designed simply to show the division of your Medicare Part B practice in comparison to state and Network means. AVF is arteriovenous fistula, AVG is arteriovenous graft, CVC is central venous catheter. Procedure codes available at web address below.

Data Sources and Limitations:
These data provide a "snapshot" of hemodialysis vascular access placement and secondary (ie, revision and repair) procedures. The data do not reflect success or frequency of access placed. Data for your individual measures, as well as the comparative state, Network and USA measures, are from Medicare Part B procedure claims for kidney disease patients (calendar years 2009 and 2010). 2009 measures are presented only if you placed Medicare Part B permanent AVF placement procedures. Data for your state included here are limited as they do not include Medicare Part A, non-Medicare and non-covered patients. It is recognized that separate CVC placement measures may be further limited by multiple factors - ie, limitations of national and quality improvement in a care activity. We encourage you to work with the nephrology and dialysis clinic team toward improved AVF measures in support of the Center for Medicare & Medicaid Services (CMS) and National Kidney Foundation Kidney Disease Outcome Quality Initiative (NDOQI) goal for 2.0% of patients in the prevalent population to dialysis with an AVF. Full information about analytic methods, including definitions, may be found at <http://www.certrn.com/and/clinical-performance-measures/vascular-access-report.aspx>.

Why Fistulas?

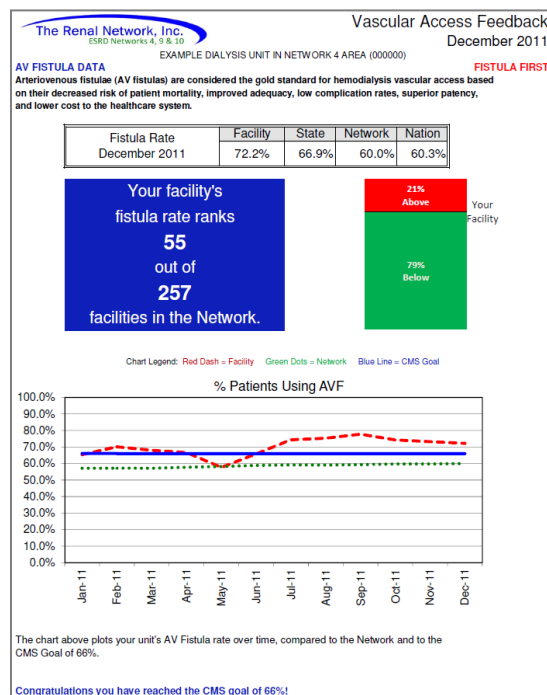
- Fewer infections
- Fewer hospitalizations
- Fewer problems with clotting
- Better blood flow for better hemodialysis treatment
- Decreased patient mortality
- Fewer complications than AVGs or catheters
- Lower cost

Resources:
www.fistulafirst.org
Vascular Access Review
Recordings of training sessions for our points
Fistula First data

FISTULA FIRST

For More Information:
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This report was compiled by the Med Atlantic Regional Center (Network 4) and distributed by The Renal Network, Inc. as part of the "Fistula First" National Vascular Access Improvement Initiative under CMS Contract number 50004-M01-0101-NW000C. The contents presented do not necessarily reflect CMS policies.



Quality Improvement Projects (QIP): Three Quality Improvement Project intervention groups were designed to increase prevalent fistula rates Network-wide to meet the CMS and MRB goals. These groups were named *Positive Performers*, *Ready for Change*, and *Early Adopters*.

Facilities were selected to participate in these QIP intervention groups based on their patient population, AVF rate and long-term catheter rate. Each of these facilities reported monthly AVF and catheter data. Additionally, the Network has included a fourth group that is discussed in Task 1.d., Facility-Specific Quality Assessment and Improvement Project. This project, **Catheter Out/Fistula In: Targeting Catheter Reduction to Increase AV Fistula Rate**, while not in Task 1.a. specifically, increases the number of facilities that will be focusing on vascular access management and, in turn, assisted in increasing the Network-wide fistula rates. The criteria included providers with less than a 60% AVF use rate and a patient census greater than 30. The project included 127 facilities and 4,138 patients. Each intervention facility was expected to achieve a 2.0% overall AVF fistula improvement rate. The intervention groups achieved a combined average improvement in AVF use rate by 4.1% by December 2012, exceeding the expected improvement.

Educational Programs: The Network undertook educational activities and provided technical assistance to enhance facilities' fistula placement, patency, and functionality rates, and included providing facilities with training materials that included cannulation techniques, fistula maintenance and monitoring, early referral for vascular access and catheter avoidance. The Network conducted multiple educational programs during 2012 in support of the Fistula First Breakthrough Initiative (FFBI). The programs included:

Best Practices Webinars

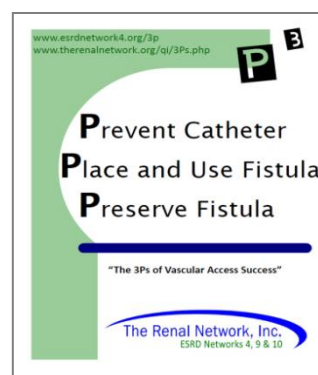
The Webinars were well attended with an average of 250 participants, with Continuing Education credits awarded to each participant.

- "Turning Vascular Access Best Practice into Exemplary Outcomes" February 1 and 2, 2012
- "Creative Actions to Improve Vascular Access Outcomes" March 15 and 16, 2012
- "How Do We Get to 68% AVF: Best Practice Strategies" September 17 and 18, 2012
- "Network 4 - A Best Practice" collaboration presented to Network 5 providers on February 21, 2012

Resources

The "3-Ps of Vascular Access Success (**P**revention of Catheters, **P**lacement and Use of AVF, **P**reservation of AVF)" handbook was developed using best practice protocols, algorithms, and Fistula First resources. This educational resource was enhanced, reorganized and made available on the Network website as a downloadable resource. There were over 40,000 downloads of this resource in 2012, and was cited as a best practice by the Network 4 CMS Contracting Officer's Representative (COR).

- The intent of the "3-Ps" handbook was to guide hemodialysis vascular access improvement efforts and change existing practices through Quality Assessment and Performance Improvement (QAPI) projects.
- This handbook brought together a number of best-practice concepts and suggested tools in support of those concepts.
- The 3-Ps handbook was enhanced to include a totally web-based, downloadable resource.



A bi-monthly electronic vascular access centered newsletter (eVAC) was distributed to over 1,500 mail recipients who include medical directors, facility administrators, nurse managers, QI coordinators, vascular access coordinators, social workers, dietitians and other pertinent distribution groups. The newsletter included:

- Information on tools for changing facility processes
- Important aspects of a successful quality assessment and performance improvement (QAPI) program
- Notification/invitation to educational programs

Task 1.b. Clinical Performance Measures Quality Improvement Project

Anemia Management

Maintaining ESA Dosing Across Care Settings

Background: The ESRD Laboratory Data collection project began in 1999 as a method of collecting patient-level, facility-specific data on approved clinical performance measures for use by Networks in their QI activities. The data were collected in the 4th quarter 2011 and reported in 2012. The Medical Review Board of Network 4 reviewed the laboratory data to determine opportunities for QI activities centered on Clinical Performance Measures.

In a previous Network Anemia Management QIP, facility scan responses indicated that providers struggle with consistency and maintenance of Erythropoietin Stimulating Agents (ESA) dosing when patients are hospitalized. A study by Solid⁵ of 71,360 Medicare patients, examined the Hemoglobin/ESA associations in the months immediately before and after hospitalization. In the month preceding hospitalization, patients' Hemoglobin dropped on average 0.5 gm/dL and the average recovery time of Hemoglobin was approximately 2 months with an average increase in ESA dose of 20%. Despite these falling Hemoglobin levels, *patients often do not receive ESA treatment while hospitalized*. A study by Brophy⁶ found that in ESRD patients with commercial health insurance, only 13% of patients received an ESA across any length of hospital stay. The most common hospital length of stay was 4-7 days; less than 20% received an ESA.

Improving communication between the dialysis center and hospital on prescribed ESA dose and frequency is critical to avoid complications and transfusions while the patient is hospitalized. The absence of sound communication processes provides an opportunity for improvement regarding maintaining ESA dosing during hospitalization episodes to avoid the potential need for blood transfusions. In the event a patient does receive blood transfusions, communication to other care settings is essential.

The following barriers were identified as a focus for this project:

- Widespread confusion in the renal community on appropriate Hemoglobin levels to assure patient safety, quality of healthcare, and quality of life based on the recent recommendation from the FDA and the subsequent changes to the CMS Quality Incentive Program.

⁵ Solid CA, et al. Perihospitalization Hgb-epoetin associations in US hemodialysis patients, 1998 to 2003. *Hemodialysis International* 2007; 11:442-447.

⁶ Brophy DF, et al. Characterizing hospitalizations of ESRD patients on dialysis and inpatient utilization of ESA Therapy. *Annals of Pharmacotherapy* 2010; 44.

- In May 2011, the MRB conducted a root cause analysis that included review of root cause analysis from previous anemia management QIPs and discussions with providers regarding anemia management. This analysis along with the discussions and expertise of the MRB membership led to an understanding of the barriers to maintaining Hemoglobin levels within a narrow range and preventing Hemoglobin from dropping to levels requiring blood transfusion.
- An absence of coordination of care with hospitals and the dialysis outpatient setting.

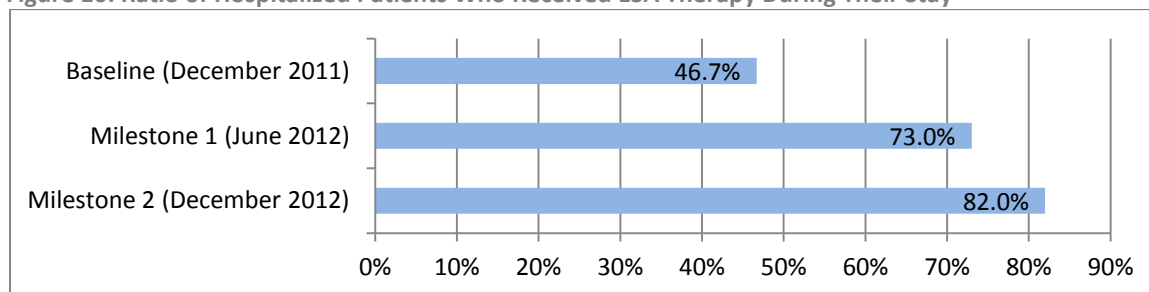
Quality Improvement Project: This project used evidence-based interventions to provide education and technical assistance to promote optimal anemia management that includes forming a partnership with acute-care hospitals to improve communication of ESA dosing and other anemia management aspects. The project strived to improve communication and maintenance of ESA dosing across care settings (hospital) by encouraging participating facilities to implement the use of a hospital to dialysis unit care transition summary.

Targeted Improvement:

- This QI initiative attempted to reduce severe Hemoglobin fluctuations and subsequent RBC transfusion that occur with hospitalizations by improving communication on prescribed ESA dosing across care settings.
- Patients will maintain ESA therapy across care settings.

Project Results: The participating facilities reported an improvement in ESA dosing during hospitalization from a baseline rate of 46.7% to 73% by the end of June 2012 and continued to improve to 82% by the end of December 2012.

Figure 10: Ratio of Hospitalized Patients Who Received ESA Therapy During Their Stay



Quality Improvement Activities: This project set the foundation for improving patient safety, medication reconciliation, and patient comprehension and compliance with discharge instructions. A process of good care transitions will influence the reduction of hospital readmissions and cost. The Network hopes to spread this project to encourage more dialysis facility and hospital partnerships.

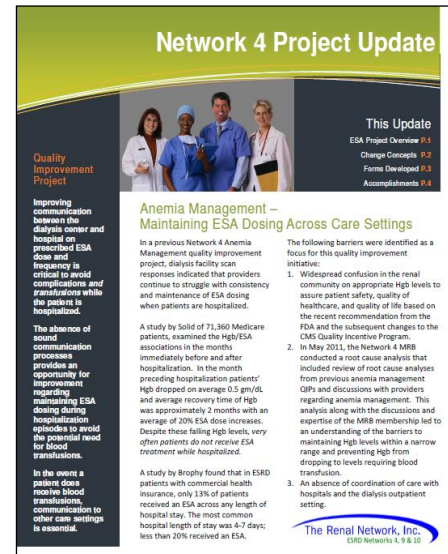
Establishing a system of communication between healthcare settings is essential to good care transitions. Every facility is different and will have different processes. The following concepts prioritize what dialysis facilities in Network 4 are using to ensure safe handoffs for their patients. No process is right or wrong and may change over time.

Change Concepts: Six change concepts were developed in support of this project in collaboration with project participants.

- **Change Concept 1** - Gain access to hospital electronic healthcare records systems.

- *Change Concept 2* - Gather information from Nephrologists offices.
- *Change Concept 3* - Utilize a clinical nurse, nurse practitioner, etc. (care transition liaison staff) to round on hospital patients and relay information to the dialysis staff.
- *Change Concept 4* - Utilize a care transitions form to communicate information between the hospital and dialysis facility.
- *Change Concept 5* - Obtain discharge summaries and other hospital records from medical record departments.
- *Change Concept 6* - Telephone communication between hospital and dialysis staff.

A dialysis transfer communication form and the Change Concepts were both developed and enhanced in a collaborative process with the participating dialysis facilities, hospital partners, QIOs and long-term care participants. The participating facilities reported improved communication between the dialysis facility and hospital partners, as well as raising awareness of the need for improved communication processes for ESRD patients across healthcare settings. ESA therapy improved in these facilities. Based on shared best practices, a toolkit was developed to promote the spread of the Care Transition processes. This information is summarized in the Network 4 Project Update document.



Community Impact: Spread of this project has already occurred. Several hospital systems have added the Network care transitions summary form to their local electronic medical record system. A Small Dialysis Organization implemented the form into their local Medical Information System. Other Networks have asked permission to utilize the Network *Care Transition Discharge Summary* forms. Network 4 has been contacted by CDC for use of the form for the CDC NHSN bloodstream infection reporting in the future. Some facilities have modified the care transition form to include the required information for the NHSN project.

Task 1.c. Network-Specific Quality Improvement Project

Decreasing Vascular Access Infection Rates through Participation in the CDC National Healthcare Safety Network (NHSN)

Network-specific quality improvement activities are implemented Network-wide. The activities are directly aligned with the areas of most need and potential impact for quality improvement. The Network developed the quality improvement projects under the guidance of the Medical Review Board and Patient Advisory Committee, with input from the Network Council, local providers, State agencies and other renal stakeholders.

Background: According to the 2008 US Renal Data System (USRDS) Annual Report, infection is the second most common cause of death after cardiovascular disease in patients on hemodialysis. Up to 1 in 4 patients with a bloodstream infection from central lines will die, according to the Centers for

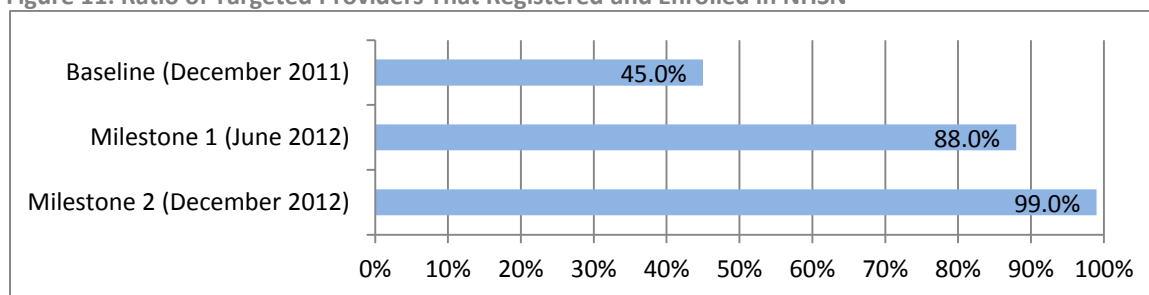
Disease Control and Prevention (CDC). The CDC has a “bloodstream infections in dialysis surveillance program”, known as the National Healthcare Safety Network (NHSN). This program enables facility providers to compare facility rates to national rates using current data. NHSN provides a variety of statistical analysis options that can be used to track, trend, and make improvements to vascular access infection rates. This presented an opportunity for improvement for Network facilities regarding vascular access infection surveillance.

Quality Improvement Project: This quality improvement project encouraged facilities to register and participate in the CDC Collaborative Approach to Prevention of Bloodstream Infections in Dialysis by reporting in the CDC National Healthcare Safety Network (NHSN). The benefits of joining the collaborative included:

- Data would be collected from all Network facilities utilizing the same collection criteria
- Standardized infection reports could be generated for the facilities to share with State Survey Agencies (SAs) during Federal and State surveys
- The Network will have access to facility specific data to allow for targeted intervention based on current data
- Members will have access to best demonstrated practices and assist in establishing standards of care
- Receive support for NHSN use and infection measurement from experts at the CDC
- The project aligns with the CMS Quality Incentive Program and Performance Score Reporting

Project Results: While registration became a bigger challenge than anticipated, the CDC reported that as of December 2012, 99% of Network 4 facilities had successfully enrolled and were reporting data, which exceeded our goal of 60% enrollment. The Network continues its efforts to support dialysis facility enrollment and reporting to the CDC National Healthcare Safety Network (NHSN).

Figure 11: Ratio of Targeted Providers That Registered and Enrolled in NHSN



Quality Improvement Activities: To address the CDC NHSN project, a robust webinar series was offered in January 2012. A NHSN resource page was developed and added to the Network 4 website. The Five-Diamond Patient Safety Program with the emphasis on the infection control module was offered to facilities as well as other resources. The following describes the various educational offerings to support this project:

- Four webinar training sessions were presented in collaboration with Network 3:
 - 1/6/12, “Why You Should Enroll; The First Two Steps of Enrollment”
 - 1/13/12, “Finalizing Enrollment”
 - 1/20/12, “Dialysis Events - What Are They & How to Report”
 - 1/27/12, “Joining ESRD Network Group & Utilizing Reports for Quality Improvement”

- 2/23/12 and 2/24/12 Webinar training - “NHSN Enrollment for Outpatient Dialysis Facilities”, presented by the CDC in Atlanta
- 3/22/12 and 3/23/12 Webinar training - Continuation of the CDC “NHSN Data Entry for Outpatient Dialysis Facilities”, presented by the CDC in Atlanta

Barriers were identified during the Network 3/Network 4 webinar collaboration regarding facility participation in the CDC NHSN infection surveillance project:

- Registration is cumbersome; there are three steps that must be completed and each step requires the facility to wait until an email is sent from the CDC/NHSN.
- Since registration is interrupted by the delayed emails, the registration is conducted over a period of several days to weeks. Administrators often lose sight of where they are in the process, at times forcing them to begin the process again.
- The NHSN website is frequently unavailable.
- The website is not user friendly and is difficult to navigate if the person does not have strong computer skills.
- Concurrent launch of both NHSN and CROWNWeb, along with the program similarities, contributed to widespread confusion among dialysis providers.
- Since the Network does not have access to the registration website, the Network is unable to assist the facility with determining the problem or solution to registration issues.
- Leadership issues (staff turnover) often resulted in interruption of reporting processes.

Task 1.d. Facility-Specific Quality Assessment and Performance Improvement Project

Catheter Out/Fistula In: Targeting Catheter Reduction to Increase AV Fistula Rate

For this task, facility-specific quality improvement activities are implemented with a specific facility or a group of facilities. The Network maintains the capacity to respond to local needs upon the request of facilities, CMS, SAs or in the event of identification of problems or poor performances during site visits. Quality Assessment and Improvement Projects (QAIPs) are conducted when these situations are identified.

Background: High catheter use for dialysis is associated with increased infection, clotting, morbidity, mortality, hospitalization, and cost. The NKF-K/DOQI guidelines recommend:

- That a fistula be placed at least six months before the anticipated start of hemodialysis treatments.
- That less than 10% of patients should be dialyzing with a catheter only for greater than 90 days.
- A fistula maturation program should be in place to evaluate the maturing access no later than six weeks after access placement and to detect early access dysfunction, particularly delays in maturation.
- Permanent catheters are associated with lower blood flow rates as compared to AV fistulae or graft, thereby potentially decreasing the clearance of toxins and decreasing the adequacy of the dialysis treatment.
- Systemic and local infections occur more often with permanent catheters than with AV fistulae or grafts.
- The mortality rate associated with permanent catheters is 1.5 times higher than those patients with AV fistulae or grafts.

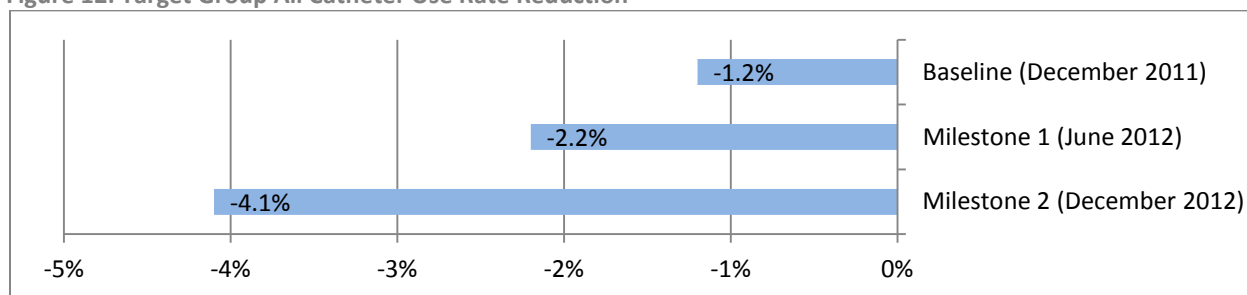
Quality Improvement Project: A facility that has a large percentage of patients with catheters (counting all types) points to inadequate processes in place for ensuring patients have been evaluated for AV Fistula placement. This poses the potential for providing suboptimal patient care. The catheter reduction project included 26 facilities (475 patients) participating in this quality improvement project. The targeted facilities had a patient census greater than 30, an ALL catheter rate of greater than 25%, and a prevalent fistula rate of less than 60%. Details of the Network-wide vascular access projects are described in the Task 1.a.-Vascular Access section.

The Medical Review Board and the Network Quality Improvement team conducted a root cause analysis that identified barriers to achieve successful catheter reduction:

- Lack of a quality assessment and performance improvement (QAPI) process to collect and track patient catheter rates.
- Lack of a facility-specific root cause analysis within their QAPI process to identify reasons for increased catheter rates.
- Lack of policies and algorithms to monitor and adjust processes of care to improve vascular access outcomes
- Failure to act in a timely manner to evaluate and place a permanent access and remove catheters.

Project Results: All facilities in this project were expected to provide monthly data to the Network. This intervention group exceeded the Network expectations and achieved a decrease in the All-Catheter use rate by 4.1%. This group also reported a 4.6% improvement in the AV fistula rate.

Figure 12: Target Group All Catheter Use Rate Reduction



Quality Improvement Activities: Some regions have a lack of resources, such as a qualified surgeon to perform AV fistula procedures, the lack of vascular access intervention centers or the ability to refer outside the local hospitals due to community politics. Many hospitals lack vascular access discharge planning. Rural facilities often lack community transportation resources to facilitate sending patients to areas with better vascular access outcomes. Some patients simply refuse any consideration for AV fistula placement due to cannulation fears and misgivings. The Network continues collaboration with these dialysis providers to facilitate patient education resources such as the Network 4 “Renal Outreach” Patient Newsletter that focuses on “patient stories” regarding vascular access choices.

Other Network activities focused on collaboration with community resources to explore options to overcome community barriers. For example, the Network conducted a site visit to a low performing facility. Prior action plans and discussions with the facility’s Medical Director identified a community barrier where there is a lack of a good surgeon(s) in the community hospital. The region is a rural mountain community where travel is a challenge for patients and transportation services are limited. Network 4 reached out to area surgeons and found a surgeon (with excellent vascular access outcomes)

who agreed to accept referrals and travel one day a week within 30 minutes of the facility to evaluate and perform vascular access surgical procedures.

The Network continues to collaborate with renal organizations, nursing and physician professional organizations, renal stakeholders, hospital leaders, and patients and family members to continue the spread of vascular access management best practices.

5. EMERGENCY/DISASTER PREPAREDNESS AND RESPONSE

In the Network 4 area, residents encounter a variety of weather-related issues throughout the course of the year. Heat advisories, heavy winds, snow and wintery mixes, coastal flooding, power outages, tornados and hurricanes are all issues which patients and facilities in the Network 4 area face in a typical year. Network 4 staff has exhibited thorough knowledge and vast experience addressing the various needs that exist during significant weather events based on geographical and population differences within Pennsylvania and Delaware.

The Commonwealth of Pennsylvania is the sixth most populated and fifth oldest state in the Union (U.S. Census 2010). Pennsylvania consists of 67 counties and has four major topographic features:

- The Delaware River runs along the eastern border of the state.
- The Allegheny and Monongahela rivers drain into the western part of the state and join at Pittsburgh to form the Ohio River.
- The Susquehanna River drains more than 46% of the middle portion of the state and has levees in Wilkes-Barre.
- The Allegheny Mountains run southwest to northeast nearly splitting the state in two halves.

These geographic variations have created large metropolitan centers in Philadelphia and Pittsburgh in the southeastern (88 dialysis units) and southwestern (81 dialysis units) areas of the Commonwealth of Pennsylvania, respectively. Moderate in size is the south-central (Harrisburg/Hershey) area of the state with 24 dialysis units. Small towns and rural areas make up the remaining population centers throughout the state.

The state of Delaware, on the other hand, is the second smallest state in the Union, has three counties, and is composed primarily of rounded hills. It is bound to the east by the Delaware River, Delaware Bay, and the Atlantic Ocean. The state of Delaware has 24 dialysis units, with the largest metropolitan area, Wilmington, serviced by eight dialysis units.

The Network continued to support patients, dialysis facilities and transplant centers to prepare for an emergency or disaster by providing education and resource materials on the Network 4 website, or directly to the provider. During 2012, the Network actively responded to natural disasters which had the potential to affect the health and care of ESRD patients.

During all the emergency issues to which the Network responded in 2012, two key practices stand out as critical for success: regular, ongoing communication both before and during storms, with consistent reporting mechanisms; and a wide range of partners with whom to collaborate. During its experiences in 2012, the Network was able to rely upon a strong set of practices to successfully assist facilities and report to the community, and to call upon its large network of already-established partnerships to ensure that patients were receiving care or would receive it as soon as possible.

5.1. SuperStorm Sandy

The Network was faced with a particular weather challenge in late October 2012 with the landfall of SuperStorm Sandy.

With the advent of storm tracking technology, the Network is able to monitor storms via such channels as the National Oceanic and Atmospheric Administration (noaa.gov); the national Weather Channel site (weather.gov); and local weather channel updates (i.e. wpxi.com and KDKA – pittsburgh.cbslocal.com). In addition, the National Weather Service Philadelphia/Mount Holly office maintains a Facebook page, which was updated throughout SuperStorm Sandy with local weather conditions, PowerPoint slide decks, and forecasts.

Throughout SuperStorm Sandy, as with all storms which impacted the region in 2012, the Network utilized all of these resources both before and throughout the weather occurrence. When severe weather approaches, the Network sends out weather advisories to all Network facilities via e-blast. If needed, facilities are contacted via fax blast to collect data on the physical status of their unit, along with any patient or transient concerns. Data are compiled into an overview reporting chart, which is submitted to CMS, KCER, and community contacts as needed. During the course of SuperStorm Sandy, the Network developed a reporting mechanism which was deemed a best practice, and adopted by KCER for reporting by other Networks. A sample of this report is below.

Figure 13: SuperStorm Sandy Summary Report (November 2, 2012)

Issue	Result	Issue	Result
Total Network dialysis facilities	294	Total patients potentially affected (for the facilities not on normal business)	308
Facilities in primary impact area	75	▪ Number of patients initially unaccounted for	8
Facilities Open/Close status available	75	Number of “unaccounted for patients” located	8
▪ Open facilities – normal business	45	Number of patients who currently cannot be located	0
▪ Open facilities - altered schedule	30		
▪ Closed facilities	0		
▪ Unable to reach, no phone service/circuits busy	0		

At the height of SuperStorm Sandy – the storm of greatest impact in the region in 2012 – there were 71 facilities closed. Facility statuses changed rapidly over the five-day course of the storm (from Monday, October 29 through Friday, November 2), with facilities utilizing alternate treatment schedules, operating under generator power, or closing altogether. In addition to the physical status of facilities, Networks also monitored the number of patients affected, and the status of patients who became transient due to storm issues.

The Network maintained contact with individual facilities and a wide variety of community partners throughout the storm, including the following:

- Regional Emergency Coordinator, HHS Region 3 (Philadelphia, PA)
- Homeland Security Program Manager, Emergency Management, City of Philadelphia
- Health and Medical Planning Coordinator, Emergency Management, City of Philadelphia
- Liaisons from Philadelphia-area transportation companies CCT and Logisticare
- Director, Department of Health, Bureau of Public Health Preparedness
- Regional leads from LDOs

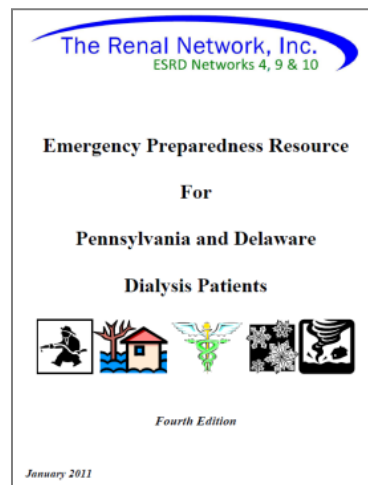
- FMC: Regional Vice-President, PennDel Region
- FMC: Director of Operations, Brandywine Valley
- FMC: Director, Hospital & Patient Services
- DaVita: Group Regional Operations Director
- Kidney Community Emergency Response (KCER) Coalition

The Network participated on daily HHS Region 3 calls and found they were particularly helpful for sharing and receiving information on key data, including residents without power, hospitals and long-term care centers operating on generators, deaths, facility closures, facilities operating on generators and/or on altered schedules, and patient and transient impact.

5.2. Network 4 Emergency Preparedness Resources for Patients and Dialysis Facilities

The Network 4 emergency preparedness manuals for Pennsylvania and Delaware dialysis patients and facilities offer multiple suggestions and recommendations for preparedness. An illustration of the patient manual is provided on this page. These resources (fourth edition) were posted to the Network 4 website in 2012.

The patient manual includes a suggested three day emergency renal diet, and the facility manual includes tools to assist with the development of emergency planning.



6. INTERNAL QUALITY PROGRAM

Network 4 continues to be committed to the philosophy of quality improvement and strives to incorporate this in all its endeavors, including internal and external programs and projects. The overall goal of the internal quality improvement (IQI) program is to create an atmosphere in which all staff members seek to constantly improve the processes by which Network 4 works to achieve its mission and fulfills its contract to CMS.

The objectives of Network 4's IQI program are:

- Examine, monitor and improve the performance of the Network in a systematic, organization-wide manner.
- Improve the reliability, accuracy, consistency and timeliness of data processing and data reporting.
- Ensure the financial integrity of the contract by actively monitoring and staying within the total cost of the contract.
- Create an atmosphere in which staff members seek to consistently improve the processes by which the Network operates.

The Network's IQI program included indicators for:

- Quality improvement projects,
- Evaluating and resolving complaints/grievances,
- Community education and resource activities,
- Collecting, analyzing, validating, tracking and reporting data, and
- Performing administrative functions.

The IQI plan is housed in "Task Manager", a database application tool which tracks data and provides trend reports.

Metrics were developed as an overview of the total IQI program. Each activity included department-specific tasks with indicators that are tracked, a measurement, a target, and a trigger that initiates a "rapid cycle response" for process improvement. Each staff member participated in the IQI program and was responsible for the data collection and reporting of the indicators. The reports generated were maintained in the master IQI program notebook. Summaries of the IQI program activities were reported in the quarterly progress and status report submitted to CMS.

A "dashboard" was provided monthly to the staff to assure that failure to achieve goals was addressed and corrected. This information was also provided to the TRN Executive Committee each quarter to provide the leadership with a comprehensive picture of the IQI progress with Network projects.

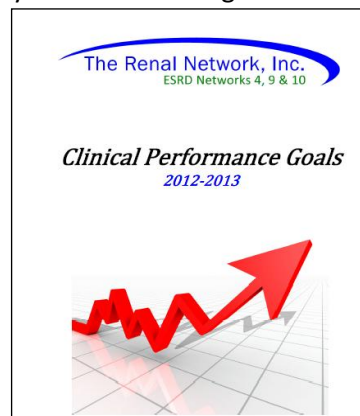
7. CLINICAL PERFORMANCE GOALS

The ESRD Clinical Performance Measures (CPM) Project, a national effort conducted by CMS and the 18 ESRD Networks was designed to give dialysis providers, the renal community and public policy agencies a report of clinical measures for determining Network level comparative quality performance data. This CPM project expanded to a 100% national provider participation known as the Annual Laboratory Data Collection. The most recent Laboratory Collection process was performed in 2011, but was not performed in 2012 with the launch of CROWNWeb.

Annually, CMS utilized the National ESRD Elab Data to collect data for a national set of measures from 100% of eligible dialysis patients in clinical areas that included dialysis adequacy, anemia management, nutrition and bone management. This collection was completed each year in February and March, and was based on patient clinical data from October, November and December of the preceding year.

The Network utilized the annual Laboratory Data Collection provider-specific data as a tool to monitor the delivery of care. Based on results from the 2011 data collection, the Medical Review Board (MRB) determined facility benchmarks as defined in the Network *Clinical Performance Goals-2012-2013*. This resource includes the MRB expectations for facility clinical performance rates for both hemodialysis and peritoneal dialysis patients. This *Clinical Performance Goals* document provides measures to assess facility-level patient care processes and outcomes, and to identify opportunities for improvement. This resource included clinical guidelines for hemodialysis and peritoneal dialysis and included goals for:

- Dialysis Adequacy
- Anemia Management
- Nutritional Status
- Bone & Mineral Metabolism
- Vascular Access
- Medical Injuries & Errors Identification
- Hemodialysis Reuse program
- Patient Satisfaction and Grievances
- Health Outcomes
- Infection Control
- 5 Diamond Safety Program



8. FIVE-DIAMOND PATIENT SAFETY PROGRAM

Network 4 continues to support the national Five-Diamond Patient Safety Program with participation on conference calls, recruitment of units and through the review of module materials. The Network 4 Associate Director reviewed and made changes to the “Emergency Preparedness” Patient Safety Module. This information was updated on the national program’s website.

8.1. Network 4 Facility Participation

As of December 2012, Network 4 had a total of 82 units participating in the Five Diamond Patient Safety Program. This represents roughly one-third of the total dialysis units of Network 4. Out of the units that were participating in the Five Diamond program, the following diamond-levels had been awarded:

- One Diamond Level = 5 units
- Two Diamond Level = 4 units
- Three Diamond Level = 2 units
- Four Diamond Level = 1 unit
- Five Diamond Level = 13 units
- Five Diamond Extension = 15 units

During TRN’s Annual Nephrology Conference in May 2012, 11 units from Network 4 that achieved a Five-Diamond Status during the June 2011-May 2012 Project Cycle were recognized. Plaques were mailed to these units at the conclusion of the Nephrology Conference.

8.2. Announcement of Patient Safety Awareness Week and TRN Five-Diamond Patient Safety Program Orientation Webinars

In addition to the participation in the national program, the Network-specific program was kicked-off with the annual orientation webinar, which coincided with National Patient Safety Awareness Week. An email blast was sent to all Network 4 email addresses announcing the following:

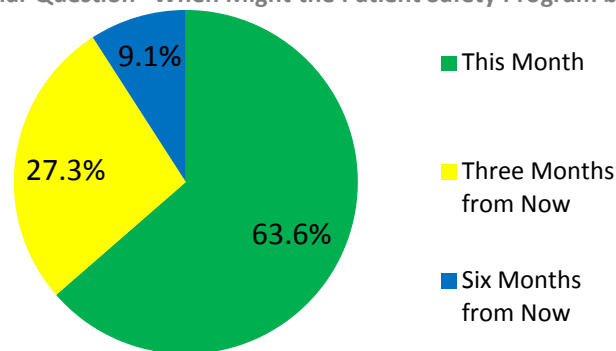
- National Patient Safety Awareness Week, March 4-10, 2012 – Links to the press release and tools and resources for patients and staff were included.
- TRN Five-Diamond Patient Safety Orientation Webinars, 3/7/12 or 3/8/12 – Registration links were included.
- Press Release from MARC regarding the Five-Diamond Patient Safety Program Expansion (i.e., revisions to website, two new modules – Communication and Constant Site Cannulation)

Two webinars were provided by the Network. These webinars included an overview of the Five-Diamond Patient Safety Program and participant stories from two facilities in the Network 4 area that had success with the program. A total of 75 facility staff attended both webinars. Results from the orientation webinars showed the following:

- Almost all the people evaluating the webinars were aware of the Five-Diamond Patient Safety Program prior to the orientation. (91.7%)
- Everyone responded that they found the orientation webinar to be informative. (100%)
- Almost all the people evaluating the webinars found that the Five-Diamond Patient Safety Program to be an enhancement to the unit’s QAPI. (91.7%)
- When asked when the units anticipate launching the Five-Diamond Patient Safety Program at the unit, the participants responded with the following:

(see figure 14 on the following page)

Figure 14: Five-Diamond Webinar Question “When Might the Patient Safety Program be Launched”



9. SUPPORT OF ESRD QUALITY INCENTIVE PROGRAM (QIP)

The Network provided technical assistance to facility staff and beneficiaries 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:

- Providing facilities with the timeline for the DFRs and QIP PSRs
- Processing requests from dialysis unit administrators to communicate Master Account Credentials, assist 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 2014 which require each facility to perform some 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 website. Facilities were encouraged to make corrections in CROWNWeb or to contact the Network 4 office.
- 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 2014 Final Rule
- Providing a memo to serve as a guide 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) 2014, and actions needed to avoid payment reductions. The memo provided information on actions each facility must take to earn full points. It further noted that the period for reporting within the NHSN Dialysis Event Module had officially begun and provided links to two tutorials made available by the Centers for Disease Control (CDC).
- Providing information received from the CDC regarding deadlines for NHSN enrollment in order to avoid QIP scoring penalties for this calendar year. The link to the Network 4 website for additional information about NHSN enrollment was provided. Links to the CDC website were also provided.
- In support of the Quality Incentive Program Performance Score Certificates being posted to the DialysisReports.org website, the Network distributed a general informational announcement.

This email included a review of the requirement to post the Performance Score Certificate within five working days, instructions on using the website, and a patient-centered poster that explains the certificate.

B. GOAL 2: IMPROVE THE INDEPENDENCE, QUALITY OF LIFE, AND REHABILITATION (TO THE EXTENT POSSIBLE) OF INDIVIDUALS WITH ESRD THROUGH SUPPORT OF TRANSPLANTATION, USE OF SELF-CARE MODALITIES, AND IN-CENTER SELF-CARE, AS MEDICALLY APPROPRIATE, THROUGH THE END OF LIFE.**1. INITIATIVES TO IMPROVE INDEPENDENCE AND QUALITY OF LIFE FOR PATIENTS**

Network 4's patient centered initiatives for 2012 focused on education specific to the patients and family members dealing with Chronic Kidney Disease (CKD). The Renal Network (TRN) collaborated with ESRD community partners, regionally and nationally, to help plan and implement quality educational programs and the Network 4 Patient Newsletter.

Through these initiatives, the TRN advocated for patients to take ownership in choices for improved health, as well as the treatment and transplantation options available to them. The Network's education initiatives addressed the patient's decisions about disease management, vascular access, and modality choices.

2. EDUCATIONAL WORKSHOPS FOR PEOPLE WITH KIDNEY DISEASE AND THEIR FAMILIES

The Network planned, facilitated and/or co-sponsored patient education workshops. These programs provided support for people with chronic kidney disease to become empowered to make individualized choices for improved quality of life through knowledge and disease management.

**World Kidney Day Patient Forum (Sponsored by the Western Pennsylvania Kidney Support Groups):
March 10, 2012, Pittsburgh, Pennsylvania**

The Patient Services Director participated as a vendor and presenter for this patient-centered educational forum. Sixty-three CKD/ESRD patients and family members attended. The educational content included:

- Pre-dialysis, dialysis and transplant presented by three local physicians
- Medicare for ESRD and enrollment
- Nutrition and stress relief

**The Patient Education Program: A Learning, Empowerment, Answers Forum:
October 27, 2012, Pittsburgh, Pennsylvania**

The Patient Services Director collaborated with The Western Pennsylvania Kidney Support Groups, Allegheny General Hospital, and the Center for Organ Procurement for a patient and family educational workshop, sponsored by the University of Pittsburgh Medical Center. The program was held Saturday, October 27th from 8:00 AM-2:00 PM at UPMC Montefiore Hospital. Topics included: kidney transplantation, patient graft and A/V fistula access choice and care, CKD friendly foods, and Medicare coverage education.

3. EDUCATIONAL PROGRAM DEVELOPMENT

The participation of the members of the Network 4 Patient Advisory Committee (PAC) enhanced the education material development for the ESRD beneficiaries in Pennsylvania and Delaware. The PAC, comprised of individuals who have personal experience across the CKD spectrum of care, directed the development of our written educational materials. The PAC not only identified issues and concerns

affecting the experience of care for the Medicare beneficiary, but they also helped to define Network goals regarding patient education. This committee requested that the Network's education focus on what patients can do to enjoy a better quality of life.

The Network continued to provide educational material for beneficiaries with the dialysis facility staff to share with their patients. Examples of this outreach included:

National Healthcare Decisions Day – April 16, 2012

In conjunction with "National Healthcare Decisions Day", Network 4 shared resources and information with facility staff to educate and empower them and their patients regarding the importance of advance care planning. An email blast was sent to >1,900 email addresses on file for health-care professionals. Links to the following resources were included:

- End of Life Care
 - Renal Physician Association's "Shared Decision Making in the Appropriate Initiation of and Withdrawal from Dialysis"
 - "Promoting Excellence in End-of-Life Care (The Robert Wood Johnson Foundation)"
 - The Kidney End-of-Life Care Coalition
- Advanced Directives (Q&As)
- National Healthcare Decisions Day (information and link to website)

Medicare Enrollment Opportunities for Individuals Affected by Hurricane Sandy – November 13, 2012

An email blast was sent to 207 Network 4 social workers to notify them of important information pertaining to the Annual Medicare Enrollment Period (October 15-December 7, 2012). All information was provided to the Network by the CMS Philadelphia Regional Office. The recipients were asked to distribute the information to their patients and staff as appropriate. The email blast included the following information:

- Information on the enrollment extension, pertinent to individuals affected by Hurricane Sandy. Responses to frequently asked questions (FAQs), such as commencement of coverage, were provided.
- A Drop-In article, which was translated into Chinese, Vietnamese, Korean, Tagalog, and English.
- Links and phone numbers for Medicare, Social Security, and the State Health Insurance Assistance Program (SHIP).

4. "RENAL OUTREACH" PATIENT NEWSLETTER

Spring 2012 Newsletter

The Spring 2012 issue of the TRN Renal Outreach included the following topics: "My Fistula Journey" story by a PAC member; an "Ask the Dietitian" article for losing weight while on a renal diet; a patient testimony, "This Works For ME", about working and having ESRD; the End Stage Renal Disease Quality Incentive Program, Online Resources, Hemodialysis


<h1 style="margin: 0;">Renal</h1>		 <p style="font-size: small;">The Renal Network, Inc. ESRD Networks 4, 9 & 10</p>
<h1 style="margin: 0;">Outreach</h1>		<p style="font-size: x-small;">Working to facilitate the achievement of optimal wellness for renal disease patients and their families.</p>
<p style="font-size: x-small;">For more "Fistula Journeys" articles written by patients, visit: http://www.esrdnetwork4.org/fistulajourneys.htm http://www.therenalnetwork.org/resources/fistulajourneys.php</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="margin: 0;">My Fistula Journey By Nancy L. Scott</p> <p style="margin: 0;">"Fistula and cannulation," these two words go hand-in-hand. I was diagnosed with renal failure in 2004 and remained on dialysis for seven years until I received a transplant. I received a fistula in my left arm as an access for dialysis. That fistula became my lifeline. I felt it often to make sure that I always had a thrill. I had learned that if there was no thrill—there would be no dialysis. If there was no thrill, it was clotted or something was wrong. I was a compliant patient, watching diet and fluids routinely. In my second year of dialysis, I was infiltrated. The technician apologized, explained that this often happens and that I would be alright. Infiltration is painful. Not only is it painful but it can cause a patient not to continue with dialysis on that particular day.</p> </div>	<p style="font-size: x-small;">Fortunately on the day that I was infiltrated, I had on very little fluid. I had to put ice on my arm, go home (in pain) and was told to come back for my next treatment and not to drink too much. I was livid.</p> <p style="font-size: x-small;">Something had to happen and I came up with the solution. If I ever got infiltrated again, it would be because I would do it to myself. I asked the clinical manager if one of the senior technicians could teach me the art of cannulation, and she complied. I was shown twice, and on the third day, I stuck myself. I was nervous but immediately shook it off when I remembered how I felt when I was infiltrated by someone else.</p> <p style="font-size: x-small;">After cannulating myself for several weeks, I realized that no one can stick you better than yourself. You can feel the arm and tell immediately when you are near a "wall" [of the artery]. I became an advocate for self-cannulation, but out of 173 patients in my unit, I was the only one who performed their own cannulation. I recommend self-cannulation for everyone who is able to do so. In seven years, I had one fistulagram and that was only to determine if I was following the correct procedure. The physician was pleased, but not half as pleased as I was. •</p>
Indianapolis 1.800.456.6919 • Pittsburgh 1.800.548.9205 http://www.therenalnetwork.org		<div style="background-color: blue; color: white; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div> <p style="font-size: x-small;">Spring 2012 / Vol. 21, No. 1</p>

Vascular Access, Dialysis Facility Compare, and Medicare Part D. This issue of the Renal Outreach included a patient information scan to gain input for the beneficiary community about their educational needs.

The Network coordinated the mailing of 4,800 copies of the Spring newsletter to the dialysis and transplant centers. An email blast was sent to the Network 4 dialysis and transplant center social workers and administrators (450) to introduce TRN's "Renal Outreach" newsletter for patients, family members, and caregivers. A supply was sent to each facility. Facilities were encouraged to become partners in getting the newsletters to as many people as possible by distributing the hardcopies we sent, downloading the files, making copies of the printed materials, or directing individuals to the NW4 website. Links were provided to download the newsletter and insert from the website. A link was also provided for the professionals to answer a brief 6-question environmental scan related to the new format and content of the newsletter.

Winter 2012 Newsletter

The Winter 2012 edition of the Renal Outreach included an article titled *"What Treatment Option is Best for Me"*. This offered information on the different renal replacement modalities. It also had an article titled *"On Dialysis How Long"* that provided information about patients on hemodialysis after a failed transplant. An article was provided about the transplantation process, *"Transplant: Is It Right for Me?"* This edition also included an overview of the process for the beneficiary or family member to register a complaint with the Network and our process for professional and timely investigation. The newsletters were mailed in care of the facility administrator and social workers for distribution to their patient population. We also mailed individual copies to all Network Patient Representatives and Patient Advisory Committee members.



The Renal Network, Inc.
ESRD Networks 4, 9 & 10

RENAL OUTREACH

Renal Outreach is a publication by The Renal Network, Inc. and is a newsletter for individuals living with chronic kidney disease and their family. The Renal Network works to facilitate the achievement of optimal wellness for renal disease patients, including those on dialysis or who have received a kidney transplant.

Inside this issue:

- "Living and Working on Dialysis" 1
- Emergency Preparedness 2
- Healthy Living Tips 3
- "Living and Working on Dialysis", don't 4
- Lifeline: Hemodialysis 5, 11
- Vascular Access 11
- Medicare Part D and Medicare Part B Vaccination Benefits 6
- Word Search 7
- How to Subscribe 8-9
- Make a Medical Plan and Talk About It! 10
- POLST, Caring Connections, Kidney End-of-Life Coalition and The Renal Network, Inc. (Resources) 11
- Every Minute Counts 12
- Role of the Network, If You Have Concerns, Online Resources, Dialysis Facility Compare 13
- Hygiene Needs of Patients with Catheters 14
- "I Choose Life" 15
- Cranberry Nut Bread Recipe 16

Fall 2012


Living and Working on Dialysis by Gregg Wohar

I began my dialysis in a suburban Pittsburgh hospital in November 2004. I had refused to heed my nephrologist's advice that I needed immediate lab testing for my signs and symptoms of end-stage kidney disease. Finally, after becoming so weak and devoid of energy while still attempting to continue my chiropractic practice, I conceded and checked myself into the ER. I was placed on hemodialysis in the hospital ASAP and from that point in time, my health slowly and steadily improved. I started on hemodialysis but shortly transitioned to peritoneal dialysis (PD). I received a transplant on July 4, 2006, but resumed treatment in fall 2007. I am currently on nocturnal hemodialysis.

Prior to beginning treatment, I was self-employed as a chiropractic physician. With PD, which began in summer 2005, I had tremendous flexibility to treat patients around my PD schedule. I found PD to be a very successful form of treatment for a working person like myself. I even had equipment transferred to an empty room in my office, and was able to do treatments at work. This worked out tremendously for me and allowed me to see a normal patient load.

I decided, after several consultations with my social worker, that it might be in my interest to

"I find that working... has given me a new lease on life."



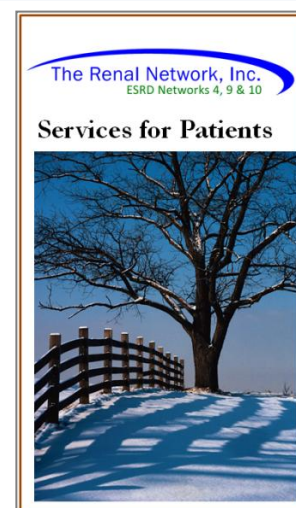
Gregg with his father, Joseph Wohar, on his graduation day in May

(continued on page 4)

Disclaimer: This newsletter was created and distributed under contract with the Centers for Medicare & Medicaid Services (CMS), contract numbers HHSM-500-2010-NW004C, HHSM-500-2010-NW009C, and HHSM-500-2010-NW010C. The content does not necessarily represent the views and opinions of CMS.

5. "SERVICES FOR PATIENTS" BROCHURE

Through our "Services for Patients" brochure, the Medicare beneficiary and family members can better understand the specific interventions we can provide as patient advocates under our CMS contract agreement. The Network continued to maintain a toll-free telephone number in order to provide immediate access for patients and family members to contact Network 4 staff. The Network maintains a website that follows CMS standards and guidelines, with relevant patient information and email access, Network grievance process, the Network's toll-free number for patients, current Annual Report, Network goals, and a link to the Medicare Dialysis Facility Compare (DFC) website.



6. REHABILITATION: GETTING BACK TO WORK! BROCHURE

The “*Rehabilitation: Getting Back to Work*” brochure was created by Network 4 in 2010 under the direction of the Rehabilitation Committee (the old name for the Patient & Family Engagement Committee). The brochure was mailed to all dialysis clinics in early last year, was made available on the website, and is included in the “Provider Packets” distributed to newly opened ESRD facilities. This educational tool was designed to assist renal professionals, at the facility level, to discuss the importance of employment, work retention or vocational re-training for increased independence and improved quality of life with their patients. It describes the process and application needs for a successful referral to the Office of Vocational Rehabilitation.



7. COLLABORATION WITH NATIONAL PATIENT ORGANIZATION

Dialysis Patient Citizens

The Network 4 Patient Services Director (PSD) participated and represented all 18 ESRD Networks on a call with the Dialysis Patient Citizens Ambassadors, a national patient organization. The PSD provided a historical overview of the creation and role of the Network organizations nationwide. Items of highlight were the complaints and grievance process, patient and provider education initiatives, and collaboration with other patient advocacy groups. Twenty patient ambassadors from multiple states were on the call.

C. GOAL 3: IMPROVE PATIENT PERCEPTION OF CARE AND EXPERIENCE OF CARE, AND RESOLVE PATIENTS' COMPLAINTS AND GRIEVANCES.**1. PERCEPTION OF CARE**

One of the greatest opportunities the Network has to learn about the beneficiary's perception of care is through the calls received by the Patient Services Department. The ESRD patients and family members contact the Network with concerns and complaints and to request information. Through these conversations, Network 4 gained insight into the environment of care at the treatment facility, patient and caregiver relationships, and obstacles to care. Once the Network became aware of the beneficiaries concerns, Network staff advocated for the patients and assisted the facility staff members with clinical insight and technical assistance to help improve both the patient's experience of care and their perception of care.

2. PATIENT ADVISORY COMMITTEE

The other opportunity we have to learn of the beneficiaries' care experience is from the members of the Network 4 Patient Advisory Committee (PAC). The 14 members of the Patient Advisory Committee enhance the support and education available to ESRD patients in Network 4.

The membership includes both patients and family members who have experience with a diversity of renal replacement therapies to include: in-center hemodialysis, home hemodialysis and transplantation.

The Patient Advisory Committee members operate under the agreed PAC Statements of Purpose:

- To identify and address end stage renal disease patient concerns and educational needs
- To assist in the development of Network 4 patient educational programs, activities, and publication
- To promote visibility of ESRD patients and patient concerns (PAC members shall not engage in lobbying or political activities)
- To recommend opportunities for meeting patient needs and addressing concerns within the scope of the Network
- To work with patient representatives on individual facility issues and support the Network complaint and grievance process

The PAC met by conference call in 2012. Six members participated on the call. The PAC discussed strategies for growth in the active involvement of beneficiaries and family members in the 2013-2016 Statement of Work (SOW).

3. PATIENT EDUCATION BULLETIN BOARD

In 2012, patient education materials were sent to each new dialysis and transplant center in our region, which includes the Patient Education Bulletin Board Packet. The packet contained the *Patients Rights and Responsibilities* booklet that provides an overview of the complaint/grievance process. *The Renal Network 4: Services for Patients* brochure provides an "at a glance" review of the types of concerns with which the Network can assist patients. The full packet of information includes:

1. Network 4 poster, which included its address, patient toll-free telephone number and grievance process overview
2. "Patients Rights and Responsibilities" booklet

3. "Dialysis Facility Compare" pamphlet
4. Network website announcement
5. "Rehabilitation: Getting Back to Work" pamphlet
6. "Patient Safety in the Dialysis Unit: The Patient's Role" pamphlet
7. Five Reasons to Consider an AVF
8. "Services for Patients" pamphlet
9. "Preparing for a Kidney Transplant/Frequently Asked Questions" pamphlet
10. "How Do I Look" pamphlet
11. "The ABCs of Fistula Placement" pamphlet

4. PROTOCOL FOR EVALUATION OF PATIENT COMPLAINTS AND GRIEVANCES

The Renal Network follows the CMS national policy in the ESRD Network Organizations Manual instructions Chapter 7, for evaluating, resolving, and reporting patient grievances, complaints, and facility concerns. Within 24 hours of receipt, the Network referred immediate and serious grievances to the appropriate CMS Regional Office and State Survey Agency. Complaints and grievances are directed to the Patient Services Department. Network staff determines whether the complaint is appropriate for Network consideration or should be referred to a State Survey Agency or CMS. If there is a question as to whether or where a complaint should be referred, direction is sought from the Network Contracting Officer's Representative.

A grievance involves the application of formal CMS-specified protocol procedures in its processing. The Network Patient Services personnel can typically resolve a complaint by encouraging and fostering patient-facility dialogue, as well as Network communication with the patient and provider facility.

The grievance process at the Network involves a number of steps. The grievant is sent an acknowledgment of the grievance letter within five business days of the Network receiving it. The Network then has up to 50 calendar days for intake, investigation/review and resolution of the grievance. Once the grievance review is completed the Network is required to advise the provider/involved practitioner of the determination and offer him/her an opportunity to comment prior to the release of the final response to the grievant. The Patient Service Director insures that all steps of the grievance process will be completed within 90 days plus any follow-up as needed. The Network Medical Review Board has a subcommittee, which is an interdisciplinary group that includes patient members, that reviews grievances. When the MRB grievance investigation is completed, the grievant receives a written report from the subcommittee summarizing its findings.

All complaints and grievances are fielded by the Network Patient Services Director who consults with the Network Quality Improvement staff and MRB when any are of a medical/clinical nature. If the complaint/grievance is determined to be concerned with any medical practice issues, the Network Quality Improvement Director (QID) is consulted to determine the seriousness of the issue. If the complaint/grievance is ascertained to be of a critical nature but not life-threatening, the Network refers these complaints/grievances to the designee(s) of the Network Medical Review Board which includes at minimum one physician, who is selected based on lack of conflict of interest, geographic distance, and difference in corporate affiliation.

The Network encouraged all unit administrators to develop and share their internal policies that allow patients to file complaints and anticipate resolution at the facility level. The Network staff encouraged

increased communications between the beneficiary and their outpatient administration and staff as the first steps in the Network 4 Grievance Procedure.

The Network continued to support the Decreasing Dialysis Patient Provider Conflict (DPC) provider educational program. The DPC program is designed to provide facility staff with an understanding of the issues and skills to prevent, intervene, or mitigate difficult patient and/or facility situations. We anticipate that the increased use of DPC skills by the providers will be a proactive initiative for the prevention and reduction of involuntary termination of patients from the dialysis center.

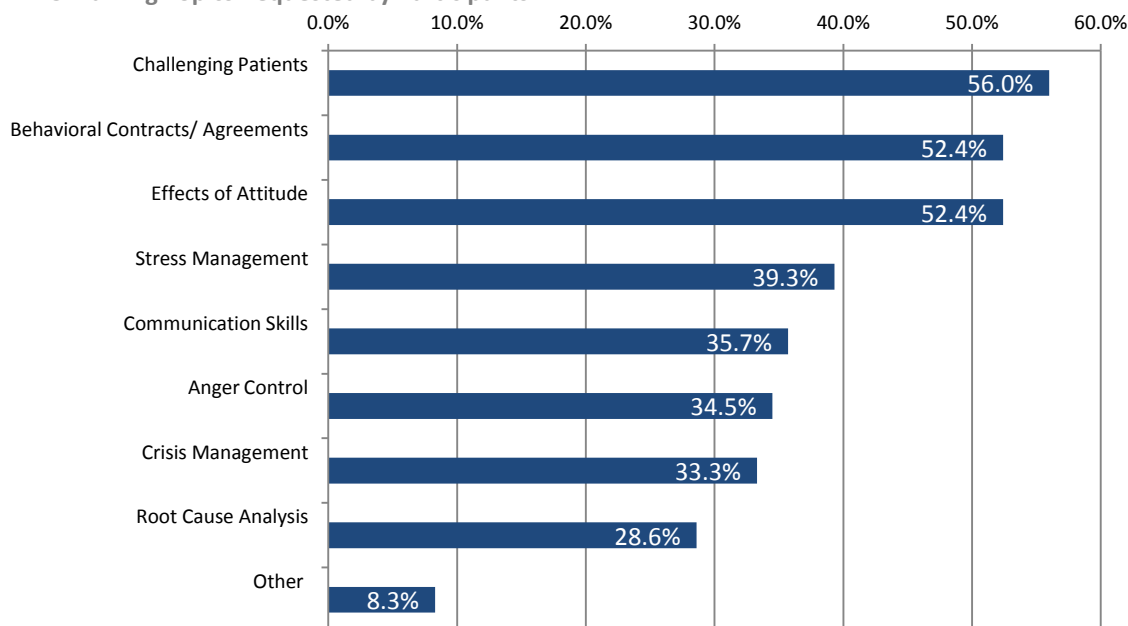
5. TRN DPC WEBINAR TRAINING PROGRAMS

The Network facilitated two educational and instructional webinars that reviewed the DPC Toolkit and its use at the facility level for conflict resolution between patients and providers. A total of 195 facility staff attended the webinars.

The evaluation of these Train-the-Trainer webinars reinforced the Network's belief that the Decreasing Dialysis Patient-Provider Conflict (DPC) is needed in the dialysis community:

- Almost everyone responded that they felt the Train-the-Trainer program helpful. (98.9%)
- The visibility of the DPC program could be increased as evidenced by the response rate of only 39% to the question "Do you have the DPC Poster hanging in your facility".
- The responses were mixed as to whether the DPC Toolbox materials were reviewed prior to the Train-the-Trainer program:
 - Yes = 58.4%
 - No = 27.0%
 - Do Not Have = 14.6% (the Network distributed DPC Toolbox to those requesting the materials through this evaluation).
- Topics on which the units wanted more information revealed a strong need across a variety of domains with a large response centered on behavioral issues (see figure below).

Figure 15: DPC Training Topics Requested by Participants



6. REVIEW OF CONTACT DATA

All telephone calls or formal written notices received by the Network are called "contacts" and are recorded in the "Network Contacts Utility (NCU)". These contacts can come from any external source (i.e. Medicare beneficiaries, family members, caregivers, dialysis facility staff, transplant center staff or community associations). Those topics related to the care and service of ESRD patients are processed by the Patient Services Department in accordance with their protocol. For the purpose of this report, all contacts recorded in the NCU will be summarized, not just those that are considered "patient services".

In addition to recording who initiates contact with the Network office, each case is categorized as either a formal grievance, complaint, concern or inquiry. The Network compiled summary statistics on the number and type of beneficiary complaints and grievances it receives on annual bases. Network staff also assessed the contacts received from facility staff members for trends on the number of issues being reported at the ESRD provider level to guide the Network's quality improvement activities. Descriptive trend analysis used to monitor changes in reported concerns by caller type and contact category is provided below.

Figure 16: All Contacts by Initiator Type and Contact Category (2009-2012)

Initiator	2009	2010	2011	2012
Anonymous	3	2	1	6
Beneficiary	44	71	47	35
Beneficiary's family	28	19	20	13
CMS				2
Dialysis Corporation	6	3	8	2
Facility staff	434	389	381	504
HMO	1	3	1	2
Network	5	1		5
Other	29	18	19	11
QIO	2			
Special Organization	5	2	1	2
State Agency	6	3	2	99
Student/Researcher	1			
Vendor	1	1		
Grand Total	565	512	480	681

Category	2009	2010	2011	2012
Beneficiary Complaint	52	52	48	41
Beneficiary Inquiry	23	31	19	14
CROWNWeb		35	11	158
Data Processing	76	46	3	1
Facility Concerns	173	210	174	238
Facility Inquiry	137	104	178	31
Formal Grievance	1			
Not Specified			17	5
Other Inquiry	80	34	28	193
SIMS Issues	23		2	
Grand Total	565	512	480	681

[Source: Network Contacts Utility; January-December, 2009-2012]

6.1 Beneficiary Grievance, Complaint and Inquiry Processing

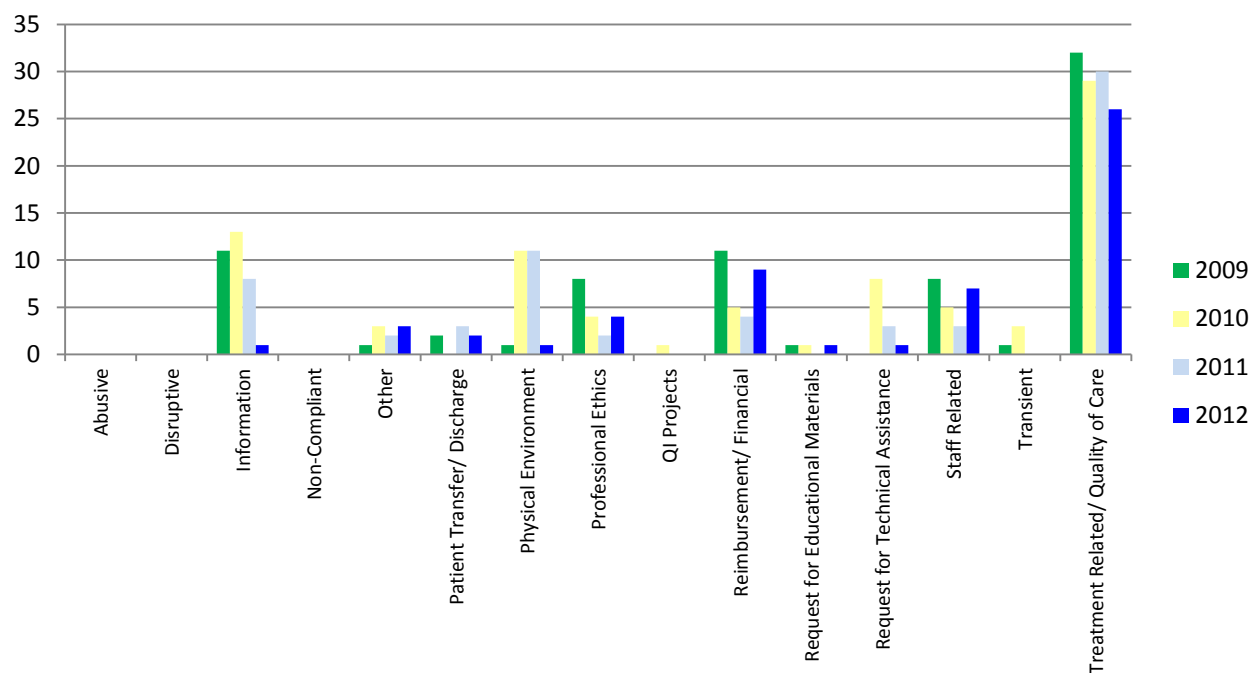
In 2012, the Network received no formal patient grievance, 41 beneficiary complaints and 14 beneficiary inquiries. The complaint, grievance and inquiry data are analyzed and reported at Network meetings of the Board of Trustees, the Medical Review Board (MRB), the Patient Advisory Committee, and at the patient and family education events.

Per the Network's MRB guidance, the Network reviews the contact data to identify trends in the beneficiary complaints or issues by area of concern (meaning the primary reason for contacting the Network office).

The total numbers of beneficiary contacts are illustrated in figure 17 below. Notice that, when contacts are received by or on behalf of the beneficiary, the primary reason for the contact is in regard to "treatment related or quality of care".

Figure 17: Comparison of All Contacts Related to Beneficiary Grievance, Complaint or Inquiry by Area of Concern (2009-2012)

	Abusive	Disruptive	Information	Non-Compliant	Other	Patient Transfer/ Discharge	Physical Environment	Professional Ethics	QI Projects	Reimbursement/ Financial	Request for Educational Materials	Request for Technical Assistance	Staff Related	Transient	Treatment Related/ Quality of Care	Total
2009			11		1	2	1	8		11	1		8	1	32	76
2010			13		3		11	4	1	5	1	8	5	3	29	83
2011			8		2	3	11	2		4		3	3		30	66
2012			1		3	2	1	4		9	1	1	7		26	55



[Source: Network Contacts Utility, January-December, 2009-2012]

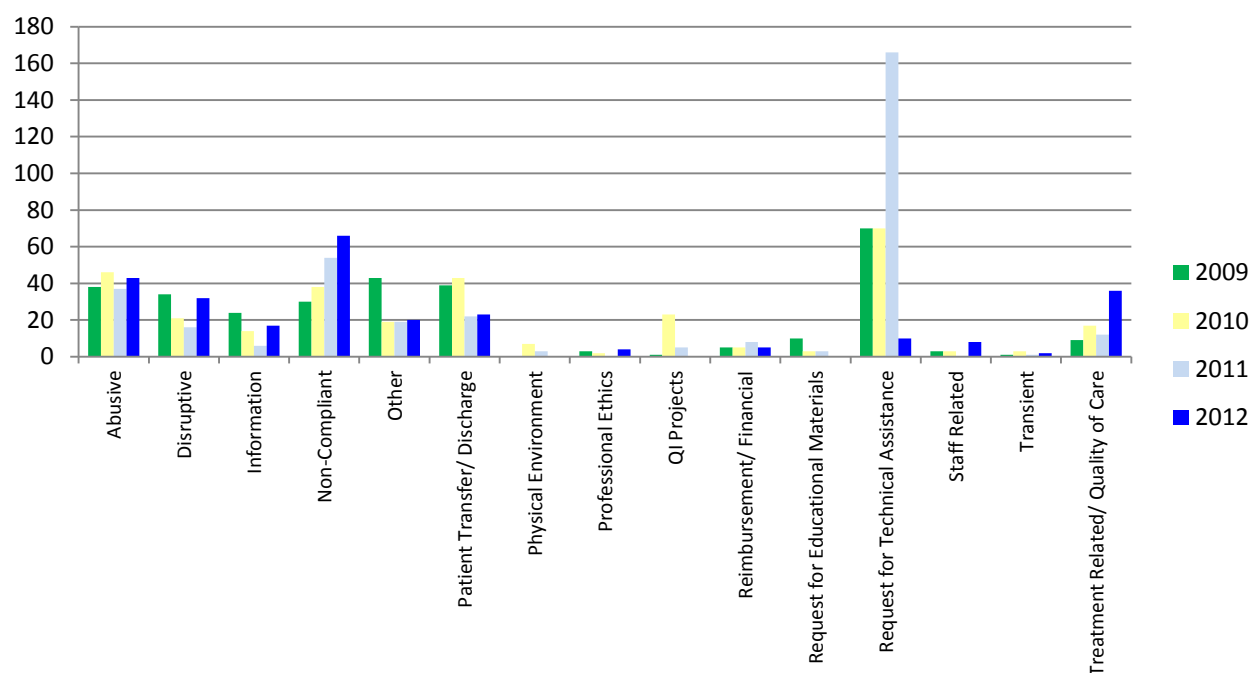
6.2 Facility Concerns and Inquiries

Network 4 reviews and records all calls received from dialysis units, transplant centers or dialysis corporation representatives to better understand facility-related issues.

Figure 18, on the following page, illustrates that the total number of contacts classified as facility concerns and facility inquiries are in regard to patient adherence to treatment (i.e. non-compliant) and with abusive/disruptive patient behaviors. Of special note would be the number of technical assistance contacts addressed in 2011 and were attributable to a special online project in support of Dialysis Facility Reports.

Figure 18: Comparison of All Contacts Related to Facility Concern or Inquiry by Area of Concern (2009-2012)

	Abusive	Disruptive	Information	Non-Compliant	Other	Patient Transfer/ Discharge	Physical Environment	Professional Ethics	QI Projects	Reimbursement/ Financial	Request for Educational Materials	Request for Technical Assistance	Staff Related	Transient	Treatment Related/ Quality of Care	Total
2009	38	34	24	30	43	39		3	1	5	10	70	3	1	9	310
2010	46	21	14	38	19	43	7	2	23	5	3	70	3	3	17	314
2011	37	16	6	54	19	22	3		5	8	3	166		1	12	352
2012	43	32	17	66	20	23		4		5		10	8	2	36	266



[Source: Network Contacts Utility, January-December, 2009-2012]

6.3 The Involuntary Discharge or Involuntary Transfer of a Patient

The Network continues to see steady numbers in contacts where an involuntary discharge (IVD) or involuntary transfer (IVT) may occur. Patients may be dismissed from the care relationship of an individual physician or from the dialysis unit. Some of these instances are considered appropriate under CMS's Conditions for Coverage (CfC) of Medicare-approved ESRD facilities, and some are not.

Figure 19, on the following page, provides summary data on instances where an individual was dismissed from care and groups the data by discharge reason. For the purpose of definition, the reason "facility ceases to operate" is an involuntary transfer. The other reasons make up the category of involuntary discharge. The standard definition and tracking of involuntary transfers began in 2012.

Figure 19: Involuntary Discharges and Involuntary Transfers by Discharge Reason (2009-2012)

	2009	2010	2011	2012
Facility ceases to operate (CfC)				162
Facility may not be able to meet medical needs (CfC)		1		
Immediate severe threat (CfC)	2	10	5	9
Non-payment (CfC)		1	4	
Ongoing disruptive and abusive behavior (CfC)	11	10	5	7
Other – Comment		1	5	5
Termination by Physician - medical noncompliance (invalid under CfC)			3	1
Termination by Physician - no show (invalid under CfC)	6	14	4	3
Termination by Physician - other (invalid under CfC)			1	1
Grand Total	19	37	27	188

[Source: Network Contacts Utility, January-December, 2009-2012]

D. GOAL 4: IMPROVE COLLABORATION WITH PROVIDERS AND FACILITIES TO ENSURE ACHIEVEMENT OF GOALS 1 THROUGH 3 THROUGH THE MOST EFFICIENT AND EFFECTIVE MEANS POSSIBLE, WITH RECOGNITION OF THE DIFFERENCES AMONG PROVIDERS AND THE ASSOCIATED POSSIBILITIES/CAPABILITIES.

Network 4 has cultivated successful collaborative relationships with various renal stakeholders serving CKD/ESRD beneficiaries, including:

- National Kidney Foundation (NKF) of Pittsburgh and Philadelphia
- Kidney Foundation of Central Pennsylvania
- American Nephrology Nurses Association (ANNA)
- Independent Dialysis Organizations
- The Renal Round Table Education Committee (Pittsburgh, Pennsylvania)
- Pennsylvania Medical Society
- Vascular Access Centers
- State Surveyors
- Hospital affiliations
- Centers for Disease Control and Prevention (CDC)
- Other Networks
- Quality Improvement Organizations (QIOs)
- Renal Support Network
- Regional Patient Support Groups

The following collaborative activities occurred in 2012 and demonstrate the Network's commitment to establishing and maintaining partnerships within the renal community.

1. 2012 NEPHROLOGY CONFERENCE

The 2012 Nephrology Conference was sponsored by The Renal Network for its members in ESRD Network 4, ESRD Network 9, and ESRD Network 10. The two-day conference took place on May 23 and 24 in Columbus, Ohio.

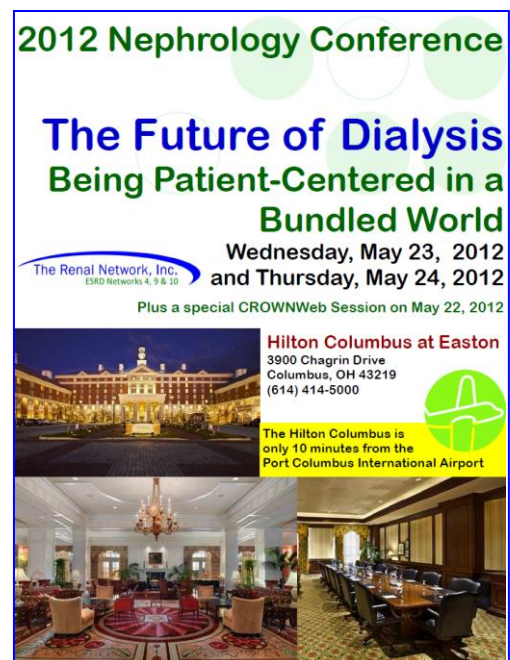
One goal of the conference was to present a patient-centered perspective to the participants.

The opening session of each day was devoted to a keynote talk from an ESRD patient:

- May 23: Caregivers as Heroes or 'Getting' Even' In a Good Way by James D. Dinneen of ESRD Network 9
- May 24: Patient Empowerment & Patient Choices...Through the Eyes of a Nurse/Patient by Cate Lewis, RN, of ESRD Network 4

Other topics over the two days included:

- Bundling, Quality Incentive Payment & Their Impact on Your Delivery of Dialysis Care



- Do You Know Where our Patient Is? Improving Care Transitions
- Optimizing Kidney Transplant Patient Care: Our Use of Health Informatics & Checklist-Based Data Review
- Infection Control, Patient Safety & NHSN
- Panel Discussion: Home Therapies & Patient Self-Managed Care
- *Self-Managed Care*
- *Peritoneal Dialysis*
- *Home Hemodialysis*
- Panel: Patient Choices Along the Continuum of Care and End-of-Life
- Concurrent Breakout Sessions:
 - Session A: Starting Out On the Right Food: Goal Setting in the First 30 Days
 - Using KDQOL-36 to Improve Health-Related Quality of Life & Meet Surveyor Goals
 - Cooking with the Renal Chef
 - Learned Dependence: Am I Making My Patients Depend on Me?
 - Best Practices Using Evaluation Tools in the Real World, Including KDQOL-36 & ICH-CAHPS
 - Cultural Competency

Additionally, Network awards were presented for outstanding achievements in vascular access and patient safety. Attendance for the two days was about 250 renal professionals, and continuing education credits were provided.

2. NETWORK COORDINATING COUNCIL WEBINAR

The Renal Network (TRN) hosted a Network Coordinating Council webinar on April 24, 2012. During this webinar, an overview of the three Network regions was provided, which included:

	NW4 PA & DE	NW9 IN, KY & OH	NW10 IL
Number of Dialysis Facilities	276	522	238
Number of Transplant Centers	19	15	8
Number of Prevalent Dialysis Patients	17,576	28,530	16,894

Other discussions included an overview of the current Quality Improvement Projects, a presentation on NHSN and CROWNWeb. A review of the Americans with Disabilities Act requirements, the Beneficiary Focused Learning Network, grievance data, and Patient Services resources were also provided.

3. CANNULATION CAMPS

Cannulation Camps were offered in several regions throughout the Network. “Cannulation Camp” is a full day educational and instructional collaborative with the PennDel CKD Partnership coalition, local ANNA chapters and local Vascular Access centers. The average attendance exceeded 100 participants per event. The objectives of Cannulation Camp included:

- Assist clinics with achieving and sustaining the goal of 66% AVF rate
- Provide methods to evaluate and monitor the non-mature AV fistula
- Discuss methods to detect AVF access failure
- Provide a “hand-on” cannulation and button-hole experience

4. SYMPOSIUMS

"Update on Chronic Kidney Disease" was a full day symposium partnership with the Kidney Foundation of Central Pennsylvania, Penn State College of Medicine and the ANNA-Susquehanna Chapter. This program was designed to update nephrologists, practitioners, renal nurses, dietitians and social workers on recent advances in the care of patients with chronic kidney disease. The Quality Improvement Director presented, *"Surviving a State Survey"*, and the Patient Services Director presented, *"Rules and Regulations: Impact on Patients"*.

"Horizons in Dialysis" was a full day symposium collaborative with ANNA Pittsburgh chapter and the Renal Round Table committee. The Quality Improvement Director participated on planning committee, and the Project Director presented, *"Working with CROWNWeb"*. Session topics included:

- "The Challenge of LVAD Therapy in the ESRD Patient"
- "Diabetes Management in Renal Failure"
- "Catheter Related Blood Stream Infections"
- "Professionalism from the PCT Perspective"
- "Working with CROWNWeb"
- "Bariatric Surgery as a Bridge to Renal Transplant"
- "Dialysis for a Horse!"
- "The Reluctant Donor"

"Multidisciplinary Vascular Access Dinner Symposiums" were collaborative sessions involving the Network, PennDel CKD Partnership, DaVita, US Renal Care, FMC, DCI and the Kidney Foundation of Central Pennsylvania. The presentations were designed to improve communication and encourage collaboration between all renal stakeholders with the goals of improving early referral, increase catheter avoidance and fistula placement, review surgical techniques, discuss vascular access discharge planning, and spread best practices in the monitoring and preservation of hemodialysis vascular access. Identified champions in the Network presented their methods to overcome barriers and the development of successful vascular access programs that achieved optimum patient outcomes. There were over fifty participants at each event which included nephrologists, surgeons, interventionists and hospital partners, with CMEs awarded to physicians.

A "QIMS Overview Webinar" was held on February 17th and included a general overview of the QualityNet Identity Management System (QIMS) and how to enroll for a CROWNWeb ID were provided to approximately 132 participants.

A "CROWNWeb Session" was on May 24th in conjunction with the 2012 Nephrology Conference. The Renal Network sponsored this special session through a representative from the CROWNWeb Outreach, Communication and Training (OCT) Team who provided education and an overview of the CROWNWeb system. The session included time for questions and answers. Administrators, social workers, renal nurses and patient care technicians who would utilize CW attended this session (80).

The following educational materials were distributed to the attendees of the CROWNWeb session:

- CROWNWeb Overview PowerPoint Presentation
- Quick start guides for admitting a new patient, completing a CMS-2728 form, completing a CMS-2746 form, changing patient attributes, and adding clinical information in CROWNWeb

5. REGIONAL MEETINGS

The Network facilitated collaborative engagement with physicians, surgeons, regional administrators, quality coordinators, CKD educators and nurse managers to discuss vascular access expectations for the intervention facilities, and expectations for overall fistula improvement. Educational opportunities and resources were presented.

February 15, 2012 -- CROWNWeb Liberty Dialysis Presentation with Regional Representatives, Pittsburgh, PA -- The Director of Data Operations and the Director of Information Systems met with the Regional Clinic Nurses and Administrators representing seven Liberty Dialysis clinics in the Western Pennsylvania Region. During this 45 minute presentation, an overview of the QualityNet Identity Management System (QIMS) and CROWNWeb were provided.

May 24, 2012 -- Fresenius Medical Care Regional Clinical Managers Meeting, Plymouth Meeting, PA -- The Project Director gave a presentation on CROWNWeb to regional clinical managers and administrative assistants. The presentation included an overview of the environment as well as helpful suggestions for working within the environment. A total of 26 managers and assistants attended the session.

6. SITE VISITS

Conducting a dialysis facility site visit is another method utilized by the Network to drive quality improvement that will continue in the new statement of work. A site visit allows Network 4 staff to talk directly with patients and facility staff to assess the conditions and climate of the dialysis facility and identify areas in need of improvement. It also helps to establish a one-on-one relationship with key facility staff members to foster commitment to planned quality improvement activities. The Network conducted several site visits to lower performing facilities with corporate leadership staff, medical directors and facility staff in attendance.

7. DEPARTMENT OF HEALTH

The Network conducted monthly conference calls with the Department of Health state surveyors from Pennsylvania and Delaware. Also in attendance during these calls were the Philadelphia and Boston CMS Regional Offices. In support of the state surveyors with on-site facility surveys, the Network would complete a unit-specific "pre-survey" questionnaire on dialysis units as requested.

8. VASCULAR ACCESS ADVISORY PANEL COALITION

The Network convened meetings with the members of the Vascular Access Advisory Panel (VAAP), a subcommittee of the Medical Review Board. The VAAP membership is comprised of vascular surgeons, interventionists, nephrologists, nurses and patients. These individuals have expertise as well as a particular interest in improving vascular access outcomes. The VAAP makes recommendations to the Medical Review Board regarding the development of Network vascular access quality initiatives.

9. PENNDEL CKD PARTNERSHIP -- A RENAL COALITION

The Network actively engaged in efforts to support the development and maintenance of a strategic coalition within the renal community in the Network area through training and ongoing consultative support. This partnership reduces fragmentation and duplication of services so that resources and

educational efforts can be efficiently and effectively directed towards services or projects to improve vascular improvement. The Network's renal coalition continued to demonstrate tangible results in 2012 through its collaboration with renal community stakeholders. Activities and projects of the Network 4 PennDel Chronic Kidney Disease (CKD) Partnership in 2012 included:

- Cannulation Camps
- Regional meetings
- Physician Dinner Symposiums

Mission	Vision	Goals
<i>"To enhance the ability of the renal community to improve the quality of healthcare services and the quality of life for the CKD/ESRD Medicare beneficiaries in The Renal Network, Inc.: Network 4."</i>	<i>"The PennDel CKD Partnership will reduce fragmentation and duplication of services so that resources and educational efforts can be efficiently and effectively directed towards services or projects."</i>	<ul style="list-style-type: none"> • <i>"To strengthen and build new partnerships in the renal community."</i> • <i>"To educate the target populations about CKD issues."</i>

The coalition was initiated in November 2006; coalition members were contacted and requested to invite new members to attend. There was a good response to both the meeting and the outreach for recruitment to the coalition committee with active recruitment ongoing in 2012. The Network continued to facilitate and steer coalition projects; however, the coalition functioned as a separate entity of Network 4.

The partnership included professionals from various agencies, including State Survey Agencies from Pennsylvania and Delaware, American Nephrology Nurses Association members, National Kidney Foundation staff, Kidney Foundation of Central Pennsylvania, Council of Nephrology Social Workers, CKD Nurse Educators, representatives from vascular access centers, renal dietitians, nurses and administrators from each of the large dialysis organizations, pharmacists, nurse practitioners, vascular access centers, several nephrologists, an interventional radiologist and a vascular surgeon. The coalition members participated in monthly conference calls; an agenda was created and minutes were recorded from each teleconference. Follow-up activities were also continued with task groups.

The PennDel CKD Partnership continued to promote their toolkit to educate primary care physicians (PCPs) on the stages of chronic kidney disease (CKD) and the clinical treatment and patient education needs that should be met during each of the five stages. The toolkit includes an education slide presentation, a CKD stage 1-5 algorithm of care, a pocket guide and a list of educational resources.

10. NETWORK 4 WEBSITE

The Network's website continued to be a valuable tool in communicating educational and technical information to the general public, and served as a resource for patients, researchers and renal professionals. The Network 4 homepage can be found at:

<http://www.esrdnetwork4.org>

The Network's URL became effective August 2005. This URL was communicated to the public by way of newsletters, memos, faxes and other correspondence. Network 4 redesigned its website in September 2007 with a more updated aesthetic, Section 508 compliance, improved navigation, and expanded content. NOTE: In June 2013, the Network 4 contract was transitioned to Quality Insights Renal Network

4. To help facilitate the transition, alleviate confusion, and reduce miscommunication, the Network 4 website was drastically reduced in scope. The following description highlights the content that resided through the end of 2012, before transition.

Network 4 on the Web ESRD Network 4 is Working for you.

Home
Events & Updates
Fistula First
Disasters
Patient Resources
Facility Resources
Functional Status
Newsletters
Conditions (CIC)

NHSN
CROWN Web
Data Services
Quality Improvement
Community Outreach
Annual Report
Grievance Policy
PennDel
Contact Us

/ Home Page H1N1 (SWINE) FLU INFO

CROWNweb

NHSN
National Healthcare
Safety Network
Dialysis Event
Reporting for
CMS ESRD QIP

-- EXPLORE TRANSPLANT --

Tuesday, June12, 2012
Wilkes-Barre, PA
Best Western Mountain Inn & Suites
2400 East End Boulevard
Wilkes-Barre, PA 18702

For information, download the [Brochure](#) (format: PDF, size: 975 kb). To register, download and submit the [Registration Form](#) (format: PDF, size: 283 kb) or call 717-231-8900.

3

Merger Completed for ESRD Networks 4, 9 and 10!

ESRD Network 4, ESRD Network 9 and ESRD Network 10 have merged under The Renal Network, Inc., a not-for-profit corporation which has been the contract holder for ESRD Network 9 and Network 10 since 1996. Read the complete [News Release](#) (format: PDF, size: 227) about the merger.

Welcome to ESRD Network 4!

Whether you are a Professional or an Individual living with Chronic Kidney Disease, we hope that you will find many useful resources here. Please take the time to look through our website and contact us at any time if you need help finding anything.

ESRD Network 4 is part of 18 non-profits organizations contracted through the Centers for Medicare & Medicaid Services (CMS). Our Mission is to ensure quality in care and quality in life for individuals with end stage renal disease. We serve the renal communities of Pennsylvania and Delaware with over 250 dialysis facilities, 19 transplant centers and 14,000 individuals living with Stage 5 Chronic Kidney Disease.

The Network is defined by its leadership role in the renal community. Network 4 is also responsible for the collection, analysis and validation of data regarding renal patients. We act as non-biased intermediaries for the resolution of complaints and grievances within the renal community. We develop, review and evaluate quality performance measures to drive positive change in quality care. Network 4's outreach is accomplished through volunteers, health care professionals and patients.

Network 4 does not handle issues related to the payment of dialysis services, reimbursement, state licensure or certifications.

Network Goals

A complete list of **Network Goals and Services** is available as a [printable document](#) (format: PDF, size: 114 kb).

ESRD Network 4 shares the national goals of the ESRD Network program as directed by CMS:

- Improve the quality and safety of dialysis related services provided for individuals with ESRD.
- Improve the independence, quality of life, and rehabilitation (to the extent possible) of individuals with ESRD through transplantation, use of self-care modalities, in-center self care, as medically appropriate, through the end-of-life.

8.1. Website Content

Network 4 recognized that individuals have unique needs when accessing its website. To accommodate the diversity within the user community, a variety of links has been provided to other documents and web pages including:

- **Vaccination Resources**: Educational materials for patients and facility staff are included on this site, along with resources from the Centers for Disease Control and Prevention (CDC).
- **Infection**: Tools and resources in support of the Vascular Access Infection Quality Improvement Project for 2011-2012 were consolidated and housed on this page.
- **Adherence**: Recognizing that there is challenge in the renal community with the adherence of patients to their prescribed dialysis treatment, The Renal Network developed an “Adherence Toolkit” which includes a number of resources for patients and staff.
- **Rehabilitation**: The “Rehabilitation Toolkit” was developed to support patients’ independence and quality of life.
- **Exercise**: Also with the intent of helping individuals reach optimal wellness, the Network developed this page with resources on motivation, helping patients get started, and setting up an exercise program.
- **Annual Report**: Annual Reports from 2000 through 2011 are available on this page.
- **Community Outreach**: This page contains useful resources and links on assessing a patient’s functional status, the DPC position statement on involuntary discharge, patient rights and responsibilities document, along with helpful tools for patients and facility staff.

- Grievance Policy: Defines a grievance and the Network's role in this process.
- Events and Updates: Lists the location, dates and times of Network meetings as well as information on disseminated materials, including FDA alerts and safety notices.
- Newsletters: Patient and Facility Newsletters (both hardcopy and electronic versions) developed, printed and distributed by Network 4, can be viewed and printed from this page.
- Privacy Policy: A standard statement regarding the use of electronic information has been added to each page.
- Goals and Services of the Network: These statements are listed on the homepage. The Network shares the goals found in the ESRD Statement of Work, provided by CMS, as well as clinical goals provided by NKF-K/DOQI. The various services provided by the Network's internal departments are also listed.
- Fistula First: The National Vascular Access Improvement Initiative (NVAII), also known as the Fistula First Project, has its own page. This link along with Network 4 specific information can be found on this page.
- Data Services: Several resources are available from this page, including instructions for completing the various CMS forms, data manuals, and patient population reports.
- Quality Improvement: The projects currently managed by the quality team are listed on this page, along with useful resources and tools.
- Patient Resources: Links to various useful tools and outside websites can be found on this page for both the adult and pediatric populations.
- Medicare's Dialysis Facility Compare: This service is provided by CMS and each page of the Network's website has this link.
- Facility Resources: The content of this page is provided to aid the many types of professionals who provide dialysis and transplant care, including physicians, nurses, social workers, dietitians, dialysis technicians, transplant coordinators, and administrators. Links to a unit self-assessment manual and tool, provided by the Life Options Rehabilitation Advisory Council (LORAC), dialysis patient care staff education modules provided by the Mid-Atlantic Renal Coalition, Kidney End-of-Life Coalition, the Medicare Conditions for Coverage for ESRD facilities, contact information to the OVR offices in Pennsylvania and Delaware, National Kidney Foundation's dialysis outcomes quality initiative, disaster preparedness manuals, and Life Options can be found here.
- PennDel CKD Partnership: This page provides information about the Network's coalition, a renal partnership of stakeholders committed to the mission of CKD education and achieving optimum AV fistula rates. Membership information, coalition endeavors and tools and resources can be found on this site.
- Disasters: This page offers resources on preparing for emergencies, including information on the Kidney Community Emergency Response (KCER) Coalition.
- CROWNWeb: This page contains updates on the migration to the CROWNWeb environment and information on training offerings.
- Functional Status: Tools and resources to aid renal social workers in the assessment of the functional status of patients can be found on this page.
- Conditions for Coverage (CfC): This page includes information, tools and resource materials helpful in understanding and applying the Conditions for Coverage of ESRD Facilities, for example: information on PCT certification, the Measures Assessment Tool, frequently asked questions, state survey v-tags, and the CfC Final Rule.

E. GOAL 5: IMPROVE THE COLLECTION, RELIABILITY, TIMELINESS, AND USE OF DATA TO MEASURE PROCESSES OF CARE AND OUTCOMES; TO MAINTAIN A PATIENT REGISTRY; AND TO SUPPORT THE GOALS OF THE ESRD NETWORK PROGRAM**1. THE CROWN ENVIRONMENT**

The Network continued to operate in the Consolidated Renal Operations in a Web-enabled Network (CROWN) environment. CROWN facilitated the collection and maintenance of information about the Medicare ESRD program, its beneficiaries, and the services provided to them.

In 2012, Network 4 utilized all components of CROWN:

- Standard Information Management System (SIMS) -- utilized from January 1, 2012 to June 15, 2012
- CROWNWeb -- launched June 16, 2012 and utilized from that date forward
- QualityNet Identity Management System (QIMS)
- Renal Management Information System (REMIS)
- Vital Information System to Improve Outcomes in Nephrology (VISION)
- QualityNet Exchange (My QualityNet)

2. STANDARD INFORMATION MANAGEMENT SYSTEM

The Network continued its commitment in 2012 to maintain data collection, validation and tracking through the Standard Information Management System (SIMS). This system was decommissioned on June 15 with the launch of CROWNWeb on June 16, 2012.

The Network utilized the database management and integrity components for routine tracking of facility data, patient level data, data discrepancies, SIMS Notifications and REMIS Alerts. The SIMS application continued to ensure the daily data entry operations of the mandated CMS non-reimbursement forms. These forms were initiated by dialysis and transplant units within the Network 4 geographic area. Information on patient treatment and settings was maintained through the National Patient Activity Reports (NPARs), provided by every dialysis and transplant unit each month. Each component of data collection, validation and tracking was transitioned to CROWNWeb and continues to be supported in that new environment.

3. CROWNWEB

CROWNWeb is a web-based data collection system that has shifted how Medicare-certified dialysis facilities submit sensitive ESRD data to the Centers for Medicare & Medicaid Services (CMS). The Medicare-certified dialysis units use CROWNWeb to report patient treatment, patient activity reports, the Chronic Renal Disease Medical Evidence Reports (CMS-2728) and the ESRD Death Notifications (CMS-2746) forms in real time. The national rollout for CROWNWeb occurred June 16, 2012. In preparation for the national rollout for CROWNWeb, the Network performed the following:

Data Cleanup: Because of CROWNWeb, “data clean up” is now something very different than what it was in the SIMS environment. From this point forward, data clean up refers to the review and corrections of data reports provided by the CROWNWeb Data Discrepancy and Support (CDDS) contractor. These reports were broken down into tabs based on the categories of data cleanup. Some of the data was able to be cleaned programmatically. Some areas required the Network’s Information Specialists and Data Operations Director to complete tasks of validating and manually correcting information. Data cleanup will enhance the accuracy of data when the conversion and transformation occur.

CROWNWeb users are responsible for updating their facility information but the Network performs validation by reviewing the information found in CROWNWeb.

Local Testing of SIMS to CROWNWeb Data Conversion: Networks 1, 4, 8, 7 and 13 volunteered to review the data that was converted from SIMS to CROWNWeb. This testing was coordinated by the Renal Requirements, Communications and Training (RCT) Team. The testing began on January 11 and lasted for three days. A national report was provided by the RCT Team on January 17, 2012 based on the findings of the testing group. There were 88 issues identified: 13 low priority, 9 medium priority, 34 high/critical priority and 32 not specified. These issues were reviewed by the Data Discrepancy Contractor and the Application Development Organization.

CROWNWeb National Log-In Events: On February 23, 2012 from 1:00 PM through 2:00 PM (local time), the Network participated in the National CROWNWeb Log-In Event. The invitation for this event came from the Project Manager for the CROWNWeb Outreach, Communications and Training (OCT) Team on February 17, 2012. The issues that were discovered during this National Event included system log-on failures, poor screen refresh rates, and lost connectivity.

The second National CROWNWeb Log-In Event was held on April 19, 2012, from 11:00 AM to 12:00 PM (local time). All individuals with a valid QIMS account were encouraged to sign on to CROWNWeb, remained signed on for five minutes, and then log off of CROWNWeb. Users who did not participate in the second National CROWNWeb Log-In Event were encouraged to join the QIMS National Log In and Password Maintenance Event on May 23, 2012. From 10:00 AM to 11:00 AM (local time), users were instructed to log in to QIMS and change their password.

Phase III Testing: Networks were instructed by the COR to recruit additional units to participate in the Phase III testing. Several facilities opted to drop out of the Phase III testing and wait for the National Rollout. VISION units were also invited to participate in Phase III testing. On March 22, 2012 a CROWN Memorandum announced that CMS extended the Phase III Pilot for an additional four-week period through April 20, 2012. All facilities were invited to join the CROWNWeb Pilot if they had a QIMS user account.

With the continued postponement regarding the start of Phase III, several units opted out to wait for the National Rollout. Due to the loss of participants for the Phase III testing, the Network did not meet the required goal for participants according to our SOW. We were instructed by the COR to recruit additional participants based on our contract. The Network contacted additional units and recruited above the required number of 20 units.

The Phase III participants were notified to complete an on-line Survey Monkey Feedback Report on Phase III Testing. The Network asked that the participants share their experiences in QIMS and entering their data into CROWNWeb.

Activities Following CROWNWeb's National Release: The National Release of CROWNWeb occurred on June 16, 2012. With this new system, several contract deliverables will not be possible for the Network to provide, such as reporting on CMS-2728 and CMS-2746 Forms Compliance.

Network 4 provided technical assistance and gave overviews on how to register and complete the on-line process for the QIMS application. Assistance also included providing the units with information on how to access QualityNet and CROWNWeb.

Unit-specific emails were distributed to facility administrators in the Network 4 region which contained the following information:

- Review of facility staff person's QIMS ID
- Q&As related to Role and Scope:
 - What is "Role" and "Scope"?
 - How will a user know if they have a Role assigned?
 - How will a user know if they have Scope assigned?
- How to set up Role and Scope
- How can a CROWNWeb Facility Administrator assign Scope to a user?

The Information Systems Director and Data Operations Director consistently participated in technical expert panels and with the testing of CROWNWeb. We also participated in the local testing of SIMS to CROWNWeb data conversion.

Data to support the national ESRD dataset was housed in SIMS until the launch of the CROWNWeb application. The SIMS ESRD dataset was converted to pre-populate the CROWNWeb environment, and the Network worked closely with the CROWNWeb developers in the resolution of data discrepancies.

All functions that were performed in SIMS are now performed in the CROWNWeb environment. Highlights of this functionality are provided in the sections below.

CMS-2728 and CMS-2746 Forms Entry: The Network continued to collect and track receipt of the CMS-2728 and CMS-2746 forms through SIMS from the dialysis and transplant centers in Network 4's geographic area. A continued goal among the Network 4 Data Team was to process each Chronic Renal Disease Medical Evidence Report (CMS-2728 form) and ESRD Death Notification (CMS-2746 form) within 15 working days from the date of receipt. The goal was exceeded with forms being entered into SIMS in less than 10 working days. In CROWNWeb, with forms entry now part of dialysis unit responsibility, the Network office supports timely processing of forms through alerting staff of missing forms and providing education and training on CROWNWeb functionality. It should be noted that the entry of transplant unit forms continue to be completed by the Network office.

National Patient Activity Reports (NPARs): The National Patient Activity Report is a standard data collection tool used to record patient level treatment activity each month, such as a change in renal replacement therapy or a transfer from one unit to another. The Network informed new providers that this tool is available on the Network 4 website under the Data Services page. The business rules and instructions are also available on the Network 4 website.

The Network monitored and trended the processing of the NPARs and remained on target at meeting the CMS goal of updating all patient level data within ten working days from receipt of the form, when working in the SIMS environment. In the CROWNWeb environment, dialysis unit staff record their own patient admissions, discharges and treatment changes either through the graphic user interface or through batch data submissions.

Patient Attributes and Related Treatment (PART): The PART screen in CROWNWeb was designed to validate the patient roster at a unit. It is required that the information on the PART screen is validated each month and the Network tracks the timely submission of validated data.

Notifications and Accretions: Notifications are defined as discrepant values of key data that are discovered when the various systems of the CROWN environment interact. Examples of this interaction are when the Social Security Administration has a different spelling of a last name or assigns a Health Insurance Claim Number to a Medicare Beneficiary. Accretions are alerts of possible new data discovered by claims data. These action items are to be processed in the CROWNWeb environment, and they can be accepted, rejected, or placed in an "under investigation" status.

Transplant Data: Kidney transplant data continued to be received from the United Network for Organ Sharing (UNOS) and was processed in SIMS and then CROWNWeb. Transplant centers within Network 4 do not enter data in CROWNWeb. The kidney transplant centers submit their non-reimbursement forms to the Network office for processing.

4. QUALITYNET IDENTITY MANAGEMENT SYSTEM (QIMS)

The QualityNet Identity Management System allows access to CROWNWeb. Each Network and facility user of CROWNWeb applied for the appropriate level of access to the system. There are three levels: a Security Official, an End User Manager and an End User. The application process consists of an online form, a hardcopy form, and the completion of Security Awareness Training.

To access CROWNWeb, participants sign on using a QIMS ID and then are presented with a two factor authentication code. The Network has achieved an enrollment rate of approximately 95% with QIMS and has over 1,500 QIMS IDs assigned.

5. RENAL MANAGEMENT INFORMATION SYSTEM (REMIS)

The Renal Management Information System is used to validate patient eligibility and activity through its connection to Medicare claims data. The system also generates alerts to the Network when data elements do not match various CMS systems, e.g. data from Medicare claims or the U.S. Social Security Administration. REMIS alerts served as a method of communicating information between Network users and ensuring an accurate ESRD dataset. Network 4 accessed, reviewed, and responded to REMIS alerts on a regular basis. The Network data staff continued to work with the CMS data quality team to resolve discrepant REMIS Alerts. Network 4 processed REMIS Alerts within 30 days of receipt.

6. VITAL INFORMATION SYSTEM TO IMPROVE OUTCOMES IN NEPHROLOGY (VISION)

The Network continued to provide technical support of a software called the Vital Information System to Improve Outcomes in Nephrology (VISION) through the discontinuation of the application when the CROWNWeb application was launched on June 16, 2012. All requests for technical assistance provided

to dialysis units participating with the VISION application were recorded in the Network Contacts Utility. The type of assistance provided during the year included:

- General assistance with the VISION application, such as how it works, how to enter data, and software problems
- Assistance with the standard patient events business rules or CMS rules regarding when a CMS-2728 is needed
- Assistance with QualityNet Exchange, such as error messages, questions, or file transfers

The Network was a valuable technical resource for the participating VISION units and served as the first line of contact with questions related to the functionality of the software or issues with QualityNet Exchange.

Prior to the launch of CROWNWeb, Network would validate 3% of signature found on hard-copy CMS-2728 forms. Work from the previous year is validated in the spring of the current year. The total number of VISION-submitted CMS-2728 forms in 2011 was 387. In March 2012, the Network began its work to validate form signatures. The Network asks to review at least one form from each participating facility. This over-sampling increased our total number of forms for review to 19. The majority of dialysis units did not submit a quantity of forms to necessitate more than one form to review. The Network selected the forms for review using a random number selector. The Network faxed a request to the units to pull the Network selected CMS-2728 and to fax the form to the Network office for review. Each form requested was received and all had the required signatures. This project was completed on March 9, 2012 with a 100% compliance rate.

7. QUALITYNET EXCHANGE (MY QUALITYNET)

QualityNet Exchange is a web-based application and was used by both the Network and the VISION facilities to transmit data in a secure manner. The Network has two QualityNet Administrators: the Director of Data Operations and the Director of Information Systems. This application was accessed on a regular basis by the Network office to retrieve the electronic files submitted from participating VISION units. Use of the environment became obsolete with the launch of CROWNWeb.

IV. Sanction Recommendations

Network 4 made no recommendations in 2012 to CMS for sanctions against any renal-approved facility.

The Network provided education and technical assistance to chronic dialysis facilities and renal transplant units to assist them in meeting the Network/CMS benchmarks for quality care, data compliance, and accuracy. This approach by the Network ensured that the facilities were able to meet, and in many instances exceed, Network and CMS requirements.

V. Recommendations For Additional Facilities

Network 4 has no official role in the approval process by the Divisions of Survey and Certification in Pennsylvania or Delaware for new or expanded facilities, or to make recommendations for additional or alternative services. However, dialysis organizations have utilized data available from the Network to make determinations of need for new facilities or expanded stations.

In 2012, the Network received several inquiries from dialysis corporations that planned to open new facilities. Callers were referred to the Network 4 website, past Annual Reports or provided with aggregated population statistics.

The state of Delaware and the Commonwealth of Pennsylvania have no requirement for a "certificate of need."

Throughout the past few years, the Network has seen a greater number of units open that specialize in home modalities.

VI. Data Tables

DISCLAIMER: *Be cautious in comparing the data tables presented in this report to those published in previous years. The Centers for Medicare & Medicaid Services (CMS) instituted a new data system, CROWNWeb, during 2012. It should be noted that the Network is no longer the primary responsible party for the collection or entry of data into the system.*

The following tables are required by the Centers for Medicare & Medicaid Services (CMS):

Table #1 – Newly Diagnosed Chronic ESRD Patients (ESRD Incidence)

This table describes the characteristics of all newly diagnosed ESRD patients who entered the program in the calendar year that ended December 31, 2012. The statistics include all newly diagnosed patients, regardless of Medicare status, who received treatment within Network 4 reported by state of residence at initiation of treatment.

Table #2 – Living ESRD Dialysis Patients (ESRD Prevalence)

ESRD patient prevalence is the number of patients by state of residence who received dialysis treatment in the Network area as of December 31, 2012. This table cannot be compared to the CMS-2744 Facility Survey because the Facility Survey is limited to dialysis patients who received outpatient services from Medicare approved dialysis facilities.

Table #3 – Number of Living Patients by Dialysis Modality – Self-Care Settings (Home)

This table displays the number of living self-care dialysis patients by treatment modality by facility as of December 31, 2011 and December 31, 2012. These numbers were taken from the CMS-2744 Facility Survey.

Table #4 – Number of Living Patients by Dialysis Modality – In-Center & Total

This table displays the number of living in-center dialysis patients by treatment modality by facility as of December 31, 2011 and December 31, 2012, and provides the sum of the self-care and in-center population. These numbers were taken from the CMS-2744 Facility Survey.

Table #5 – Number of Transplants Performed by Transplant Center

These statistics were derived from the CMS-2744 Facility Survey. The aggregate statistics represent the number of transplants performed and the number of patients listed on a kidney transplant waiting list. The statistics reported are as of December 31, 2011 and December 31, 2012.

Table #6 – Renal Transplant Recipients

The characteristics described in this table are transplant type, age, race, sex, and primary diagnosis of each transplant recipient regardless of state of residence.

Table #7 – Deaths of Dialysis Patients

Dialysis patient deaths are stratified according to age, race, sex, primary diagnosis, and primary cause of death within the Network area by state of residence.

Table #8 – Vocational Rehabilitation by Dialysis Facility

This table depicts the number of patients, aged 18 through 54, who were receiving services from a public or private vocational rehabilitation provider, and who were either employed or attending school during 2012. This chart also identifies those dialysis facilities that provided a late dialysis shift, starting at 5:00 PM or later, to accommodate those individuals who may be employed or attending school. These numbers were taken from the CMS-2744 Facility Survey.

TABLE #1 – NEWLY DIAGNOSED CHRONIC ESRD PATIENTS (ESRD INCIDENCE)*Newly diagnosed chronic ESRD patients by state of residence, age, gender, race and primary diagnosis for calendar year 2012*

Age Group	<u>DE</u>	<u>PA</u>	<u>Other</u>	<u>Total</u>
00-04	1	4	0	5
05-09	1	5	1	7
10-14	0	6	3	9
15-19	2	5	3	10
20-24	1	30	2	33
25-29	3	30	5	38
30-34	8	67	5	80
35-39	5	69	5	79
40-44	11	131	5	147
45-49	27	226	16	269
50-54	25	305	14	344
55-59	30	431	23	484
60-64	41	552	17	610
65-69	41	523	34	598
70-74	35	514	19	568
75-79	29	505	22	556
80-84	24	440	20	484
>=85	23	381	11	415
Total	307	4,224	205	4,736
Gender				
Female	118	1,778	80	1,976
Male	189	2,446	125	2,760
Not Specified	0	0	0	0
Total	307	4,224	205	4,736
Race				
American Indian/Alaskan Native	0	1	0	1
Asian	7	55	5	67
Black or African American	111	933	30	1,074
More Than One Race Selected	0	3	0	3
Native Hawaiian or Other Pacific Islander	0	3	0	3
White	189	3,227	168	3,584
Not Specified	0	2	2	4
Total	307	4,224	205	4,736
Primary Diagnosis				
Cystic/Hereditary/Congenital Diseases	13	148	12	173
Diabetes	94	1,777	45	1,916
Glomerulonephritis	26	253	18	297
Hypertension/Large Vessel Disease	75	1,128	61	1,264
Interstitial Nephritis/Pyelonephritis	8	143	6	157
Miscellaneous Conditions	45	474	21	540
Neoplasms/Tumors	10	112	11	133
Secondary GN/Vasculitis	7	82	3	92
Not Specified	29	107	28	164
Total	307	4,224	205	4,736

Source of Information: CROWNWeb

Date of Preparation: June 2013

The categories of RACE and PRIMARY DIAGNOSIS come 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 102 patients with 'transplant therapy' as an initial treatment.

This table includes 5 patients receiving treatment at non-Medicare approved Veterans Affairs facilities.

TABLE #2 – LIVING ESRD DIALYSIS PATIENTS (ESRD DIALYSIS PREVALENCE)*All active Dialysis Patients by state of residence, age, gender, race and primary diagnosis as of December 31, 2012*

Age Group	<u>DE</u>	<u>PA</u>	<u>Other</u>	<u>Total</u>
00-04	2	8	1	11
05-09	0	6	2	8
10-14	0	10	2	12
15-19	3	29	4	36
20-24	10	108	3	121
25-29	14	210	13	237
30-34	32	315	11	358
35-39	38	448	20	506
40-44	61	720	22	803
45-49	95	1,035	37	1,167
50-54	151	1,402	50	1,603
55-59	161	1,816	59	2,036
60-64	196	2,115	51	2,362
65-69	173	1,991	62	2,226
70-74	154	1,762	50	1,966
75-79	128	1,590	46	1,764
80-84	117	1,278	50	1,445
>=85	73	1,089	24	1,186
Total	1,408	15,932	507	17,847
Gender				
Female	615	6,824	215	7,654
Male	793	9,108	292	10,193
Total	1,408	15,932	507	17,847
Ethnicity				
Hispanic or Latino	51	707	28	786
Not Hispanic or Latino	1,357	15,220	479	17,056
Not Specified	0	5	0	5
Total	1,408	15,932	507	17,847
Race				
American Indian/Alaskan Native	3	6	0	9
Asian	17	227	6	250
Black or African American	738	5,379	116	6,233
More Than One Race Selected	1	19	0	20
Native Hawaiian or Other Pacific Islander	0	27	1	28
White	649	10,273	384	11,306
Not Specified	0	1	0	1
Total	1,408	15,932	507	17,847
Primary Diagnosis				
Cystic/Hereditary/Congenital Diseases	60	641	31	732
Diabetes	547	6,514	176	7,237
Glomerulonephritis	161	1,403	48	1,612
Hypertension/Large Vessel Disease	316	4,332	128	4,776
Interstitial Nephritis/Pyelonephritis	33	564	17	614
Miscellaneous Conditions	127	1,302	43	1,472
Neoplasms/Tumors	48	694	23	765
Secondary GN/Vasculitis	43	327	14	384
Not Specified	73	155	27	255
Total	1,408	15,932	507	17,847

Source of Information: CROWNWeb

Date of Preparation: June 2013

The categories of RACE and PRIMARY DIAGNOSIS come from the CMS-2728 Form.

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***DELAWARE FACILITIES**

Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
083300	ALFRED I. DUPONT HOSPITAL FOR CHILDREN DIALYSIS CENTER	0	0	0	0	1	1	0	0	1	1
080004	BAYHEALTH MEDICAL CENTER, KENT GENERAL CAMPUS	0	0	0	0	0	0	0	0	0	0
080001	CHRISTIANA CARE HEALTH SYSTEM	0	0	0	0	0	0	0	0	0	0
082501	FRESENIUS MEDICAL CARE BRANDYWINE	0	0	0	0	0	0	0	0	0	0
a 082520	FRESENIUS MEDICAL CARE BRANDYWINE HOME THERAPIES		1		10		44		0		55
082502	FRESENIUS MEDICAL CARE CENTRAL DELAWARE	0	0	0	0	0	0	0	0	0	0
082506	FRESENIUS MEDICAL CARE CHRISTIANA	7	2	36	3	9	3	0	0	52	8
082509	FRESENIUS MEDICAL CARE FIRST STATE	0	0	0	0	0	0	0	0	0	0
b 082521	FRESENIUS MEDICAL CARE FOX RUN		0		0		0		0		0
082515	FRESENIUS MEDICAL CARE GREENTREE	0	3	0	2	0	9	0	0	0	14
082503	FRESENIUS MEDICAL CARE MID SUSSEX COUNTY	0	0	0	0	2	2	0	0	2	2
082514	FRESENIUS MEDICAL CARE MIDDLETOWN	0	0	0	0	0	0	0	0	0	0
082507	FRESENIUS MEDICAL CARE MILFORD	5	2	4	2	16	14	0	0	25	18
082519	FRESENIUS MEDICAL CARE MILLSBORO	1	0	1	0	0	0	0	0	2	0
082513	FRESENIUS MEDICAL CARE NEWPORT PIKE	0	0	0	0	0	0	0	0	0	0
082516	FRESENIUS MEDICAL CARE NORTH WILMINGTON	0	0	0	0	0	0	0	0	0	0
082510	FRESENIUS MEDICAL CARE REHOBOTH	0	0	0	0	0	0	0	0	0	0
082505	FRESENIUS MEDICAL CARE RIVERSIDE PARK	1	0	2	2	13	14	0	0	16	16
082508	FRESENIUS MEDICAL CARE SEAFORD	0	0	0	0	2	4	0	0	2	4
082512	FRESENIUS MEDICAL CARE SMYRNA	0	0	0	0	0	0	0	0	0	0
082511	FRESENIUS MEDICAL CARE WILMINGTON	0	0	0	0	0	0	0	0	0	0
082518	LIBERTY DIALYSIS - SEAFORD	0	0	0	4	0	4	0	0	0	8
082517	LIBERTY DIALYSIS - WILMINGTON	0	0	1	1	4	13	0	0	5	14
08002F	WILMINGTON VETERANS ADMINISTRATION MEDICAL CENTER	0	0	0	0	0	0	0	0	0	0
DELAWARE AGGREGATE		14	8	44	24	47	108	0	0	105	140

PENNSYLVANIA FACILITIES

Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
390142	ALBERT EINSTEIN MEDICAL CENTER	0	0	10	9	6	12	0	0	16	21
392759	ARA DIALYSIS UNIT AT OHIO VALLEY HOSPITAL LLC	0	0	0	0	0	0	0	0	0	0

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
392545	BELMONT COURT DIALYSIS - DOYLESTOWN CAMPUS	0	0	0	0	0	0	0	0	0	0
392577	BELMONT COURT DIALYSIS - NORTHEAST CAMPUS	0	0	0	0	0	0	0	0	0	0
392618	BELMONT COURT DIALYSIS - ROOSEVELT CAMPUS	0	0	0	0	0	0	0	0	0	0
392661	BELMONT COURT DIALYSIS - TORRESDALE CAMPUS	0	0	0	0	0	0	0	0	0	0
392572	BELMONT COURT DIALYSIS - WARMINSTER CAMPUS	0	0	0	0	0	0	0	0	0	0
392742	BENSALEM DIALYSIS CENTER	0	0	0	0	8	6	0	0	8	6
392677	BUTLER COUNTY DIALYSIS CENTER	0	0	0	0	5	6	0	0	5	6
392554	CENTRAL KITTANNING DIALYSIS CENTER, LLC	0	0	0	0	6	5	0	0	6	5
393303	CHILDRENS HOSPITAL OF PHILADELPHIA	0	0	0	0	2	7	0	0	2	7
393302	CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC DIALYSIS UNIT	0	0	0	0	5	3	0	0	5	3
392724	CHILDS DIALYSIS	0	0	0	0	0	0	0	0	0	0
392775	CHOICE HOME DIALYSIS	3	6	0	2	10	27	0	0	13	35
c 392761	COMMONWEALTH DIALYSIS		0		0		0		0		0
392766	COTTMAN KIDNEY CENTER	1	0	0	0	3	3	0	0	4	3
392614	DAVITA - ABINGTON DIALYSIS	12	12	3	2	21	30	0	0	36	44
392768	DAVITA - ALLEGHENY VALLEY DIALYSIS	3	0	0	0	1	3	0	0	4	3
392751	DAVITA - BLOOMFIELD - PITTSBURGH	0	0	0	0	0	0	0	0	0	0
392523	DAVITA - BRADFORD DIALYSIS	2	2	1	0	19	11	0	0	22	13
392753	DAVITA - BROAD STREET	0	0	0	0	0	0	0	0	0	0
392749	DAVITA - CALLOWHILL	0	0	0	0	0	0	0	0	0	0
392534	DAVITA - CAMP HILL DIALYSIS CENTER	7	8	1	0	10	10	0	0	18	18
392704	DAVITA - CLEARFIELD DIALYSIS	0	0	0	0	0	0	0	0	0	0
392536	DAVITA - COBBS CREEK DIALYSIS	0	0	0	0	0	0	0	0	0	0
392580	DAVITA - CORRY DIALYSIS	0	0	0	0	0	0	0	0	0	0
392600	DAVITA - DELAWARE VALLEY DIALYSIS CENTER	0	0	0	0	1	2	0	0	1	2
392748	DAVITA - EAST END PITTSBURGH	0	0	0	0	4	5	0	0	4	5
392686	DAVITA - EBENSBURG	0	0	0	0	0	0	0	0	0	0
392710	DAVITA - ELIZABETH DIALYSIS	7	5	0	0	0	0	0	0	7	5
392604	DAVITA - ELIZABETHTOWN DIALYSIS	1	0	0	0	0	0	0	0	1	0
392706	DAVITA - EPHRATA	0	0	0	0	0	0	0	0	0	0
392543	DAVITA - ERIE DIALYSIS	20	0	0	0	56	4	0	0	76	4
392776	DAVITA - FRACKVILLE	0	0	0	0	0	6	0	0	0	6

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

	Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
			2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
	392756	DAVITA - FRANKLIN DIALYSIS AT HOME	31	33	1	0	24	30	0	0	56	63
	392531	DAVITA - FRANKLIN DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
d	392792	DAVITA - GRANT ONE DIALYSIS CENTER		0		0		0		0		0
	392662	DAVITA - HOMESTEAD DIALYSIS	0	0	0	0	0	0	0	0	0	0
	392682	DAVITA - HUNTINGDON VALLEY DIALYSIS	0	0	0	0	0	0	0	0	0	0
	392573	DAVITA - JEFFERSON DIALYSIS	0	0	1	2	13	9	0	0	14	11
	392687	DAVITA - JOHNSTOWN	3	3	6	2	27	19	1	0	37	24
e	392796	DAVITA - LAKE ERIE HOME DIALYSIS		21		7		70		0		98
	392609	DAVITA - LANCASTER	26	14	0	0	0	0	0	0	26	14
	392598	DAVITA - LEWISTOWN DIALYSIS	0	0	0	0	5	11	0	0	5	11
	392719	DAVITA - LINCOLN WAY DIALYSIS	0	0	0	0	0	0	0	0	0	0
f	392785	DAVITA - MANHEIM PIKE DIALYSIS		16		0		20		0		36
	392532	DAVITA - MCKEESPORT DIALYSIS	0	0	0	1	0	6	0	0	0	7
	392700	DAVITA - MCKEESPORT WEST DIALYSIS	0	0	0	0	0	0	0	0	0	0
	392537	DAVITA - MEADVILLE DIALYSIS	2	2	0	0	4	11	0	0	6	13
	392752	DAVITA - MONROEVILLE	0	0	0	0	10	9	0	0	10	9
	392705	DAVITA - MOUNT POCONO DIALYSIS	0	0	0	0	0	0	0	0	0	0
	392769	DAVITA - NORTHSIDE DIALYSIS	9	5	0	0	10	9	0	0	19	14
	392613	DAVITA - NORTHUMBERLAND DIALYSIS	0	0	0	0	0	0	0	0	0	0
	392692	DAVITA - OAK SPRINGS DIALYSIS	0	1	0	0	0	3	0	0	0	4
	392595	DAVITA - PARIS DIALYSIS	0	4	1	1	9	11	0	0	10	16
g	392797	DAVITA - PAXTON DIALYSIS		0		0		3		0		3
h	392798	DAVITA - PENN HILLS DIALYSIS		0		0		0		0		0
	392718	DAVITA - PHILADELPHIA - MARKET STREET	0	0	0	0	0	0	0	0	0	0
	392521	DAVITA - PHILADELPHIA 42ND STREET DIALYSIS	10	12	1	4	25	21	0	0	36	37
	392538	DAVITA - PHILADELPHIA PMC DIALYSIS	0	0	0	0	1	0	0	0	1	0
	392699	DAVITA - PITTSBURGH DIALYSIS	3	1	0	0	4	3	0	1	7	5
	392772	DAVITA - PITTSBURGH HOME MODALITY CENTER OF EXCELLENCE	19	11	0	0	9	11	0	0	28	22
	392606	DAVITA - POCONO DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
	392630	DAVITA - RADNOR DIALYSIS	9	8	0	1	13	16	0	0	22	25
	392516	DAVITA - ROXBOROUGH DIALYSIS	0	0	0	0	0	0	0	0	0	0
	392628	DAVITA - SELINGSGROVE DIALYSIS	11	10	1	4	7	13	0	0	19	27

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
392617	DAVITA - SELLERSVILLE DIALYSIS	0	0	0	0	4	5	0	0	4	5
392778	DAVITA - SOMERSET COUNTY DIALYSIS	0	0	0	0	4	4	0	0	4	4
392779	DAVITA - THORN RUN DIALYSIS	0	0	0	0	0	0	0	0	0	0
392522	DAVITA - THORNDALE DIALYSIS	0	0	2	2	10	19	0	0	12	21
392787	DAVITA - UNIVERSITY CITY DIALYSIS	0	1	0	0	19	20	0	0	19	21
392702	DAVITA - WALNUT TOWERS	0	0	1	3	10	9	0	0	11	12
392502	DAVITA - WAVERLY DIALYSIS	0	0	0	1	7	13	0	0	7	14
392641	DAVITA - WAYNESBURG DIALYSIS	0	0	0	0	2	2	0	0	2	2
392513	DAVITA - WEST PHILADELPHIA DIALYSIS	0	0	0	0	0	0	0	0	0	0
392764	DAVITA - WILLOW GROVE DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
392635	DAVITA - WYNCOTE	0	0	0	0	0	0	0	0	0	0
i 392788	DAVITA BUTTONWOOD DIALYSIS		0		0		1		0		1
392509	DAVITA NORTHERN PHILADELPHIA	0	0	1	0	0	0	0	0	1	0
j 392803	DAVITA SUBURBAN CAMPUS DIALYSIS		0		0		15		0		15
392780	DCI AT CHESTNUT RIDGE	0	0	0	0	0	0	0	0	0	0
392622	DCI OF BEAVER FALLS / CHIPPEWA	0	0	0	0	0	0	0	0	0	0
392660	DCI OF CLARION	0	1	0	0	0	0	0	0	0	1
392623	DCI OF GROVE CITY	0	0	0	0	0	0	0	0	0	0
392740	DCI OF HASTINGS	0	0	0	0	0	0	0	0	0	0
392695	DCI OF HILLPOINTE	0	0	0	0	0	0	0	0	0	0
392683	DCI OF INDIANA	0	1	0	0	1	2	2	0	3	3
392574	DCI OF JEANNETTE	0	0	0	0	5	3	0	0	5	3
392588	DCI OF MOUNT PLEASANT	0	0	1	1	4	5	0	0	5	6
392535	DCI OF NEW KENSINGTON	0	0	0	0	1	0	0	0	1	0
392639	DCI OF NORTH BOROUGH CLINIC	0	0	0	0	0	0	0	0	0	0
392581	DCI OF NORTH HILLS	0	0	1	1	5	5	0	0	6	6
392657	DCI OF PARKS BEND	0	0	0	0	1	1	0	0	1	1
392548	DCI OF PHILADELPHIA	0	0	6	8	2	2	0	0	8	10
392681	DCI OF PUNXSUTAWNEY	0	1	3	3	3	2	0	0	6	6
392636	DCI OF SEVEN FIELDS	0	0	2	0	4	5	0	0	6	5
392646	DCI OF SHENANGO VALLEY	0	0	0	0	1	4	0	0	1	4
392597	DCI OF WASHINGTON	0	0	1	0	0	0	0	0	1	0

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
392567	DCI RENAL SERVICES OF PITTSBURGH, LLC - BANKSVILLE	0	0	0	0	1	0	0	0	1	0
392698	DCI RENAL SERVICES OF PITTSBURGH, LLC - FIVE POINTS	0	1	1	1	3	5	0	0	4	7
392676	DCI RENAL SERVICES OF PITTSBURGH, LLC - HARMAR VILLAGE	0	0	0	0	0	0	0	0	0	0
392563	DCI RENAL SERVICES OF PITTSBURGH, LLC - MONROEVILLE	0	0	0	0	0	0	0	0	0	0
392674	DCI RENAL SERVICES OF PITTSBURGH, LLC - NORTH VERSAILLES	0	0	0	0	0	0	0	0	0	0
392610	DCI RENAL SERVICES OF PITTSBURGH, LLC - OAKLAND	8	8	1	4	27	28	0	0	36	40
392586	DCI RENAL SERVICES OF PITTSBURGH, LLC - POINT BREEZE	0	0	0	0	0	0	0	0	0	0
392644	DIALYSIS CENTER AT OXFORD COURT	0	0	0	0	0	0	0	0	0	0
392735	DIALYSIS CENTER OF BUCKS COUNTY	0	0	0	1	1	4	0	0	1	5
392528	DIALYSIS CENTER OF ERIE	0	0	8	0	17	1	0	0	25	1
392723	DUNMORE DIALYSIS	4	6	7	7	23	32	0	0	34	45
392771	FRANKLIN COMMONS DIALYSIS	0	0	0	0	0	0	0	0	0	0
392506	FRESENIUS MEDICAL CARE ABINGTON	1	1	0	1	0	0	0	0	1	2
392505	FRESENIUS MEDICAL CARE ALLENTOWN	0	0	0	0	0	0	0	0	0	0
392633	FRESENIUS MEDICAL CARE ALTOONA	0	0	1	0	6	9	0	0	7	9
392689	FRESENIUS MEDICAL CARE BERWICK	1	0	0	0	0	0	0	0	1	0
392511	FRESENIUS MEDICAL CARE BETHLEHEM	4	8	2	7	8	11	0	0	14	26
392575	FRESENIUS MEDICAL CARE BRYN MAWR	0	0	0	0	0	2	0	0	0	2
392629	FRESENIUS MEDICAL CARE CAMBRIA	0	0	0	0	0	0	0	0	0	0
392755	FRESENIUS MEDICAL CARE CAMP HILL	0	1	2	3	27	29	0	0	29	33
392672	FRESENIUS MEDICAL CARE CAPITAL AREA	0	0	0	0	0	0	0	0	0	0
392620	FRESENIUS MEDICAL CARE CARBON COUNTY	0	0	1	3	3	1	0	0	4	4
392507	FRESENIUS MEDICAL CARE CENTRAL PHILADELPHIA	1	4	0	0	0	2	0	0	1	6
392741	FRESENIUS MEDICAL CARE CHAMBERSBURG	0	0	3	3	3	3	0	0	6	6
392653	FRESENIUS MEDICAL CARE CITYLINE	0	0	0	0	1	0	0	0	1	0
392576	FRESENIUS MEDICAL CARE CLAIRTON	0	0	1	1	3	5	0	0	4	6
392642	FRESENIUS MEDICAL CARE CRANBERRY	0	0	0	0	0	0	0	0	0	0
392634	FRESENIUS MEDICAL CARE CUMBERLAND COUNTY	0	0	1	3	7	5	0	0	8	8
392551	FRESENIUS MEDICAL CARE DELCO	0	0	0	0	0	0	0	0	0	0
392651	FRESENIUS MEDICAL CARE DONORA	0	0	0	1	0	4	0	0	0	5
392667	FRESENIUS MEDICAL CARE DOYLESTOWN	0	0	1	0	1	1	0	0	2	1
392690	FRESENIUS MEDICAL CARE DUNMORE	0	0	0	0	0	0	0	0	0	0

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
392680	FRESENIUS MEDICAL CARE EAST HILLS	0	0	0	0	0	0	0	0	0	0
392515	FRESENIUS MEDICAL CARE EAST NORRITON	0	0	1	1	1	5	0	0	2	6
392547	FRESENIUS MEDICAL CARE EAST STROUDSBURG	0	0	2	3	2	2	0	0	4	5
392517	FRESENIUS MEDICAL CARE EASTON	1	0	0	0	2	0	0	0	3	0
392578	FRESENIUS MEDICAL CARE ELLWOOD CITY	0	0	0	0	0	1	0	0	0	1
392568	FRESENIUS MEDICAL CARE EPISCOPAL	0	0	0	0	0	0	0	0	0	0
392540	FRESENIUS MEDICAL CARE FAIRMOUNT	0	0	0	0	0	0	0	0	0	0
392663	FRESENIUS MEDICAL CARE GRADUATE	0	0	0	0	0	0	0	0	0	0
392637	FRESENIUS MEDICAL CARE GREENE COUNTY	0	0	0	0	0	0	0	0	0	0
392520	FRESENIUS MEDICAL CARE GREENSBURG	1	0	4	0	1	0	0	0	6	0
392694	FRESENIUS MEDICAL CARE HAHNEMANN	0	0	0	0	0	0	0	0	0	0
392594	FRESENIUS MEDICAL CARE HARRISBURG	3	1	0	0	3	2	0	0	6	3
392770	FRESENIUS MEDICAL CARE HARSTON HALL	0	0	0	0	0	0	0	0	0	0
392524	FRESENIUS MEDICAL CARE HAZLETON	0	0	0	0	0	0	0	0	0	0
392546	FRESENIUS MEDICAL CARE HERMITAGE	0	0	0	0	0	0	0	0	0	0
392685	FRESENIUS MEDICAL CARE KUTZTOWN	1	0	2	2	2	0	0	0	5	2
392671	FRESENIUS MEDICAL CARE LANSDALE	0	0	0	0	0	0	0	0	0	0
392561	FRESENIUS MEDICAL CARE LATROBE	1	0	10	2	0	6	0	0	11	8
392562	FRESENIUS MEDICAL CARE LIMERICK	2	2	5	0	3	10	0	0	10	12
392650	FRESENIUS MEDICAL CARE MILLERSBURG	0	0	0	0	0	0	0	0	0	0
392565	FRESENIUS MEDICAL CARE MON VALLEY	0	0	0	0	2	0	0	0	2	0
392640	FRESENIUS MEDICAL CARE MONTGOMERY EAST	0	0	0	0	0	0	0	0	0	0
392590	FRESENIUS MEDICAL CARE MOUNT PLEASANT	0	0	0	0	1	0	0	0	1	0
392658	FRESENIUS MEDICAL CARE MT. AIRY	6	4	0	1	10	11	0	0	16	16
392697	FRESENIUS MEDICAL CARE MT. OLIVER	0	0	0	0	0	0	0	0	0	0
392734	FRESENIUS MEDICAL CARE MURRYSVILLE	0	0	0	0	1	9	0	0	1	9
392670	FRESENIUS MEDICAL CARE NANTICOKE	4	0	1	1	1	0	0	0	6	1
392714	FRESENIUS MEDICAL CARE NAZARETH	1	0	2	3	1	2	0	0	4	5
k 392784	FRESENIUS MEDICAL CARE NEW BLOOMFIELD		0		0		0		0		0
392552	FRESENIUS MEDICAL CARE NEW CASTLE	1	1	0	0	1	6	0	0	2	7
392533	FRESENIUS MEDICAL CARE NORTHEAST PHILADELPHIA	0	0	0	0	0	1	0	0	0	1
392560	FRESENIUS MEDICAL CARE NORTHWEST PHILADELPHIA	2	1	0	2	2	2	0	0	4	5

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
392579	FRESENIUS MEDICAL CARE OHIO VALLEY	0	0	1	0	0	0	0	0	1	0
392664	FRESENIUS MEDICAL CARE OLNEY	0	1	0	0	0	0	0	0	0	1
392781	FRESENIUS MEDICAL CARE OVERBROOK		0		0		2		0		2
392659	FRESENIUS MEDICAL CARE PALMYRA/LEBANON COUNTY	5	4	0	1	8	5	0	0	13	10
392569	FRESENIUS MEDICAL CARE PARKVIEW	0	0	0	0	0	0	0	0	0	0
392632	FRESENIUS MEDICAL CARE PENN HILLS	0	0	0	0	1	0	0	0	1	0
392501	FRESENIUS MEDICAL CARE PHILADELPHIA	0	0	0	0	0	0	0	0	0	0
392621	FRESENIUS MEDICAL CARE PITTSTON	0	0	0	0	0	0	0	0	0	0
392783	FRESENIUS MEDICAL CARE PORT RICHMOND		0		1		1		0		2
392518	FRESENIUS MEDICAL CARE POTTSVILLE	0	0	12	12	1	3	0	0	13	15
392626	FRESENIUS MEDICAL CARE REDSTONE	0	0	0	0	0	0	0	0	0	0
392592	FRESENIUS MEDICAL CARE SHADYSIDE	0	1	0	1	5	7	0	0	5	9
392669	FRESENIUS MEDICAL CARE SHALER	3	2	0	0	0	0	0	0	3	2
392638	FRESENIUS MEDICAL CARE SLATEBELT	0	0	0	0	0	0	0	0	0	0
392711	FRESENIUS MEDICAL CARE SOUTH ALLENTOWN	0	0	6	5	12	15	0	0	18	20
392544	FRESENIUS MEDICAL CARE SOUTH HILLS	0	0	1	0	3	2	0	0	4	2
392647	FRESENIUS MEDICAL CARE STATE COLLEGE	0	0	2	0	1	2	0	0	3	2
392649	FRESENIUS MEDICAL CARE SWARTHMORE	0	1	0	3	6	3	0	0	6	7
392708	FRESENIUS MEDICAL CARE TAMAQUA	0	0	0	0	1	1	0	0	1	1
392530	FRESENIUS MEDICAL CARE TEMPLE DIALYSIS - GERMANTOWN	0	0	0	0	0	0	0	0	0	0
392605	FRESENIUS MEDICAL CARE TEMPLE DIALYSIS - ONTARIO	0	0	6	0	3	4	0	0	9	4
392559	FRESENIUS MEDICAL CARE THREE RIVERS	0	0	0	0	1	0	0	0	1	0
392553	FRESENIUS MEDICAL CARE UNIONTOWN	0	0	2	1	0	1	0	0	2	2
392701	FRESENIUS MEDICAL CARE WAYNESBORO	0	0	0	0	0	0	0	0	0	0
392542	FRESENIUS MEDICAL CARE WESTERN PENNSYLVANIA	1	0	0	0	1	0	0	0	2	0
392603	FRESENIUS MEDICAL CARE WHITEHALL	1	0	2	0	2	0	0	0	5	0
392512	FRESENIUS MEDICAL CARE WILKES-BARRE	0	4	0	0	0	2	0	0	0	6
392539	FRESENIUS MEDICAL CARE WYNNEWOOD	0	0	2	2	14	15	0	0	16	17
390006	GEISINGER HEALTH SYSTEM	0	0	2	3	16	17	0	0	18	20
392591	GIRARD DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
393518	GMC OUTPATIENT DIALYSIS UNIT - JUSTIN DRIVE	0	0	0	0	0	0	0	0	0	0
392557	GSH DIALYSIS, INC.	0	0	1	2	3	5	0	0	4	7

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

	Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
			2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
n	392800	HARMARVILLE DIALYSIS		0		0		0		0		0
	392582	HONESDALE DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
	392631	JENNERSVILLE DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
	392746	KIDNEY CARE SERVICES OF DUBOIS	3	2	6	2	2	3	0	0	11	7
	392747	KIDNEY CARE SERVICES OF PHILIPSBURG	1	0	1	0	1	2	0	0	3	2
o	390100	LANCASTER GENERAL HEALTH CAMPUS	0	0	2	0	18	0	0	0	20	0
	392736	LANGHORNE DIALYSIS CENTER	0	0	0	1	4	7	0	0	4	8
	392721	LIBERTY DIALYSIS - BADEN	0	0	0	0	0	0	0	0	0	0
	392727	LIBERTY DIALYSIS - BANKSVILLE	1	1	0	0	12	8	0	0	13	9
	392733	LIBERTY DIALYSIS - CHIPPEWA	0	0	0	0	0	0	0	0	0	0
	392743	LIBERTY DIALYSIS - DOYLESTOWN	0	0	0	0	0	0	0	0	0	0
	392732	LIBERTY DIALYSIS - FRIENDSHIP RIDGE	0	4	0	0	0	0	0	0	0	4
	392720	LIBERTY DIALYSIS - HOPEWELL	2	2	1	0	17	9	0	0	20	11
	392717	LIBERTY DIALYSIS - SOUTHPOINTE	0	0	0	1	13	11	0	0	13	12
	392716	LIBERTY DIALYSIS - WASHINGTON	0	0	0	0	0	0	0	0	0	0
p	392782	LIBERTY DIALYSIS LLC - CAMP HILL		0		0		2		0		2
	393505	LITTLESTOWN DIALYSIS CENTER	0	0	0	0	4	10	0	0	4	10
	392678	LOCK HAVEN DIALYSIS CLINIC	0	0	0	0	0	0	0	0	0	0
	390256	M.S. HERSHEY MEDICAL CENTER	0	0	2	0	18	19	0	0	20	19
	392601	MEMPHIS STREET RENAL CENTER	0	0	0	0	0	0	0	0	0	0
	392715	NEW CASTLE DIALYSIS CENTER	0	0	0	0	1	2	0	0	1	2
	392616	NEWTOWN DIALYSIS CENTER	4	5	0	0	3	3	0	0	7	8
	392763	NORTH CENTRAL PENNSYLVANIA DIALYSIS CENTER - LEWISBURG, LLC	0	0	2	3	0	1	0	0	2	4
	392555	NORTHEAST PHILADELPHIA DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
	392726	OLD FORGE DIALYSIS	0	0	0	0	0	0	0	0	0	0
	392619	PALMER DIALYSIS CENTER	0	0	2	1	8	13	0	0	10	14
	392584	PALMERTON DIALYSIS CENTER	8	8	2	0	4	6	0	0	14	14
	392549	PENNSYLVANIA DIALYSIS CLINIC OF READING	0	0	9	12	44	37	0	0	53	49
	392745	PHYSICIANS DIALYSIS OF LANCASTER LLC	0	0	1	0	34	13	0	0	35	13
q	392795	PRODIGY DIALYSIS - EVERETT		0		0		0		0		0
r	392754	PRODIGY DIALYSIS, LLC - EBENSBURG	0	0	0	0	0	0	0	0	0	0
	392758	PRODIGY DIALYSIS, LLC - MEYERSDALE	0	0	0	0	0	0	0	0	0	0

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
392760	PRODIGY DIALYSIS, LLC - OSBORNE STREET	0	0	7	6	1	1	0	0	8	7
392738	PRODIGY DIALYSIS, LLC - RICHLAND SQUARE	0	0	1	0	0	0	0	0	1	0
392757	PRODIGY DIALYSIS, LLC - SOMERSET	0	0	0	0	0	0	0	0	0	0
s 39005F	PVAMC OUTPATIENT HEMODIALYSIS UNIT		0		0		0		0		0
392767	RAI CARE CENTERS OF UNIONTOWN, LLC	0	0	0	0	0	0	0	0	0	0
392587	READING DIALYSIS CENTER	0	0	0	1	1	10	0	0	1	11
390123	RENAL CARE CENTER - POTTSTOWN MEMORIAL MEDICAL CENTER	0	0	0	0	0	0	0	0	0	0
392713	RENAL CARE OF CLARION	0	0	0	0	4	5	0	0	4	5
392541	RENAL CARE OF OIL CITY, INC.	0	0	0	0	6	7	0	0	6	7
392777	RENAL CARE PARTNERS, INC. - PHILADELPHIA	0	0	1	0	2	0	0	0	3	0
392765	RENAL CARE-PARTNERS OF ST MARYS, LLC	0	0	0	1	3	5	0	0	3	6
392665	RENAL CENTER OF PHILADELPHIA, LLC	0	0	0	0	0	0	0	0	0	0
392739	RIDDLE DIALYSIS CENTER	0	1	0	4	21	20	0	0	21	25
390079	ROBERT PACKER HOSPITAL	0	0	0	3	7	7	0	0	7	10
393515	ROBERT PACKER HOSPITAL - TOWANDA SATELLITE UNIT	0	0	0	0	0	0	0	0	0	0
392729	SCRANTON DIALYSIS	0	0	0	0	0	0	0	0	0	0
390119	SCRANTON QUINCY HOSPITAL	0	0	0	0	0	0	0	0	0	0
392556	SOUTH PHILADELPHIA DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
393307	ST. CHRISTOPHERS HOSPITAL FOR CHILDREN	0	0	0	0	4	4	0	0	4	4
390049	ST. LUKES HOSPITAL OUTPATIENT DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
393519	ST. LUKES OUTPATIENT DIALYSIS	0	0	0	4	0	7	0	0	0	11
390035	ST. LUKES QUAKERTOWN HOSPITAL	0	0	0	0	0	0	0	0	0	0
t 392789	STATE COLLEGE DIALYSIS		0		2		0		0		2
392688	THE KIDNEY CENTER OF GREATER HAZLETON	0	0	1	1	3	2	0	0	4	3
392725	TUNKHANNOCK DIALYSIS	0	0	0	0	0	0	0	0	0	0
392508	UPLAND DIALYSIS CENTER	0	0	0	0	0	0	0	0	0	0
390164	UPMC PRESBYTERIAN - RENAL UNIT	0	0	0	0	0	0	0	0	0	0
392786	US RENAL CARE ALTOONA	0	0	1	2	2	3	0	0	3	5
392612	US RENAL CARE BEDFORD	0	0	0	0	0	2	0	0	0	2
392750	US RENAL CARE CAMP HILL	0	0	1	1	10	8	0	0	11	9
392627	US RENAL CARE CARLISLE	0	0	1	0	5	5	0	0	6	5
392648	US RENAL CARE CHAMBERSBURG	0	0	1	1	7	8	0	0	8	9

TABLE #3 – DIALYSIS MODALITY – SELF CARE SETTINGS (HOME)*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		CAPD		CCPD		IPD		TOTAL	
		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
392656	US RENAL CARE HUNTINGDON	0	1	0	0	0	0	0	0	0	1
392691	US RENAL CARE MECHANICSBURG	0	0	0	0	5	6	0	0	5	6
392707	US RENAL CARE POTTSTOWN	0	0	2	0	0	2	0	0	2	2
392602	US RENAL CARE WELLSBORO	0	0	0	0	0	0	0	0	0	0
392731	US RENAL CARE YORK	2	2	1	1	5	8	0	0	8	11
u 392790	USRC CENTRAL YORK, LLC		0		0		1		0		1
39012F	VA PITTSBURGH HEALTHCARE SYSTEM	5	3	0	0	8	11	0	0	13	14
39013F	VETERANS ADMINISTRATION MEDICAL CENTER OF WILKES-BARRE	0	0	0	0	0	0	0	0	0	0
392666	WARREN DIALYSIS	0	0	1	0	1	2	0	0	2	2
390046	WELLSPAN DIALYSIS-YORK	14	13	3	1	15	14	0	0	32	28
v 392791	WESTTOWN DIALYSIS		0		0		5		0		5
392684	WILLIAMSPORT DIALYSIS CLINIC	0	0	16	14	4	4	0	0	20	18
392773	WOODHAVEN DIALYSIS CENTER	0	0	0	1	3	3	0	0	3	4
PENNSYLVANIA AGGREGATE		198	943	1112	3	1	1,419	1,582	198	943	1,112
NETWORK 4 AGGREGATE		222	990	1,220	3	1	1,524	1,722	222	990	1,220

Source of Information: Facility Survey (CMS 2744), Network SIMS Database (for calendar year 2011), and CROWNWeb (for calendar year 2012).

Date of Preparation: June 2013

Legend:

- a Fresenius Medical Care Brandywine Home Therapies (082520) -- New Unit -- Certified March 27, 2012
- b Fresenius Medical Care Fox Run (082521) -- New Unit -- Certified May 21, 2012
- c Commonwealth Dialysis (392761) -- New Unit -- Certified September 11, 2012
- d DaVita - Grant One Dialysis (392792) -- New Unit -- Certified May 23, 2012
- e DaVita - Lake Erie Home Dialysis (392796) -- New Unit -- Certified May 23, 2012
- f DaVita - Manheim Pike Dialysis (392785) -- New Unit -- Certified November 15, 2012
- g DaVita - Paxton Dialysis (392797) -- New Unit -- Certified October 25, 2012
- h DaVita - Penn Hills Dialysis (392798) -- New Unit -- Certified October 26, 2012
- i DaVita Buttonwood Dialysis (392788) -- New Unit -- Certified July 13, 2012
- j DaVita Suburban Campus Dialysis (392803) -- New Unit -- Certified October 1, 2012
- k Fresenius Medical Care New Bloomfield (392784) -- New Unit -- Certified May 22, 2012
- l Fresenius Medical Care Overbrook (392781) -- New Unit -- Certified February 13, 2012
- m Fresenius Medical Care Port Richmond (392783) -- New Unit -- Certified May 14, 2012
- n Harmarville Dialysis (392800) -- New Unit -- Certified September 19, 2012
- o Lancaster General Health Campus (390100) -- Closed -- Effective April 30, 2012
- p Liberty Dialysis LLC - Camp Hill (392782) -- New Unit -- Certified February 8, 2012
- q Prodigy Dialysis - Everett (392795) -- New Unit -- Certified August 7, 2012
- r Prodigy Dialysis, LLC - Ebensburg (392754) -- Unit temporarily closed for renovations
- s PVAMC Outpatient Hemodialysis Unit (39005F) -- Non-Medicare Approved VA Facility -- Opened May 1, 2012
- t State College Dialysis (392789) -- New Unit -- Certified September 13, 2012
- u USRC Central York, LLC (392790) -- New Unit -- Certified August 1, 2012
- v Westtown Dialysis (392791) -- New Unit -- Certified September 19, 2012

TABLE #4 – DIALYSIS MODALITY – IN-CENTER AND TOTAL*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***DELAWARE FACILITIES**

Provider Number	Facility Name	HEMO		PD		TOTAL IN-CENTER		TOTAL HOME & IN-CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
083300	ALFRED I. DUPONT HOSPITAL FOR CHILDREN DIALYSIS CENTER	7	7	0	0	7	7	8	8
080004	BAYHEALTH MEDICAL CENTER, KENT GENERAL CAMPUS	15	7	0	0	15	7	15	7
080001	CHRISTIANA CARE HEALTH SYSTEM	27	20	0	0	27	20	27	20
082501	FRESENIUS MEDICAL CARE BRANDYWINE	72	85	0	0	72	85	72	85
a 082520	FRESENIUS MEDICAL CARE BRANDYWINE HOME THERAPIES		0		0		0		55
082502	FRESENIUS MEDICAL CARE CENTRAL DELAWARE	87	97	0	0	87	97	87	97
082506	FRESENIUS MEDICAL CARE CHRISTIANA	108	25	0	0	108	25	160	33
082509	FRESENIUS MEDICAL CARE FIRST STATE	120	103	0	0	120	103	120	103
b 082521	FRESENIUS MEDICAL CARE FOX RUN		37		0		37		37
082515	FRESENIUS MEDICAL CARE GREENTREE	63	67	0	0	63	67	63	81
082503	FRESENIUS MEDICAL CARE MID SUSSEX COUNTY	53	62	0	0	53	62	55	64
082514	FRESENIUS MEDICAL CARE MIDDLETOWN	52	60	0	0	52	60	52	60
082507	FRESENIUS MEDICAL CARE MILFORD	76	84	0	0	76	84	101	102
082519	FRESENIUS MEDICAL CARE MILLSBORO	41	53	0	0	41	53	43	53
082513	FRESENIUS MEDICAL CARE NEWPORT PIKE	63	75	0	0	63	75	63	75
082516	FRESENIUS MEDICAL CARE NORTH WILMINGTON	55	67	0	0	55	67	55	67
082510	FRESENIUS MEDICAL CARE REHOBOTH	44	50	0	0	44	50	44	50
082505	FRESENIUS MEDICAL CARE RIVERSIDE PARK	90	85	0	0	90	85	106	101
082508	FRESENIUS MEDICAL CARE SEAFORD	44	38	0	0	44	38	46	42
082512	FRESENIUS MEDICAL CARE SMYRNA	56	63	0	0	56	63	56	63
082511	FRESENIUS MEDICAL CARE WILMINGTON	58	69	0	0	58	69	58	69
082518	LIBERTY DIALYSIS - SEAFORD	66	71	0	0	66	71	66	79
082517	LIBERTY DIALYSIS - WILMINGTON	67	67	0	0	67	67	72	81
08002F	WILMINGTON VETERANS ADMINISTRATION MEDICAL CENTER	14	1	0	0	14	1	14	1
DELAWARE AGGREGATE		1,278	1,293	0	0	1,278	1,293	1,383	1,433

PENNSYLVANIA FACILITIES

Provider Number	Facility Name	HEMO		PD		TOTAL IN-CENTER		TOTAL HOME & IN-CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
390142	ALBERT EINSTEIN MEDICAL CENTER	5	1	0	0	5	1	21	22
392759	ARA DIALYSIS UNIT AT OHIO VALLEY HOSPITAL LLC	40	37	0	0	40	37	40	37

TABLE #4 – DIALYSIS MODALITY – IN-CENTER AND TOTAL*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		PD		TOTAL IN- CENTER		TOTAL HOME & IN- CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
392545	BELMONT COURT DIALYSIS - DOYLESTOWN CAMPUS	25	29	0	0	25	29	25	29
392577	BELMONT COURT DIALYSIS - NORTHEAST CAMPUS	68	63	0	0	68	63	68	63
392618	BELMONT COURT DIALYSIS - ROOSEVELT CAMPUS	55	41	0	0	55	41	55	41
392661	BELMONT COURT DIALYSIS - TORRESDALE CAMPUS	46	50	0	0	46	50	46	50
392572	BELMONT COURT DIALYSIS - WARMINSTER CAMPUS	21	20	0	0	21	20	21	20
392742	BENSALEM DIALYSIS CENTER	82	86	0	0	82	86	90	92
392677	BUTLER COUNTY DIALYSIS CENTER	73	75	0	0	73	75	78	81
392554	CENTRAL KITTANNING DIALYSIS CENTER, LLC	64	66	0	0	64	66	70	71
393303	CHILDRENS HOSPITAL OF PHILADELPHIA	13	11	0	0	13	11	15	18
393302	CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC DIALYSIS UNIT	1	1	0	0	1	1	6	4
392724	CHILDS DIALYSIS	46	44	0	0	46	44	46	44
392775	CHOICE HOME DIALYSIS	0	0	0	0	0	0	13	35
c 392761	COMMONWEALTH DIALYSIS		10		0		10		10
392766	COTTMAN KIDNEY CENTER	52	74	0	0	52	74	56	77
392614	DAVITA - ABINGTON DIALYSIS	110	92	0	0	110	92	146	136
392768	DAVITA - ALLEGHENY VALLEY DIALYSIS	32	27	0	1	32	28	36	31
392751	DAVITA - BLOOMFIELD - PITTSBURGH	85	84	0	0	85	84	85	84
392523	DAVITA - BRADFORD DIALYSIS	60	59	0	0	60	59	82	72
392753	DAVITA - BROAD STREET	70	80	0	0	70	80	70	80
392749	DAVITA - CALLOWHILL	79	78	0	0	79	78	79	78
392534	DAVITA - CAMP HILL DIALYSIS CENTER	74	68	0	1	74	69	92	87
392704	DAVITA - CLEARFIELD DIALYSIS	39	38	0	0	39	38	39	38
392536	DAVITA - COBBS CREEK DIALYSIS	116	110	0	0	116	110	116	110
392580	DAVITA - CORRY DIALYSIS	29	30	0	0	29	30	29	30
392600	DAVITA - DELAWARE VALLEY DIALYSIS CENTER	35	40	0	0	35	40	36	42
392748	DAVITA - EAST END PITTSBURGH	77	89	0	0	77	89	81	94
392686	DAVITA - EBENSBURG	19	17	0	0	19	17	19	17
392710	DAVITA - ELIZABETH DIALYSIS	25	28	0	0	25	28	32	33
392604	DAVITA - ELIZABETHTOWN DIALYSIS	31	33	0	0	31	33	32	33
392706	DAVITA - EPHRATA	70	65	0	0	70	65	70	65
392543	DAVITA - ERIE DIALYSIS	120	114	0	0	120	114	196	118

TABLE #4 – DIALYSIS MODALITY – IN-CENTER AND TOTAL*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		PD		TOTAL IN-CENTER		TOTAL HOME & IN-CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
392776	DAVITA - FRACKVILLE	21	30	0	0	21	30	21	36
392756	DAVITA - FRANKLIN DIALYSIS AT HOME	3	0	0	0	3	0	59	63
392531	DAVITA - FRANKLIN DIALYSIS CENTER	120	109	0	0	120	109	120	109
d 392792	DAVITA - GRANT ONE DIALYSIS CENTER		9		0		9		9
392662	DAVITA - HOMESTEAD DIALYSIS	58	58	0	0	58	58	58	58
392682	DAVITA - HUNTINGDON VALLEY DIALYSIS	0	73	0	0	0	73	0	73
392573	DAVITA - JEFFERSON DIALYSIS	32	36	0	0	32	36	46	47
392687	DAVITA - JOHNSTOWN	98	86	0	1	98	87	135	111
e 392796	DAVITA - LAKE ERIE HOME DIALYSIS		0		0		0		98
392609	DAVITA - LANCASTER	113	107	0	0	113	107	139	121
392598	DAVITA - LEWISTOWN DIALYSIS	63	68	0	0	63	68	68	79
392719	DAVITA - LINCOLN WAY DIALYSIS	61	37	0	0	61	37	61	37
f 392785	DAVITA - MANHEIM PIKE DIALYSIS		8		0		8		44
392532	DAVITA - MCKEESPORT DIALYSIS	0	39	0	0	0	39	0	46
392700	DAVITA - MCKEESPORT WEST DIALYSIS	46	42	0	0	46	42	46	42
392537	DAVITA - MEADVILLE DIALYSIS	55	54	0	0	55	54	61	67
392752	DAVITA - MONROEVILLE	43	45	0	0	43	45	53	54
392705	DAVITA - MOUNT POCONO DIALYSIS	47	47	0	0	47	47	47	47
392769	DAVITA - NORTHSIDE DIALYSIS	80	81	0	2	80	83	99	97
392613	DAVITA - NORTHUMBERLAND DIALYSIS	55	53	0	0	55	53	55	53
392692	DAVITA - OAK SPRINGS DIALYSIS	29	30	0	0	29	30	29	34
392595	DAVITA - PARIS DIALYSIS	66	65	0	0	66	65	76	81
g 392797	DAVITA - PAXTON DIALYSIS		9		0		9		12
h 392798	DAVITA - PENN HILLS DIALYSIS		10		0		10		10
392718	DAVITA - PHILADELPHIA - MARKET STREET	71	67	0	0	71	67	71	67
392521	DAVITA - PHILADELPHIA 42ND STREET DIALYSIS	161	164	0	0	161	164	197	201
392538	DAVITA - PHILADELPHIA PMC DIALYSIS	138	135	0	0	138	135	139	135
392699	DAVITA - PITTSBURGH DIALYSIS	53	49	0	0	53	49	60	54
392772	DAVITA - PITTSBURGH HOME MODALITY CENTER OF EXCELLENCE	0	0	0	0	0	0	28	22
392606	DAVITA - POCONO DIALYSIS CENTER	84	85	0	0	84	85	84	85
392630	DAVITA - RADNOR DIALYSIS	45	48	0	0	45	48	67	73

TABLE #4 – DIALYSIS MODALITY – IN-CENTER AND TOTAL*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		PD		TOTAL IN- CENTER		TOTAL HOME & IN- CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
392516	DAVITA - ROXBOROUGH DIALYSIS	41	44	0	0	41	44	41	44
392628	DAVITA - SELINGSGROVE DIALYSIS	47	37	0	0	47	37	66	64
392617	DAVITA - SELLERSVILLE DIALYSIS	43	46	0	0	43	46	47	51
392778	DAVITA - SOMERSET COUNTY DIALYSIS	32	25	0	0	32	25	36	29
392779	DAVITA - THORN RUN DIALYSIS	55	48	0	0	55	48	55	48
392522	DAVITA - THORNDALE DIALYSIS	162	136	0	0	162	136	174	157
392787	DAVITA - UNIVERSITY CITY DIALYSIS	4	26	0	0	4	26	23	47
392702	DAVITA - WALNUT TOWERS	105	91	0	0	105	91	116	103
392502	DAVITA - WAVERLY DIALYSIS	90	79	0	0	90	79	97	93
392641	DAVITA - WAYNESBURG DIALYSIS	41	32	0	0	41	32	43	34
392513	DAVITA - WEST PHILADELPHIA DIALYSIS	90	86	0	0	90	86	90	86
392764	DAVITA - WILLOW GROVE DIALYSIS CENTER	82	41	0	0	82	41	82	41
392635	DAVITA - WYNCOTE	123	118	0	0	123	118	123	118
i 392788	DAVITA BUTTONWOOD DIALYSIS		17		0		17		18
392509	DAVITA NORTHERN PHILADELPHIA	90	109	0	0	90	109	91	109
j 392803	DAVITA SUBURBAN CAMPUS DIALYSIS		147		3		150		165
392780	DCI AT CHESTNUT RIDGE	1	8	0	0	1	8	1	8
392622	DCI OF BEAVER FALLS / CHIPPEWA	18	13	0	0	18	13	18	13
392660	DCI OF CLARION	27	27	0	0	27	27	27	28
392623	DCI OF GROVE CITY	32	35	0	0	32	35	32	35
392740	DCI OF HASTINGS	30	30	0	0	30	30	30	30
392695	DCI OF HILLPOINTE	13	20	0	0	13	20	13	20
392683	DCI OF INDIANA	78	68	0	0	78	68	81	71
392574	DCI OF JEANNETTE	58	49	0	0	58	49	63	52
392588	DCI OF MOUNT PLEASANT	37	37	0	0	37	37	42	43
392535	DCI OF NEW KENSINGTON	57	50	0	0	57	50	58	50
392639	DCI OF NORTH BOROUGH CLINIC	33	37	0	0	33	37	33	37
392581	DCI OF NORTH HILLS	75	71	0	0	75	71	81	77
392657	DCI OF PARKS BEND	46	55	0	0	46	55	47	56
392548	DCI OF PHILADELPHIA	118	125	0	0	118	125	126	135
392681	DCI OF PUNXSUTAWNEY	29	25	0	0	29	25	35	31

TABLE #4 – DIALYSIS MODALITY – IN-CENTER AND TOTAL*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		PD		TOTAL IN- CENTER		TOTAL HOME & IN- CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
392636	DCI OF SEVEN FIELDS	52	47	0	0	52	47	58	52
392646	DCI OF SHENANGO VALLEY	34	37	0	0	34	37	35	41
392597	DCI OF WASHINGTON	19	23	0	0	19	23	20	23
392567	DCI RENAL SERVICES OF PITTSBURGH, LLC - BANKSVILLE	69	59	0	0	69	59	70	59
392698	DCI RENAL SERVICES OF PITTSBURGH, LLC - FIVE POINTS	30	27	0	0	30	27	34	34
392676	DCI RENAL SERVICES OF PITTSBURGH, LLC - HARMAR VILLAGE	46	42	0	0	46	42	46	42
392563	DCI RENAL SERVICES OF PITTSBURGH, LLC - MONROEVILLE	50	47	0	0	50	47	50	47
392674	DCI RENAL SERVICES OF PITTSBURGH, LLC - NORTH VERSAILLES	45	38	0	0	45	38	45	38
392610	DCI RENAL SERVICES OF PITTSBURGH, LLC - OAKLAND	90	85	0	0	90	85	126	125
392586	DCI RENAL SERVICES OF PITTSBURGH, LLC - POINT BREEZE	54	52	0	0	54	52	54	52
392644	DIALYSIS CENTER AT OXFORD COURT	24	17	0	0	24	17	24	17
392735	DIALYSIS CENTER OF BUCKS COUNTY	66	66	0	0	66	66	67	71
392528	DIALYSIS CENTER OF ERIE	120	115	0	0	120	115	145	116
392723	DUNMORE DIALYSIS	68	63	0	0	68	63	102	108
392771	FRANKLIN COMMONS DIALYSIS	20	22	0	0	20	22	20	22
392506	FRESENIUS MEDICAL CARE ABINGTON	49	50	0	0	49	50	50	52
392505	FRESENIUS MEDICAL CARE ALLENTOWN	127	119	0	0	127	119	127	119
392633	FRESENIUS MEDICAL CARE ALTOONA	139	138	0	0	139	138	146	147
392689	FRESENIUS MEDICAL CARE BERWICK	53	49	0	0	53	49	54	49
392511	FRESENIUS MEDICAL CARE BETHLEHEM	102	91	0	0	102	91	116	117
392575	FRESENIUS MEDICAL CARE BRYN MAWR	58	66	0	0	58	66	58	68
392629	FRESENIUS MEDICAL CARE CAMBRIA	57	59	0	0	57	59	57	59
392755	FRESENIUS MEDICAL CARE CAMP HILL	42	29	0	0	42	29	71	62
392672	FRESENIUS MEDICAL CARE CAPITAL AREA	70	59	0	0	70	59	70	59
392620	FRESENIUS MEDICAL CARE CARBON COUNTY	41	42	0	0	41	42	45	46
392507	FRESENIUS MEDICAL CARE CENTRAL PHILADELPHIA	82	82	0	0	82	82	83	88
392741	FRESENIUS MEDICAL CARE CHAMBERSBURG	68	82	0	0	68	82	74	88
392653	FRESENIUS MEDICAL CARE CITYLINE	40	56	0	0	40	56	41	56
392576	FRESENIUS MEDICAL CARE CLAIRTON	32	32	0	0	32	32	36	38
392642	FRESENIUS MEDICAL CARE CRANBERRY	29	27	0	0	29	27	29	27
392634	FRESENIUS MEDICAL CARE CUMBERLAND COUNTY	28	28	0	0	28	28	36	36

TABLE #4 – DIALYSIS MODALITY – IN-CENTER AND TOTAL*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		PD		TOTAL IN-CENTER		TOTAL HOME & IN-CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
392551	FRESENIUS MEDICAL CARE DELCO	90	91	0	0	90	91	90	91
392651	FRESENIUS MEDICAL CARE DONORA	53	46	0	1	53	47	53	52
392667	FRESENIUS MEDICAL CARE DOYLESTOWN	21	18	0	0	21	18	23	19
392690	FRESENIUS MEDICAL CARE DUNMORE	17	18	0	0	17	18	17	18
392680	FRESENIUS MEDICAL CARE EAST HILLS	30	26	0	0	30	26	30	26
392515	FRESENIUS MEDICAL CARE EAST NORRITON	81	69	0	0	81	69	83	75
392547	FRESENIUS MEDICAL CARE EAST STROUDSBURG	38	39	0	0	38	39	42	44
392517	FRESENIUS MEDICAL CARE EASTON	53	63	0	0	53	63	56	63
392578	FRESENIUS MEDICAL CARE ELLWOOD CITY	19	17	0	0	19	17	19	18
392568	FRESENIUS MEDICAL CARE EPISCOPAL	97	99	0	0	97	99	97	99
392540	FRESENIUS MEDICAL CARE FAIRMOUNT	87	97	0	0	87	97	87	97
392663	FRESENIUS MEDICAL CARE GRADUATE	85	75	0	0	85	75	85	75
392637	FRESENIUS MEDICAL CARE GREENE COUNTY	41	32	0	0	41	32	41	32
392520	FRESENIUS MEDICAL CARE GREENSBURG	53	60	0	0	53	60	59	60
392694	FRESENIUS MEDICAL CARE HAHNEMANN	43	47	0	0	43	47	43	47
392594	FRESENIUS MEDICAL CARE HARRISBURG	90	97	0	0	90	97	96	100
392770	FRESENIUS MEDICAL CARE HARSTON HALL	36	34	0	0	36	34	36	34
392524	FRESENIUS MEDICAL CARE HAZLETON	32	28	0	0	32	28	32	28
392546	FRESENIUS MEDICAL CARE HERMITAGE	93	78	0	0	93	78	93	78
392685	FRESENIUS MEDICAL CARE KUTZTOWN	38	42	0	0	38	42	43	44
392671	FRESENIUS MEDICAL CARE LANSDALE	69	66	0	0	69	66	69	66
392561	FRESENIUS MEDICAL CARE LATROBE	56	64	0	0	56	64	67	72
392562	FRESENIUS MEDICAL CARE LIMERICK	74	84	0	0	74	84	84	96
392650	FRESENIUS MEDICAL CARE MILLERSBURG	19	22	0	0	19	22	19	22
392565	FRESENIUS MEDICAL CARE MON VALLEY	64	57	0	0	64	57	66	57
392640	FRESENIUS MEDICAL CARE MONTGOMERY EAST	88	75	0	0	88	75	88	75
392590	FRESENIUS MEDICAL CARE MOUNT PLEASANT	48	50	0	0	48	50	49	50
392658	FRESENIUS MEDICAL CARE MT. AIRY	143	152	0	0	143	152	159	168
392697	FRESENIUS MEDICAL CARE MT. OLIVER	40	38	0	0	40	38	40	38
392734	FRESENIUS MEDICAL CARE MURRYSVILLE	22	25	0	0	22	25	23	34
392670	FRESENIUS MEDICAL CARE NANTICOKE	57	64	0	0	57	64	63	65

TABLE #4 – DIALYSIS MODALITY – IN-CENTER AND TOTAL*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		PD		TOTAL IN- CENTER		TOTAL HOME & IN- CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
k	392714 FRESENIUS MEDICAL CARE NAZARETH	84	85	0	0	84	85	88	90
	392784 FRESENIUS MEDICAL CARE NEW BLOOMFIELD		22		0		22		22
	392552 FRESENIUS MEDICAL CARE NEW CASTLE	65	62	0	0	65	62	67	69
	392533 FRESENIUS MEDICAL CARE NORTHEAST PHILADELPHIA	96	98	0	0	96	98	96	99
l	392560 FRESENIUS MEDICAL CARE NORTHWEST PHILADELPHIA	68	72	0	0	68	72	72	77
	392579 FRESENIUS MEDICAL CARE OHIO VALLEY	42	45	0	0	42	45	43	45
	392664 FRESENIUS MEDICAL CARE OLNEY	109	108	0	0	109	108	109	109
	392781 FRESENIUS MEDICAL CARE OVERBROOK		30		0		30		32
m	392659 FRESENIUS MEDICAL CARE PALMYRA/LEBANON COUNTY	31	41	0	0	31	41	44	51
	392569 FRESENIUS MEDICAL CARE PARKVIEW	125	131	0	0	125	131	125	131
	392632 FRESENIUS MEDICAL CARE PENN HILLS	62	62	0	0	62	62	63	62
	392501 FRESENIUS MEDICAL CARE PHILADELPHIA	107	104	0	0	107	104	107	104
n	392621 FRESENIUS MEDICAL CARE PITTSTON	34	35	0	0	34	35	34	35
	392783 FRESENIUS MEDICAL CARE PORT RICHMOND		8		0		8		10
	392518 FRESENIUS MEDICAL CARE POTTSVILLE	72	76	0	0	72	76	85	91
	392626 FRESENIUS MEDICAL CARE REDSTONE	62	52	0	0	62	52	62	52
o	392592 FRESENIUS MEDICAL CARE SHADYSIDE	40	47	0	1	40	48	45	57
	392669 FRESENIUS MEDICAL CARE SHALER	24	23	0	0	24	23	27	25
	392638 FRESENIUS MEDICAL CARE SLATEBELT	42	41	0	0	42	41	42	41
	392711 FRESENIUS MEDICAL CARE SOUTH ALLENTOWN	63	65	0	1	63	66	81	86
p	392544 FRESENIUS MEDICAL CARE SOUTH HILLS	56	46	0	0	56	46	60	48
	392647 FRESENIUS MEDICAL CARE STATE COLLEGE	58	57	0	0	58	57	61	59
	392649 FRESENIUS MEDICAL CARE SWARTHMORE	65	64	0	0	65	64	71	71
	392708 FRESENIUS MEDICAL CARE TAMAQUA	25	29	0	0	25	29	26	30
q	392530 FRESENIUS MEDICAL CARE TEMPLE DIALYSIS - GERMANTOWN	132	123	0	0	132	123	132	123
	392605 FRESENIUS MEDICAL CARE TEMPLE DIALYSIS - ONTARIO	121	125	0	0	121	125	130	129
	392559 FRESENIUS MEDICAL CARE THREE RIVERS	57	63	0	0	57	63	58	63
	392553 FRESENIUS MEDICAL CARE UNIONTOWN	85	89	0	0	85	89	87	91
r	392701 FRESENIUS MEDICAL CARE WAYNESBORO	29	26	0	0	29	26	29	26
	392542 FRESENIUS MEDICAL CARE WESTERN PENNSYLVANIA	85	78	0	0	85	78	87	78
	392603 FRESENIUS MEDICAL CARE WHITEHALL	108	108	0	0	108	108	113	108

TABLE #4 – DIALYSIS MODALITY – IN-CENTER AND TOTAL*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		PD		TOTAL IN- CENTER		TOTAL HOME & IN- CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
392512	FRESENIUS MEDICAL CARE WILKES-BARRE	122	118	0	0	122	118	122	124
392539	FRESENIUS MEDICAL CARE WYNNEWOOD	175	137	0	0	175	137	191	154
390006	GEISINGER HEALTH SYSTEM	1	2	0	0	1	2	19	22
392591	GIRARD DIALYSIS CENTER	36	42	0	0	36	42	36	42
393518	GMC OUTPATIENT DIALYSIS UNIT - JUSTIN DRIVE	66	59	0	0	66	59	66	59
392557	GSH DIALYSIS, INC.	73	73	0	0	73	73	77	80
n 392800	HARMARVILLE DIALYSIS		2		0		2		2
392582	HONESDALE DIALYSIS CENTER	33	26	0	0	33	26	33	26
392631	JENNERSVILLE DIALYSIS CENTER	89	92	0	0	89	92	89	92
392746	KIDNEY CARE SERVICES OF DUBOIS	53	60	0	0	53	60	64	67
392747	KIDNEY CARE SERVICES OF PHILIPSBURG	32	32	0	0	32	32	35	34
o 390100	LANCASTER GENERAL HEALTH CAMPUS	161	0	0	0	161	0	181	0
392736	LANGHORNE DIALYSIS CENTER	101	93	0	0	101	93	105	101
392721	LIBERTY DIALYSIS - BADEN	53	50	0	0	53	50	53	50
392727	LIBERTY DIALYSIS - BANKSVILLE	76	77	0	0	76	77	89	86
392733	LIBERTY DIALYSIS - CHIPPEWA	77	83	0	0	77	83	77	83
392743	LIBERTY DIALYSIS - DOYLESTOWN	55	54	0	0	55	54	55	54
392732	LIBERTY DIALYSIS - FRIENDSHIP RIDGE	14	10	0	0	14	10	14	14
392720	LIBERTY DIALYSIS - HOPEWELL	61	68	0	0	61	68	81	79
392717	LIBERTY DIALYSIS - SOUTHPOINTE	50	53	0	0	50	53	63	65
392716	LIBERTY DIALYSIS - WASHINGTON	58	62	0	0	58	62	58	62
p 392782	LIBERTY DIALYSIS LLC - CAMP HILL		30		0		30		32
393505	LITTLESTOWN DIALYSIS CENTER	96	93	0	0	96	93	100	103
392678	LOCK HAVEN DIALYSIS CLINIC	34	39	0	0	34	39	34	39
390256	M.S. HERSHEY MEDICAL CENTER	42	35	0	1	42	36	62	55
392601	MEMPHIS STREET RENAL CENTER	79	83	0	0	79	83	79	83
392715	NEW CASTLE DIALYSIS CENTER	61	62	0	0	61	62	62	64
392616	NEWTOWN DIALYSIS CENTER	58	57	0	0	58	57	65	65
392763	NORTH CENTRAL PENNSYLVANIA DIALYSIS CENTER - LEWISBURG, LLC	34	35	0	0	34	35	36	39
392555	NORTHEAST PHILADELPHIA DIALYSIS CENTER	75	60	0	0	75	60	75	60
392726	OLD FORGE DIALYSIS	38	33	0	0	38	33	38	33

TABLE #4 – DIALYSIS MODALITY – IN-CENTER AND TOTAL*Number of living patients by dialysis facility self-care settings as of December 31, 2011 and December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	HEMO		PD		TOTAL IN- CENTER		TOTAL HOME & IN- CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
392619	PALMER DIALYSIS CENTER	61	72	0	0	61	72	71	86
392584	PALMERTON DIALYSIS CENTER	36	39	0	0	36	39	50	53
392549	PENNSYLVANIA DIALYSIS CLINIC OF READING	174	174	0	0	174	174	227	223
392745	PHYSICIANS DIALYSIS OF LANCASTER LLC	1	0	0	0	1	0	36	13
q 392795	PRODIGY DIALYSIS - EVERETT		3		0		3		3
r 392754	PRODIGY DIALYSIS, LLC - EBENSBURG	11	0	0	0	11	0	11	0
392758	PRODIGY DIALYSIS, LLC - MEYERSDALE	10	9	0	0	10	9	10	9
392760	PRODIGY DIALYSIS, LLC - OSBORNE STREET	27	26	0	1	27	27	35	34
392738	PRODIGY DIALYSIS, LLC - RICHLAND SQUARE	8	10	0	0	8	10	9	10
392757	PRODIGY DIALYSIS, LLC - SOMERSET	11	13	0	0	11	13	11	13
s 39005F	PVAMC OUTPATIENT HEMODIALYSIS UNIT		3		0		3		3
392767	RAI CARE CENTERS OF UNIONTOWN, LLC	11	21	0	0	11	21	11	21
392587	READING DIALYSIS CENTER	88	104	0	0	88	104	89	115
390123	RENAL CARE CENTER - POTTSTOWN MEMORIAL MEDICAL CENTER	60	52	0	0	60	52	60	52
392713	RENAL CARE OF CLARION	25	28	0	0	25	28	29	33
392541	RENAL CARE OF OIL CITY, INC.	40	46	0	0	40	46	46	53
392777	RENAL CARE PARTNERS, INC. - PHILADELPHIA	68	73	0	0	68	73	71	73
392765	RENAL CARE-PARTNERS OF ST MARYS, LLC	32	34	0	0	32	34	35	40
392665	RENAL CENTER OF PHILADELPHIA, LLC	72	64	0	0	72	64	72	64
392739	RIDDLE DIALYSIS CENTER	70	70	0	0	70	70	91	95
390079	ROBERT PACKER HOSPITAL	74	70	0	0	74	70	81	80
393515	ROBERT PACKER HOSPITAL - TOWANDA SATELLITE UNIT	16	18	0	0	16	18	16	18
392729	SCRANTON DIALYSIS	57	53	0	0	57	53	57	53
390119	SCRANTON QUINCY HOSPITAL	35	30	0	0	35	30	35	30
392556	SOUTH PHILADELPHIA DIALYSIS CENTER	83	80	0	0	83	80	83	80
393307	ST. CHRISTOPHERS HOSPITAL FOR CHILDREN	5	6	0	0	5	6	9	10
390049	ST. LUKES HOSPITAL OUTPATIENT DIALYSIS CENTER	15	15	0	0	15	15	15	15
393519	ST. LUKES OUTPATIENT DIALYSIS	123	131	0	0	123	131	131	142
390035	ST. LUKES QUAKERTOWN HOSPITAL	38	43	0	0	38	43	38	43
t 392789	STATE COLLEGE DIALYSIS		7		0		7		9
392688	THE KIDNEY CENTER OF GREATER HAZLETON	46	47	0	0	46	47	50	50

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Provider Number	Facility Name	HEMO		PD		TOTAL IN- CENTER		TOTAL HOME & IN- CENTER*	
		2011	2012	2011	2012	2011	2012	2011	2012
392725	TUNKHANNOCK DIALYSIS	46	49	0	0	46	49	46	49
392508	UPLAND DIALYSIS CENTER	191	187	0	0	191	187	191	187
390164	UPMC PRESBYTERIAN - RENAL UNIT	4	10	0	0	4	10	4	10
392786	US RENAL CARE ALTOONA	36	44	0	0	36	44	39	49
392612	US RENAL CARE BEDFORD	46	38	0	0	46	38	46	40
392750	US RENAL CARE CAMP HILL	54	50	0	0	54	50	65	59
392627	US RENAL CARE CARLISLE	29	31	0	0	29	31	35	36
392648	US RENAL CARE CHAMBERSBURG	54	50	0	0	54	50	62	59
392656	US RENAL CARE HUNTINGDON	45	34	0	0	45	34	45	35
392691	US RENAL CARE MECHANICSBURG	47	52	0	0	47	52	52	58
392707	US RENAL CARE POTTSTOWN	55	65	0	0	55	65	57	67
392602	US RENAL CARE WELLSBORO	39	41	0	0	39	41	39	41
392731	US RENAL CARE YORK	89	69	4	0	93	69	101	80
u 392790	USRC CENTRAL YORK, LLC		16		0		16		17
39012F	VA PITTSBURGH HEALTHCARE SYSTEM	26	34	0	0	26	34	39	48
39013F	VETERANS ADMINISTRATION MEDICAL CENTER OF WILKES-BARRE	16	14	0	0	16	14	16	14
392666	WARREN DIALYSIS	40	38	0	0	40	38	42	40
390046	WELLSPAN DIALYSIS-YORK	171	164	0	0	171	164	203	192
v 392791	WESTTOWN DIALYSIS		30		0		30		35
392684	WILLIAMSPORT DIALYSIS CLINIC	99	91	0	0	99	91	119	109
392773	WOODHAVEN DIALYSIS CENTER	52	54	0	0	52	54	55	58

PENNSYLVANIA AGGREGATE	14,728	14,795	4	13	14,732	14,808	16,159	16,390
NETWORK 4 AGGREGATE	16,006	16,088	4	13	16,010	16,101	17,542	17,823

Source of Information: Facility Survey (CMS 2744), Network SIMS Database (calendar year 2011), and CROWNWeb (calendar year 2012).

Date of Preparation: June 2013

* TOTAL OF HOME & IN-CENTER = Total by year from Table #3 plus total by year from Table #4.

Legend:

- a Fresenius Medical Care Brandywine Home Therapies (082520) -- New Unit -- Certified March 27, 2012
- b Fresenius Medical Care Fox Run (082521) -- New Unit -- Certified May 21, 2012
- c Commonwealth Dialysis (392761) -- New Unit -- Certified September 11, 2012
- d DaVita - Grant One Dialysis (392792) -- New Unit -- Certified May 23, 2012
- e DaVita - Lake Erie Home Dialysis (392796) -- New Unit -- Certified May 23, 2012
- f DaVita - Manheim Pike Dialysis (392785) -- New Unit -- Certified November 15, 2012

g DaVita - Paxton Dialysis (392797) -- New Unit -- Certified October 25, 2012
h DaVita - Penn Hills Dialysis (392798) -- New Unit -- Certified October 26, 2012
i DaVita Buttonwood Dialysis (392788) -- New Unit -- Certified July 13, 2012
j DaVita Suburban Campus Dialysis (392803) -- New Unit -- Certified October 1, 2012
k Fresenius Medical Care New Bloomfield (392784) -- New Unit -- Certified May 22, 2012
l Fresenius Medical Care Overbrook (392781) -- New Unit -- Certified February 13, 2012
m Fresenius Medical Care Port Richmond (392783) -- New Unit -- Certified May 14, 2012
n Harmarville Dialysis (392800) -- New Unit -- Certified September 19, 2012
o Lancaster General Health Campus (390100) -- Closed -- Effective April 30, 2012
p Liberty Dialysis LLC - Camp Hill (392782) -- New Unit -- Certified February 8, 2012
q Prodigy Dialysis - Everett (392795) -- New Unit -- Certified August 7, 2012
r Prodigy Dialysis, LLC - Ebensburg (392754) -- Unit temporarily closed for renovations
s PVAMC Outpatient Hemodialysis Unit (39005F) -- Non-Medicare Approved VA Facility -- Opened May 1, 2012
t State College Dialysis (392789) -- New Unit -- Certified September 13, 2012
u USRC Central York, LLC (392790) -- New Unit -- Certified August 1, 2012
v Westtown Dialysis (392791) -- New Unit -- Certified September 19, 2012

TABLE #5 – RENAL TRANSPLANTS BY TRANSPLANT CENTER*Number of transplants performed by transplant center for calendar year 2011 and calendar year 2012*

TRANSPLANT CENTER		TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
		2011	2012	2011	2012
083300	ALFRED I. DUPONT INSTITUTE	3	2	11	19
080001	CHRISTIANA CARE HEALTH SYSTEM RENAL TRANSPLANT	32	7	415	419
DELAWARE AGGREGATE		35	9	426	438
390142	ALBERT EINSTEIN MEDICAL CENTER	74	20	1,095	1,1150
390050	ALLEGHENY GENERAL HOSPITAL	61	70	293	302
393303	CHILDREN'S HOSPITAL OF PHILADELPHIA	15	5	6	34
393302	CHILDREN'S HOSPITAL OF PITTSBURGH	16	4	12	10
390006	GEISINGER HEALTH SYSTEM	30	31	153	193
390270	GEISINGER WYOMING VALLEY	19	11	146	70
390290	HAHNEMANN UNIVERSITY HOSPITAL	35	16	396	394
390111	HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	172	75	621	1,171
390195	LANKENAU HOSPITAL	30	10	147	178
390133	LEHIGH VALLEY HOSPITAL	57	51	329	360
390256	M.S. HERSHEY MEDICAL CENTER	30	9	139	178
390067	PINNACLE HEALTH AT HARRISBURG HOSPITAL	69	59	445	409
393307	ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	3	1	1	1
390027	TEMPLE UNIVERSITY HOSPITAL DIALYSIS UNIT	17	7	289	182
390174	THOMAS JEFFERSON UNIVERSITY HOSPITAL	90	24	98	589
390164	UPMC HEALTH SYSTEM – PRESBYTERIAN	104	48	504	774
39012F	VA PITTSBURGH HEALTHCARE SYSTEM	10	5	283	5
PENNSYLVANIA AGGREGATE		832	446	4,957	5,987
NETWORK TOTAL		867	455	5,383	6,425

Source of Information: Facility Survey (CMS 2744), Network SIMS Database (2011) and CROWNWeb (2012) Date of Preparation: June 2013

* Because some people may be placed on more than one waiting list, the State and Network totals may not reflect the true number of patients waiting for a transplant. These numbers are only accurate for each center.

The number of transplants reported on Table #5 comes from the Annual Facility Survey (CMS-2744) and includes non-dialysis patients who received a renal transplant, as well as patients who reside outside Network 4's geographic area and received transplants at Network 4 transplant centers.

Tables 5 and 6 cannot be compared because of the different data sources used, i.e. the CMS-2744 form versus patient admission and treatment data housed in CROWNWeb.

Table 5 includes only Medicare-approved kidney transplant centers.

TABLE #6 – RENAL TRANSPLANT RECIPIENTS*Renal transplant recipients by transplant type, age, gender, race and Primary diagnosis for calendar year 2012*

Age Group	<u>DECEASED</u>	<u>LIVING RELATED</u>	<u>LIVING UNRELATED</u>	<u>TOTAL</u>
00-04	2	3	0	5
05-09	6	1	0	7
10-14	5	0	0	5
15-19	2	2	0	4
20-24	4	3	1	8
25-29	11	9	2	22
30-34	10	10	3	23
35-39	15	7	4	26
40-44	30	5	6	41
45-49	29	10	12	51
50-54	33	8	6	47
55-59	44	12	10	66
60-64	59	14	5	78
65-69	37	7	5	49
70-74	21	5	4	30
75-79	11	2	0	13
80-84	5	2	0	7
>=85	0	0	0	0
Total	324	100	58	482
Gender				
Female	123	34	17	174
Male	201	66	41	308
Total	324	100	58	482
Race				
American Indian/Alaskan Native	0	0	0	0
Asian	8	3	1	12
Black or African American	83	6	5	94
More Than One Race Selected	1	0	0	1
Native Hawaiian or Other Pacific Islander	3	0	0	3
White	229	90	52	371
Not Specified	0	1	0	1
Total	324	100	58	482
Primary Diagnosis				
Cystic/Hereditary/Congenital Diseases	42	24	19	85
Diabetes	91	22	10	123
Glomerulonephritis	60	22	12	94
Hypertension/Large Vessel Disease	62	12	4	78
Interstitial Nephritis/Pyelonephritis	14	5	2	21
Miscellaneous Conditions	24	4	5	33
Neoplasms/Tumors	18	4	3	25
Secondary GN/Vasculitis	6	5	2	13
Not Specified	7	2	1	10
Total	324	100	58	482

Source of Information: CROWNWeb

Date of Preparation: June 2013

The categories of RACE and PRIMARY DIAGNOSIS come from the CMS-2728 Form.

Tables 5 and 6 cannot be compared because of the different data sources used, i.e. the CMS-2744 form versus patient admission and treatment data housed in CROWNWeb.

TABLE #7 – DIALYSIS DEATHS*Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2012*

Age Group	DE	PA	Other	Total
00-04	0	0	0	0
05-09	0	0	0	0
10-14	0	0	0	0
15-19	1	0	0	1
20-24	0	3	0	3
25-29	0	5	0	5
30-34	0	17	0	17
35-39	2	29	2	33
40-44	5	50	2	57
45-49	8	101	4	113
50-54	13	144	3	160
55-59	23	235	3	261
60-64	21	382	11	414
65-69	32	430	13	475
70-74	26	460	12	498
75-79	32	414	16	462
80-84	16	514	10	540
>=85	24	606	25	655
Total	203	3,390	101	3,694
Gender				
Female	85	1,462	37	1,584
Male	118	1,928	64	2,110
Total	203	3,390	101	3,694
Race				
American Indian/Alaskan Native	0	2	1	3
Asian	1	31	0	32
Black or African American	80	720	18	818
More Than One Race Selected	0	4	0	4
Native Hawaiian or Other Pacific Islander	1	6	0	7
White	121	2,627	82	2,830
Total	203	3,390	101	3,694
Primary Diagnosis				
Cystic/Hereditary/Congenital Diseases	2	55	3	60
Diabetes	81	1,517	37	1,635
Glomerulonephritis	13	171	4	188
Hypertension/Large Vessel Disease	55	937	33	1,025
Interstitial Nephritis/Pyelonephritis	4	110	5	119
Miscellaneous Conditions	24	349	9	382
Neoplasms/Tumors	13	165	7	185
Secondary GN/Vasculitis	6	53	0	59
Not Specified	5	33	3	41
Total	203	3,390	101	3,694
Primary Cause of Death				
Cardiac	68	1,329	49	1,446
Gastro Intestinal	0	28	1	29
Infection	20	293	4	317
Liver Disease	3	40	0	43
Vascular	7	144	0	151
Missing	29	833	18	880
Other	31	524	17	572
Unknown	45	199	12	256
Total	203	3,390	101	3,694

Source of Information: CROWNWeb
Date of Preparation: June 2013
The categories of RACE and PRIMARY DIAGNOSIS come from the CMS-2728 Form. A diagnosis of 'Unknown' is ICD-9 code 7999. This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities. This table includes 5 patients receiving treatment at non-Medicare approved Veterans Affairs facilities.

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***DELAWARE FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Rehab related Service Providers (public or private)	(3) Number of dialysis patients employed full- time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
		Yes	No				
083300	ALFRED I. DUPONT HOSPITAL FOR CHILDREN DIALYSIS CENTER	4	2	0	4		N
080004	BAYHEALTH MEDICAL CENTER, KENT GENERAL CAMPUS	0	0	0	0		N
080001	CHRISTIANA CARE HEALTH SYSTEM	3	0	0	0		N
082501	FRESENIUS MEDICAL CARE BRANDYWINE	29	0	3	0	Y	
082520	FRESENIUS MEDICAL CARE BRANDYWINE HOME THERAPIES	23	0	1	0		N
082502	FRESENIUS MEDICAL CARE CENTRAL DELAWARE	27	0	0	0	Y	
082506	FRESENIUS MEDICAL CARE CHRISTIANA	12	0	1	0	Y	
082509	FRESENIUS MEDICAL CARE FIRST STATE	25	0	0	0	Y	
082521	FRESENIUS MEDICAL CARE FOX RUN	15	0	0	0		N
082515	FRESENIUS MEDICAL CARE GREENTREE	25	0	0	0		N
082503	FRESENIUS MEDICAL CARE MID SUSSEX COUNTY	15	0	1	0	Y	
082514	FRESENIUS MEDICAL CARE MIDDLETOWN	14	0	0	0		N
082507	FRESENIUS MEDICAL CARE MILFORD	32	0	3	0		N
082519	FRESENIUS MEDICAL CARE MILLSBORO	11	0	0	0		N
082513	FRESENIUS MEDICAL CARE NEWPORT PIKE	17	0	0	0		N
082516	FRESENIUS MEDICAL CARE NORTH WILMINGTON	25	0	0	0	Y	
082510	FRESENIUS MEDICAL CARE REHOBOTH	7	0	0	0		N
082505	FRESENIUS MEDICAL CARE RIVERSIDE PARK	31	0	2	0	Y	
082508	FRESENIUS MEDICAL CARE SEAFORD	19	0	0	0	Y	
082512	FRESENIUS MEDICAL CARE SMYRNA	18	0	0	0		N
082511	FRESENIUS MEDICAL CARE WILMINGTON	20	0	0	0		N
082518	LIBERTY DIALYSIS - SEAFORD	20	0	2	0		N
082517	LIBERTY DIALYSIS - WILMINGTON	20	0	1	0		N
08002F	WILMINGTON VETERANS ADMINISTRATION MEDICAL CENTER	13	0	0	0		N
DELAWARE AGGREGATE		425	2	14	4	8	16

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
						Yes	No
390142	ALBERT EINSTEIN MEDICAL CENTER	12	0	0	0		N
392759	ARA DIALYSIS UNIT AT OHIO VALLEY HOSPITAL LLC	1	0	0	0		N
392545	BELMONT COURT DIALYSIS - DOYLESTOWN CAMPUS	27	1	1	1		N
392577	BELMONT COURT DIALYSIS - NORTHEAST CAMPUS	12	0	1	0		N
392618	BELMONT COURT DIALYSIS - ROOSEVELT CAMPUS	15	0	1	0		N
392661	BELMONT COURT DIALYSIS - TORRESDALE CAMPUS	12	0	0	0		N
392572	BELMONT COURT DIALYSIS - WARMINSTER CAMPUS	35	0	1	0		N
392742	BENSALEM DIALYSIS CENTER	1	0	0	0		N
392677	BUTLER COUNTY DIALYSIS CENTER	13	0	2	0		N
392554	CENTRAL KITTANNING DIALYSIS CENTER, LLC	13	0	1	0		N
393303	CHILDRENS HOSPITAL OF PHILADELPHIA	0	0	0	0		N
393302	CHILDRENS HOSPITAL OF PITTSBURGH OF UPMC DIALYSIS UNIT	41	0	0	0		N
392724	CHILDS DIALYSIS	8	0	0	0		N
392775	CHOICE HOME DIALYSIS	11	1	2	1		N
392761	COMMONWEALTH DIALYSIS	10	0	0	0		N
392766	COTTMAN KIDNEY CENTER	15	0	0	0		N
392614	DAVITA - ABINGTON DIALYSIS	7	0	1	0		N
392768	DAVITA - ALLEGHENY VALLEY DIALYSIS	32	0	1	0		N
392751	DAVITA - BLOOMFIELD - PITTSBURGH	34	0	1	0		N
392523	DAVITA - BRADFORD DIALYSIS	83	0	15	0		N
392753	DAVITA - BROAD STREET	20	0	1	0		N
392749	DAVITA - CALLOWHILL	5	0	0	0	Y	
392534	DAVITA - CAMP HILL DIALYSIS CENTER	14	0	0	0		N
392704	DAVITA - CLEARFIELD DIALYSIS	6	0	0	0		N
392536	DAVITA - COBBS CREEK DIALYSIS	36	0	0	0	Y	
392580	DAVITA - CORRY DIALYSIS	4	0	0	0		N
392600	DAVITA - DELAWARE VALLEY DIALYSIS CENTER	5	0	1	0		N

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
						Yes	No
392748	DAVITA - EAST END PITTSBURGH	18	0	1	0		N
392686	DAVITA - EBENSBURG	37	0	1	0		N
392710	DAVITA - ELIZABETH DIALYSIS	18	0	3	0		N
392604	DAVITA - ELIZABETHTOWN DIALYSIS	8	0	0	0		N
392706	DAVITA - EPHRATA	10	0	0	0		N
392543	DAVITA - ERIE DIALYSIS	8	0	0	0	Y	
392776	DAVITA - FRACKVILLE	12	0	0	0		N
392756	DAVITA - FRANKLIN DIALYSIS AT HOME	0	0	0	0		N
392531	DAVITA - FRANKLIN DIALYSIS CENTER	33	0	1	0		N
392792	DAVITA - GRANT ONE DIALYSIS CENTER	6	0	1	0		N
392662	DAVITA - HOMESTEAD DIALYSIS	8	0	0	0		N
392682	DAVITA - HUNTINGDON VALLEY DIALYSIS	3	0	0	0		N
392573	DAVITA - JEFFERSON DIALYSIS	42	0	1	0		N
392687	DAVITA - JOHNSTOWN	9	1	1	0	Y	
392796	DAVITA - LAKE ERIE HOME DIALYSIS	2	0	0	0		N
392609	DAVITA - LANCASTER	30	0	1	0	Y	
392598	DAVITA - LEWISTOWN DIALYSIS	20	0	1	0		N
392719	DAVITA - LINCOLN WAY DIALYSIS	6	0	2	0		N
392785	DAVITA - MANHEIM PIKE DIALYSIS	7	0	0	0		N
392532	DAVITA - MCKEESPORT DIALYSIS	37	0	1	0		N
392700	DAVITA - MCKEESPORT WEST DIALYSIS	15	0	6	0		N
392537	DAVITA - MEADVILLE DIALYSIS	14	0	1	0		N
392752	DAVITA - MONROEVILLE	14	0	2	0		N
392705	DAVITA - MOUNT POCONO DIALYSIS	42	0	2	0	Y	
392769	DAVITA - NORTHSIDE DIALYSIS	4	0	0	0	Y	
392613	DAVITA - NORTHUMBERLAND DIALYSIS	66	0	3	0		N
392692	DAVITA - OAK SPRINGS DIALYSIS	6	0	0	0		N

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
						Yes	No
392595	DAVITA - PARIS DIALYSIS	20	0	2	0		N
392797	DAVITA - PAXTON DIALYSIS	1	0	0	0		N
392798	DAVITA - PENN HILLS DIALYSIS	34	0	4	0		N
392718	DAVITA - PHILADELPHIA - MARKET STREET	12	0	0	0		N
392521	DAVITA - PHILADELPHIA 42ND STREET DIALYSIS	23	0	2	0	Y	
392538	DAVITA - PHILADELPHIA PMC DIALYSIS	35	0	1	0		N
392699	DAVITA - PITTSBURGH DIALYSIS	10	0	0	0		N
392772	DAVITA - PITTSBURGH HOME MODALITY CENTER OF EXCELLENCE	5	0	0	0		N
392606	DAVITA - POCONO DIALYSIS CENTER	6	0	0	0	Y	
392630	DAVITA - RADNOR DIALYSIS	22	0	0	0		N
392516	DAVITA - ROXBOROUGH DIALYSIS	27	0	0	0		N
392628	DAVITA - SELINGSGROVE DIALYSIS	11	0	0	0	Y	
392617	DAVITA - SELLERSVILLE DIALYSIS	33	0	2	0		N
392778	DAVITA - SOMERSET COUNTY DIALYSIS	8	0	1	0		N
392779	DAVITA - THORN RUN DIALYSIS	28	0	5	0		N
392522	DAVITA - THORNDALE DIALYSIS	13	0	1	0		N
392787	DAVITA - UNIVERSITY CITY DIALYSIS	11	0	0	0		N
392702	DAVITA - WALNUT TOWERS	7	0	0	0		N
392502	DAVITA - WAVERLY DIALYSIS	0	0	0	0		N
392641	DAVITA - WAYNESBURG DIALYSIS	6	0	0	0		N
392513	DAVITA - WEST PHILADELPHIA DIALYSIS	44	1	8	1	Y	
392764	DAVITA - WILLOW GROVE DIALYSIS CENTER	3	0	0	0		N
392635	DAVITA - WYNCOTE	20	0	1	0		N
392788	DAVITA BUTTONWOOD DIALYSIS	12	0	5	0		N
392509	DAVITA NORTHERN PHILADELPHIA	29	0	3	0		N
392803	DAVITA SUBURBAN CAMPUS DIALYSIS	3	0	0	0	Y	
392780	DCI AT CHESTNUT RIDGE	6	0	1	0		N

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
						Yes	No
392622	DCI OF BEAVER FALLS / CHIPPEWA	7	0	0	0		N
392660	DCI OF CLARION	51	0	4	0		N
392623	DCI OF GROVE CITY	7	0	0	0		N
392740	DCI OF HASTINGS	1	0	0	0		N
392695	DCI OF HILLPOINTE	9	0	1	0		N
392683	DCI OF INDIANA	4	0	0	0		N
392574	DCI OF JEANNETTE	2	0	0	0		N
392588	DCI OF MOUNT PLEASANT	14	0	2	0		N
392535	DCI OF NEW KENSINGTON	40	0	0	0		N
392639	DCI OF NORTH BOROUGH CLINIC	5	0	0	0		N
392581	DCI OF NORTH HILLS	15	0	0	0		N
392657	DCI OF PARKS BEND	24	0	0	0		N
392548	DCI OF PHILADELPHIA	20	0	0	0		N
392681	DCI OF PUNXSUTAWNEY	7	0	0	0		N
392636	DCI OF SEVEN FIELDS	4	0	0	0		N
392646	DCI OF SHENANGO VALLEY	8	0	0	0		N
392597	DCI OF WASHINGTON	27	0	1	0		N
392567	DCI RENAL SERVICES OF PITTSBURGH, LLC - BANKSVILLE	12	1	3	1		N
392698	DCI RENAL SERVICES OF PITTSBURGH, LLC - FIVE POINTS	2	0	0	0		N
392676	DCI RENAL SERVICES OF PITTSBURGH, LLC - HARMAR VILLAGE	15	0	0	0		N
392563	DCI RENAL SERVICES OF PITTSBURGH, LLC - MONROEVILLE	14	0	1	0	Y	
392674	DCI RENAL SERVICES OF PITTSBURGH, LLC - NORTH VERSAILLES	8	0	0	0		N
392610	DCI RENAL SERVICES OF PITTSBURGH, LLC - OAKLAND	20	0	1	0		N
392586	DCI RENAL SERVICES OF PITTSBURGH, LLC - POINT BREEZE	4	0	0	0		N
392644	DIALYSIS CENTER AT OXFORD COURT	7	0	0	0		N
392735	DIALYSIS CENTER OF BUCKS COUNTY	9	0	0	0		N
392528	DIALYSIS CENTER OF ERIE	17	0	1	0		N

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
		Yes	No				
392723	DUNMORE DIALYSIS	27	0	1	0	Y	
392771	FRANKLIN COMMONS DIALYSIS	37	0	1	0		N
392506	FRESENIUS MEDICAL CARE ABINGTON	26	0	1	0		N
392505	FRESENIUS MEDICAL CARE ALLENTOWN	50	0	0	0	Y	
392633	FRESENIUS MEDICAL CARE ALTOONA	34	0	3	0		N
392689	FRESENIUS MEDICAL CARE BERWICK	32	0	1	0		N
392511	FRESENIUS MEDICAL CARE BETHLEHEM	58	0	4	0		N
392575	FRESENIUS MEDICAL CARE BRYN MAWR	12	0	0	0		N
392629	FRESENIUS MEDICAL CARE CAMBRIA	16	0	5	0		N
392755	FRESENIUS MEDICAL CARE CAMP HILL	19	0	0	0		N
392672	FRESENIUS MEDICAL CARE CAPITAL AREA	24	0	0	0	Y	
392620	FRESENIUS MEDICAL CARE CARBON COUNTY	9	0	0	0		N
392507	FRESENIUS MEDICAL CARE CENTRAL PHILADELPHIA	30	0	1	0		N
392741	FRESENIUS MEDICAL CARE CHAMBERSBURG	19	0	0	0		N
392653	FRESENIUS MEDICAL CARE CITYLINE	5	0	0	0		N
392576	FRESENIUS MEDICAL CARE CLAIRTON	7	1	1	1		N
392642	FRESENIUS MEDICAL CARE CRANBERRY	32	0	0	0		N
392634	FRESENIUS MEDICAL CARE CUMBERLAND COUNTY	19	0	0	0		N
392551	FRESENIUS MEDICAL CARE DELCO	48	2	1	2		N
392651	FRESENIUS MEDICAL CARE DONORA	17	0	0	0		N
392667	FRESENIUS MEDICAL CARE DOYLESTOWN	13	0	0	0		N
392690	FRESENIUS MEDICAL CARE DUNMORE	12	0	0	0		N
392680	FRESENIUS MEDICAL CARE EAST HILLS	20	0	1	0		N
392515	FRESENIUS MEDICAL CARE EAST NORRITON	33	1	6	0		N
392547	FRESENIUS MEDICAL CARE EAST STROUDSBURG	2	0	0	0		N
392517	FRESENIUS MEDICAL CARE EASTON	13	0	1	0		N
392578	FRESENIUS MEDICAL CARE ELLWOOD CITY	9	0	0	0		N

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
						Yes	No
392568	FRESENIUS MEDICAL CARE EPISCOPAL	11	0	0	0	Y	
392540	FRESENIUS MEDICAL CARE FAIRMOUNT	30	0	0	0		N
392663	FRESENIUS MEDICAL CARE GRADUATE	10	0	0	0		N
392637	FRESENIUS MEDICAL CARE GREENE COUNTY	28	1	1	1		N
392520	FRESENIUS MEDICAL CARE GREENSBURG	21	0	3	0		N
392694	FRESENIUS MEDICAL CARE HAHNEMANN	7	0	0	0	Y	
392594	FRESENIUS MEDICAL CARE HARRISBURG	18	0	0	0		N
392770	FRESENIUS MEDICAL CARE HARSTON HALL	7	0	0	0		N
392524	FRESENIUS MEDICAL CARE HAZLETON	44	0	3	0		N
392546	FRESENIUS MEDICAL CARE HERMITAGE	9	0	1	0		N
392685	FRESENIUS MEDICAL CARE KUTZTOWN	13	0	0	1		N
392671	FRESENIUS MEDICAL CARE LANSDALE	1	0	0	0		N
392561	FRESENIUS MEDICAL CARE LATROBE	12	0	0	0		N
392562	FRESENIUS MEDICAL CARE LIMERICK	21	0	0	0		N
392650	FRESENIUS MEDICAL CARE MILLERSBURG	10	0	1	0		N
392565	FRESENIUS MEDICAL CARE MON VALLEY	19	0	9	0	Y	
392640	FRESENIUS MEDICAL CARE MONTGOMERY EAST	5	0	0	0		N
392590	FRESENIUS MEDICAL CARE MOUNT PLEASANT	28	1	3	1	Y	
392658	FRESENIUS MEDICAL CARE MT. AIRY	6	0	2	0	Y	
392697	FRESENIUS MEDICAL CARE MT. OLIVER	20	1	3	1		N
392734	FRESENIUS MEDICAL CARE MURRYSVILLE	1	0	0	0		N
392670	FRESENIUS MEDICAL CARE NANTICOKE	4	0	0	0		N
392714	FRESENIUS MEDICAL CARE NAZARETH	24	0	3	0		N
392784	FRESENIUS MEDICAL CARE NEW BLOOMFIELD	6	1	1	1		N
392552	FRESENIUS MEDICAL CARE NEW CASTLE	79	7	22	7	Y	
392533	FRESENIUS MEDICAL CARE NORTHEAST PHILADELPHIA	24	0	0	0		N
392560	FRESENIUS MEDICAL CARE NORTHWEST PHILADELPHIA	17	0	0	0		N

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
						Yes	No
392579	FRESENIUS MEDICAL CARE OHIO VALLEY	15	0	1	0		N
392664	FRESENIUS MEDICAL CARE OLNEY	12	0	0	0	Y	
392781	FRESENIUS MEDICAL CARE OVERBROOK	5	0	0	0	Y	
392659	FRESENIUS MEDICAL CARE PALMYRA/LEBANON COUNTY	12	0	0	0		N
392569	FRESENIUS MEDICAL CARE PARKVIEW	13	0	2	0		N
392632	FRESENIUS MEDICAL CARE PENN HILLS	26	1	11	0	Y	
392501	FRESENIUS MEDICAL CARE PHILADELPHIA	0	0	0	0		N
392621	FRESENIUS MEDICAL CARE PITTSTON	28	0	4	0		N
392783	FRESENIUS MEDICAL CARE PORT RICHMOND	11	0	0	0		N
392518	FRESENIUS MEDICAL CARE POTTSVILLE	11	0	0	0	Y	
392626	FRESENIUS MEDICAL CARE REDSTONE	5	0	0	0	Y	
392592	FRESENIUS MEDICAL CARE SHADYSIDE	8	0	0	0		N
392669	FRESENIUS MEDICAL CARE SHALER	9	0	1	0		N
392638	FRESENIUS MEDICAL CARE SLATEBELT	6	0	0	0		N
392711	FRESENIUS MEDICAL CARE SOUTH ALLENTOWN	6	0	0	0	Y	
392544	FRESENIUS MEDICAL CARE SOUTH HILLS	33	0	3	0	Y	
392647	FRESENIUS MEDICAL CARE STATE COLLEGE	2	0	0	0		N
392649	FRESENIUS MEDICAL CARE SWARTHMORE	8	0	0	0		N
392708	FRESENIUS MEDICAL CARE TAMAQUA	12	0	0	0		N
392530	FRESENIUS MEDICAL CARE TEMPLE DIALYSIS - GERMANTOWN	10	0	0	0		N
392605	FRESENIUS MEDICAL CARE TEMPLE DIALYSIS - ONTARIO	30	1	5	0		N
392559	FRESENIUS MEDICAL CARE THREE RIVERS	21	0	0	0		N
392553	FRESENIUS MEDICAL CARE UNIONTOWN	28	0	1	0	Y	
392701	FRESENIUS MEDICAL CARE WAYNESBORO	21	0	0	0		N
392542	FRESENIUS MEDICAL CARE WESTERN PENNSYLVANIA	33	0	0	0		N
392603	FRESENIUS MEDICAL CARE WHITEHALL	30	0	1	0	Y	
392512	FRESENIUS MEDICAL CARE WILKES-BARRE	29	0	1	0		N

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
						Yes	No
392539	FRESENIUS MEDICAL CARE WYNNEWOOD	9	0	1	0		N
390006	GEISINGER HEALTH SYSTEM	9	0	3	0		N
392591	GIRARD DIALYSIS CENTER	14	1	3	1		N
393518	GMC OUTPATIENT DIALYSIS UNIT - JUSTIN DRIVE	17	0	0	0		N
392557	GSH DIALYSIS, INC.	21	0	0	0	Y	
392800	HARMARVILLE DIALYSIS	4	0	0	0		N
392582	HONESDALE DIALYSIS CENTER	7	0	0	0		N
392631	JENNERVILLE DIALYSIS CENTER	27	0	0	0		N
392746	KIDNEY CARE SERVICES OF DUBOIS	8	0	0	0		N
392747	KIDNEY CARE SERVICES OF PHILIPSBURG	7	0	4	0		N
390100	LANCASTER GENERAL HEALTH CAMPUS	0	0	0	0	Y	
392736	LANGHORNE DIALYSIS CENTER	7	0	1	0	Y	
392721	LIBERTY DIALYSIS - BADEN	3	0	0	0	Y	
392727	LIBERTY DIALYSIS - BANKSVILLE	8	0	1	0	Y	
392733	LIBERTY DIALYSIS - CHIPPEWA	23	1	8	1		N
392743	LIBERTY DIALYSIS - DOYLESTOWN	22	0	1	0		N
392732	LIBERTY DIALYSIS - FRIENDSHIP RIDGE	10	0	2	0		N
392720	LIBERTY DIALYSIS - HOPEWELL	30	0	1	0		N
392717	LIBERTY DIALYSIS - SOUTHPOINTE	19	0	0	0		N
392716	LIBERTY DIALYSIS - WASHINGTON	25	0	3	0		N
392782	LIBERTY DIALYSIS LLC - CAMP HILL	3	0	1	0		N
393505	LITTLESTOWN DIALYSIS CENTER	2	0	0	0	Y	
392678	LOCK HAVEN DIALYSIS CLINIC	8	1	1	1		N
390256	M.S. HERSHEY MEDICAL CENTER	0	0	0	0		N
392601	MEMPHIS STREET RENAL CENTER	22	0	2	0		N
392715	NEW CASTLE DIALYSIS CENTER	7	1	1	1		N
392616	NEWTOWN DIALYSIS CENTER	10	0	0	0	Y	

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
						Yes	No
392763	NORTH CENTRAL PENNSYLVANIA DIALYSIS CENTER - LEWISBURG, LLC	8	0	0	0		N
392555	NORTHEAST PHILADELPHIA DIALYSIS CENTER	22	0	2	0		N
392726	OLD FORGE DIALYSIS	8	0	0	0		N
392619	PALMER DIALYSIS CENTER	16	0	1	0		N
392584	PALMERTON DIALYSIS CENTER	12	0	3	0		N
392549	PENNSYLVANIA DIALYSIS CLINIC OF READING	18	0	0	0	Y	
392745	PHYSICIANS DIALYSIS OF LANCASTER LLC	17	0	2	0		N
392795	PRODIGY DIALYSIS - EVERETT	0	0	0	0		N
392754	PRODIGY DIALYSIS, LLC - EBENSBURG	13	0	3	0		N
392758	PRODIGY DIALYSIS, LLC - MEYERSDALE	38	0	7	1		N
392760	PRODIGY DIALYSIS, LLC - OSBORNE STREET	0	0	0	0		N
392738	PRODIGY DIALYSIS, LLC - RICHLAND SQUARE	12	0	1	0		N
392757	PRODIGY DIALYSIS, LLC - SOMERSET	15	0	0	0		N
39005F	PVAMC OUTPATIENT HEMODIALYSIS UNIT	47	1	2	1		N
392767	RAI CARE CENTERS OF UNIONTOWN, LLC	9	0	2	0		N
392587	READING DIALYSIS CENTER	9	0	0	0		N
390123	RENAL CARE CENTER - POTTSTOWN MEMORIAL MEDICAL CENTER	5	0	0	0		N
392713	RENAL CARE OF CLARION	11	0	1	0		N
392541	RENAL CARE OF OIL CITY, INC.	43	0	3	0		N
392777	RENAL CARE PARTNERS, INC. - PHILADELPHIA	11	0	2	0		N
392765	RENAL CARE-PARTNERS OF ST MARYS, LLC	4	0	0	0		N
392665	RENAL CENTER OF PHILADELPHIA, LLC	21	0	1	0		N
392739	RIDDLE DIALYSIS CENTER	18	0	3	0		N
390079	ROBERT PACKER HOSPITAL	0	0	0	0	Y	
393515	ROBERT PACKER HOSPITAL - TOWANDA SATELLITE UNIT	0	0	0	0		N
392729	SCRANTON DIALYSIS	10	0	0	0		N
390119	SCRANTON QUINCY HOSPITAL	0	0	0	0		N

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1) Number of dialysis patients aged 18 through 54 (from Network list)	(2) Number of dialysis patients receiving services from Voc Rehab and other Voc Service Providers (public or private)	(3) Number of dialysis patients employed full-time or part time	(4) Number of dialysis patients attending school full-time or part-time	(5) Offers dialysis shift starting at 5 PM or later	
						Yes	No
392556	SOUTH PHILADELPHIA DIALYSIS CENTER	10	0	0	0		N
393307	ST. CHRISTOPHERS HOSPITAL FOR CHILDREN	1	0	0	0		N
390049	ST. LUKES HOSPITAL OUTPATIENT DIALYSIS CENTER	7	0	0	0	Y	
393519	ST. LUKES OUTPATIENT DIALYSIS	6	0	0	0		N
390035	ST. LUKES QUAKERTOWN HOSPITAL	0	0	0	0		N
392789	STATE COLLEGE DIALYSIS	26	0	9	0		N
392688	THE KIDNEY CENTER OF GREATER HAZLETON	3	0	0	0		N
392725	TUNKHANNOCK DIALYSIS	31	0	4	0		N
392508	UPLAND DIALYSIS CENTER	20	0	0	0	Y	
390164	UPMC PRESBYTERIAN - RENAL UNIT	15	0	0	0	Y	
392786	US RENAL CARE ALTOONA	4	0	1	0		N
392612	US RENAL CARE BEDFORD	36	0	0	0		N
392750	US RENAL CARE CAMP HILL	29	0	1	0		N
392627	US RENAL CARE CARLISLE	10	0	2	0		N
392648	US RENAL CARE CHAMBERSBURG	8	0	3	0		N
392656	US RENAL CARE HUNTINGDON	12	0	0	0		N
392691	US RENAL CARE MECHANICSBURG	9	0	0	0		N
392707	US RENAL CARE POTTSTOWN	14	0	0	0		N
392602	US RENAL CARE WELLSBORO	8	0	1	0		N
392731	US RENAL CARE YORK	9	0	4	0		N
392790	USRC CENTRAL YORK, LLC	6	0	0	0		N
39012F	VA PITTSBURGH HEALTHCARE SYSTEM	0	0	0	0		N
39013F	VETERANS ADMINISTRATION MEDICAL CENTER OF WILKES-BARRE	10	0	0	0		N
392666	WARREN DIALYSIS	26	0	0	0		N
390046	WELLSPAN DIALYSIS-YORK	0	0	0	0	Y	
392791	WESTTOWN DIALYSIS	4	0	1	0		N
392684	WILLIAMSPORT DIALYSIS CLINIC	15	0	0	0	Y	
392773	WOODHAVEN DIALYSIS CENTER	4	0	0	0		N

TABLE #8 – VOCATIONAL REHABILITATION BY DIALYSIS FACILITY*Patients aged 18 through 54 as of December 31, 2012***PENNSYLVANIA FACILITIES**

Provider Number	Facility Name	(1)	(2)	(3)	(4)	(5) Offers dialysis shift starting at 5 PM or later	
		Number of dialysis patients aged 18 through 54 (from Network list)	Number of dialysis patients receiving services from Voc Rehab and other Voc Rehab related Service Providers (public or private)	Number of dialysis patients employed full-time or part time	Number of dialysis patients attending school full-time or part-time	Yes	No
PENNSYLVANIA AGGREGATE		4,263	27	308	25	45	226
NETWORK AGGREGATE		4,688	29	322	29	53	242

Source of Information: Annual ESRD Facility Survey (CMS 2744) and CROWNWeb

Date of Preparation: June 2013

Definition of Table 8 column headings**(1) Number of dialysis patients aged 18 through 54 (from SIMS)**

This number is automatically pre-populated by SIMS onto the CMS-2744 Form for each unit.

(2) Number of dialysis patients receiving services from Vocational Rehabilitation and other Vocational Rehabilitation related Service Providers (public or private)

Includes any dialysis patient aged 18 through 54 for whom any of the following apply:

- ◆ Talked with Vocational Rehabilitation (VR) personnel AND agreed to be evaluated for services by completing an application, having medical records requested, or being assigned to a counselor.
- ◆ Receiving evaluation services by participating in testing (for example: interest inventories, skills testing, aptitude testing, work readiness inventories) or by attending an evaluation/testing center.
- ◆ Received vocational counseling, training at a community facility, Ticket to Work program, private or public educational/training center or school.
- ◆ Received assistance with job seeking skills, with job placement, or with retaining or modifying a job through a VR counselor, job placement specialist, Ticket to Work program, or private or public agencies.

(3) Number of dialysis patients employed full-time or part-time

Includes any dialysis patient aged 18 through 54 who received taxable wages from an employer or who was self-employed and paid taxes on earnings. (This count may be duplicated in #4.)

(4) Number of dialysis patients attending school full-time or part-time

Includes any dialysis patient aged 18 through 54 who was enrolled in any training program or formal education (for example: college, technical school, GED program, community facility training). (This count may be duplicated in #3.)

(5) Offers dialysis shift starting at 5 PM or later

The Yes block is marked only if the following applies: The facility offers a dialysis shift that BEGINS at 5:00 PM or later.

List of Figures

Figure 1: Prevalent Hemodialysis and Peritoneal Dialysis Population by Gender, Race and Age as of December 31, 2012.....	8
Figure 2: Prevalent Hemodialysis and Peritoneal Dialysis Population by Gender, Race and Primary Cause of ESRD as of December 31, 2012	9
Figure 3: Prevalent Kidney Transplant Recipient Population by Gender, Race and Age as of December 31, 2012	9
Figure 4: Prevalent Kidney Transplant Recipient Population by Gender, Race and Age as of December 31, 2012	10
Figure 5: Staff Organizational Chart	11
Figure 6: The Renal Network, Inc. Board of Trustees Membership	16
Figure 7: Network 4 Medical Review Board Membership	18
Figure 8: Network 4 Patient Advisory Committee Membership	19
Figure 9: AV Fistula Utilization Rate in Prevalent Hemodialysis Patients by Month.....	22
Figure 10: Ratio of Hospitalized Patients Who Received ESA Therapy During Their Stay	26
Figure 11: Ratio of Targeted Providers That Registered and Enrolled in NHSN.....	28
Figure 12: Target Group All Catheter Use Rate Reduction	30
Figure 13: SuperStorm Sandy Summary Report (November 2, 2012)	32
Figure 14: Five-Diamond Webinar Question “When Might the Patient Safety Program be Launched”	36
Figure 15: DPC Training Topics Requested by Participants	44
Figure 16: All Contacts by Initiator Type and Contact Category (2009-2012)	45
Figure 17: Comparison of All Contacts Related to Beneficiary Grievance, Complaint or Inquiry by Area of Concern (2009-2012)	46
Figure 18: Comparison of All Contacts Related to Facility Concern or Inquiry by Area of Concern (2009-2012)	47
Figure 19: Involuntary Discharges and Involuntary Transfers by Discharge Reason (2009-2012)	48

CMS Data Tables

TABLE #1 – Newly Diagnosed Chronic ESRD Patients (ESRD Incidence)	64
Table #2 – Living ESRD Dialysis Patients (ESRD Dialysis Prevalence)	65
Table #3 – Dialysis Modality – Self Care Settings (Home)	66
Table #4 – Dialysis Modality – In-Center and Total	76
Table #5 – Renal Transplants By Transplant Center	87
Table #6 – Renal Transplant Recipients	88
Table #7 – Dialysis Deaths	89
Table #8 – Vocational Rehabilitation By Dialysis Facility	90