2006 ANNUAL REPORT

FOR

END-STAGE RENAL DISEASE NETWORK 9/10

THE RENAL NETWORK, INC.

Submitted By:
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Sponsored By:
Centers for Medicare & Medicaid Services
Contract Number: HHSM-500-2006-NW009C & HHSM-500-2006-NW010C

Date: June 29, 2007

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1. PREFACE

June 29, 2007

I am pleased to present the ***2006 Annual Report for End-Stage Renal Disease (ESRD) Network 9,*** which outlines a year of Network activities, and is made possible by the coordinated effort among health care providers, patients, and Network staff.

The Renal Network, Inc. (ESRD Network 9/10) is an independent agency that monitors the treatment of patients with end-stage renal disease in Illinois, Indiana, Kentucky, and Ohio. A total of 18 ESRD Networks throughout the country provide oversight of dialysis and transplant centers. The goal of the ESRD Networks is to assure appropriateness of dialytic care while fostering patient independence and well-being. ESRD Networks are funded through the Centers for Medicare and Medicaid Services (CMS).

The Renal Network, Inc., fosters and appreciates patient participation at all levels, extending from the Board of Trustees, the Medical Review Board, the Pediatric Renal Group, the Patient Leadership Committee and the Network Council to each individual dialysis unit.

Our committee members are volunteers who strive to improve the quality of care provided to patients receiving treatment for ESRD. Their contributions of time and expertise have enabled our Network to go well beyond the requirements of our CMS contract to drive a progressive organization. I would especially like to thank Dr. Jay Wish for his tremendous contributions during his term as president. During the six years which Dr. Wish served in that office, the Network was successful developing and implementing innovative projects to advance quality improvement for dialysis providers.

I would also like to recognize the contributions of Dr. Peter DeOreo, who completed his tenure as chair of the Vascular Access Advisory Panel at year-end 2006. Under his leadership, our Network fistula rate has steadily increased toward the national goals set by CMS. Dr. DeOreo is now serving as Medical Review Board chairman, and Dr. Tim Pflederer has taken on the challenge of meeting the aggressive fistula goals as VAAP chair. Increasing the use of fistulae is an important goal, one which will ensure better quality of care for all hemodialysis patients.

I wish to thank all the dedicated professionals, including those in each of our dialysis and transplant facilities and the Network office, without whose hard work and perseverance the Network accomplishments would not have been possible. I am proud of my association with The Renal Network, Inc., and I expect that the contributions of our stakeholders will continue to make our Network a model for others to emulate.

Sincerely,

George Aronoff, M.D.
President

2. INTRODUCTION

A. Network Description

The Renal Network encompasses the states of Illinois, Indiana, Kentucky, and Ohio. Network 9 includes the states of Indiana, Kentucky and Ohio. Network 10 consists solely of the State of Illinois. The total population in the four-state area is 34,629,580 ("State Population Estimates: 2006 Estimates, U.S. Census Bureau Quick Facts, Illinois, Indiana, Kentucky and Ohio," U.S. Department of Commerce, Bureau of the Census.

Increases in incidence and prevalence during 2006 for both Network 9 and Network 10 illustrate that the chronic dialysis population continues to grow. A one-year comparison of incidence and prevalence of all ESRD patients is shown below.

Chart 2.A-1. Comparison of ESRD Incidence & Prevalence - 2005 & 2006*

Incidence	2006	2005	Percentage Change
Network 9	8,558	8,408	2%
Network 10	4,764	4,617	3%
Prevalence	**2006**	**2005**	**Percentage Change**
Network 9	24,908	24,076	3%
Network 10	14,729	14,067	5%

**SIMS Database*

Chart 2.A-2. 2006 General Population – Age, Race & Ethnicity Information*

	Illinois	Indiana	Kentucky	Ohio
Population	12,831,970	6,313,520	4,206,074	11,478,006
State Rank	5th	14th	25th	7th
White	74.4%	88.6%	90.4%	85.1%
Black	15.1%	8.8%	7.5%	11.9%
Other	10.5%	2.6%	2.1%	3%
Hispanic	14.3%	4.5%	2%	2.3%
Under 18	25.4%	25.6	23.5%	24.1%
18 - 65	62.6%	62%	63.9%	62.6%
65 & Over	12%	12.4%	12.6%	13.3%
Male	49%	49%	49%	49%
Female	51%	51%	51%	51%

**2006 Population Estimates*
U.S. Census Bureau Quick Facts, Illinois, Indiana, Kentucky & Ohio

About one-half of the population of Illinois, "The Prairie State, lives in the metropolitan Chicago area. In total, 83 percent of the population lives in urban areas and 17 percent of the population lives in rural areas. Other urban areas in Illinois (with a population of greater than 100,000) are Springfield (the state capital), Rockford, and Peoria.

About two-thirds of the population of Indiana, "The Hoosier State, live in urban areas. Indianapolis, the state capital, is the largest city in the Network 9 area, as well as Indiana, with a population of over 1,000,000. Other urban areas in Indiana are Fort Wayne, Gary, Evansville and South Bend.

The population of Kentucky, "The Bluegrass State," is about evenly divided between rural and urban dwellers. Urban centers are Louisville, Lexington, Owensboro, Covington, Bowling Green, Paducah, Hopkinsville, and Ashland. Kentucky's state capital is Frankfort.

About three-quarters of the population of Ohio, "The Buckeye State," Ohio live in urban areas. Urban centers include Cleveland, Columbus (the state capital), Cincinnati, Toledo, Akron, Dayton, and Youngstown.

B. Network Structure

1. Staffing.

The Renal Network employs 19 full-time employees:

Susan A. Stark, Executive Director: Project Director, responsible for the overall operation of all functions of The Renal Network, Inc.

Bridget M. Carson, Assistant Director: provides back-up in administrative responsibilities. This position is also responsible for coordinating activities for the Medical Review Board, the Pediatric Renal Group, the Nominating Committee and the annual Nephrology Conference.

Janet Nagle, Office Manager: responsible for operation of the Network office, including planning and coordination of meetings, bookkeeping and personnel.

Raynel Kinney, R.N., C.N.N., C.P.H.Q., Quality Improvement Director: oversees all quality improvement projects and intervention activities, and coordinates the clinical performance measures project.

Mary Ann Webb, M.S.N., R.N., C.N.N., Quality Improvement Coordinator: assists with quality improvement and intervention activities and grievance resolution.

Patricia Coryell-Hendricks, R.N., C.N.N., Quality Improvement Coordinator: assists with quality improvement and intervention activities, and grievance resolution.

Janie Hamner, Quality Improvement Assistant: responsible for support to the Quality Improvement Department.

Dolores Perez, M.S., Communications Director: oversees the Network Web sites, publications and resource information; assists with implementation of all patient activities.

Kathi Niccum, Ed.D., Patient Services Director: responsible for direction of all patient activities, conflict resolution training programs for staff, coordinates and facilitates the activities of the Patient Leadership Committee and oversees the resolution of complaints, grievances, and facility concerns.

Kalisha Nance, M.S.W., Patient Services Coordinator: Conducts intake for patient complaints and grievances and assists in their resolution. This position was created and added mid-year.

Katherine Stark, Patient Services Operational Coordinator: Provides support to the Patient Services Department in tracking complaints and grievances, plus secretarial support. This newly created position was added mid-year, replacing the patient services assistant position which was vacated with the resignation of Leanne Emery.

Richard Coffin, Data Services Director: responsible for all programming needs and activities, and also directs the staff of the Data Services Department.

Christina Harper, Data Manager: oversees the day-to-day operation of the Data Services Department.

Marietta Gurnell, Information Management Coordinator: responsible for administering data clean-up tools and CMS notifications on the SIMS database to correct errors in the system.

Roianne Johnson, Data Specialist: Responsible for tracking patients for Network 10 facilities.

Deborah Laker, Data Specialist: responsible for tracking patients for Network 9 facilities.

Ameron Harris, Data Specialist: Responsible for tracking patients in Network 9 facilities.

Helen McFarland, Special Projects Coordinator: Responsible for validation activities for the Network 9/10 database.

Rita Cameron, Secretary: responsible for reception and secretarial support.

2. Committees.

Network Council: The Network Council is composed of representatives of ESRD providers in Illinois, Indiana, Kentucky, and Ohio which are certified by the Secretary of Health and Human Services to furnish at least one specific ESRD service. The Council includes a representative of each of the current Medicare approved ESRD facilities. Each facility has a single representative, designated by its chief executive officer or medical director, who is approved by the governing board of the facility. The Council is responsible for the election of members to the Board of Trustees and the Medical Review Board. Elections are held by mail-in ballot. The Council meets once annually. The Council met on March 2, 2006.

During 2006, the following occurred:

- The annual meeting of the Network Council was held on Wednesday, March 2. At this time the Council was updated on activities with Network 9/10 as well as those activities related to the Centers for Medicare and Medicaid Services (CMS) and The Forum of ESRD Networks. Dialysis facilities within Network 9/10 were informed of the outcomes of the CMS Clinical Performance Measures Project and the Fistula First: National Vascular Access Improvement Initiative, and updated on the activities of the Network Medical Review Board. The nominating process for open positions to the MRB and the BOT ended at the conclusion of the Network Council meeting.

- The 2006 slates for membership on the Board of Trustees and Medical Review Board were mailed in October for the 2006 election after the nominating process was completed. (Nominations were accepted from January through March 2 for open positions.) Members were elected to both committees by mail-in ballot in the fall. Terms of office were to begin on January 1, 2007 and end on December 31, 2009.

- 2005 data were presented and the 2005 Annual Report was distributed to facility representatives and posted to the Network Web site (www.therenalnetwork.org).

- The 2006 Nephrology Conference was held at The Drake Hotel on March 2 – 4. The Conference offered educational programs for administrators, physicians, nurses, social workers, dietitians, and technicians. A BONENT certification examination was held for nurses and technicians, and a research day for nephrology fellows was also held on March 1.

Board of Trustees: The Board of Trustees is the chief governing body of ESRD Network 9/10. The Board of Trustees holds the Network contracts for ESRD Network 9/10 with the CMS, and is responsible for meeting contract deliverables and oversight of the administration of the Network budget.

In 2006, the Board of Trustees was composed of 22 members and an ex-officio immediate Past President, elected for three year terms of office including:

Six Renal Physicians
Two At-Large Physicians
Four ESRD Patients (three positions filled/one vacancy)
One Non-Categorical Position
Chairperson of the Medical Review Board
One Nurse
One Social Worker
One Administrator
One Dietitian
One Technician
One Legal Representative
One Financial Representative
The Past President
VAAP Chair (ex officio)

The Board of Trustees met on January 11 via conference call, January 13 & 14, March 1 and August 30.

Members of the Board of Trustees for 2006 were:

Jay B. Wish, M.D., President	Craig Stafford, M.D., Vice President
Chester Amedia, Jr., M.D., Treasurer	Benjamin Pflederer, M.D., Secretary
George Aronoff, M.D., MRB Chair	Emil P. Paganini, M.D., Past President
Peter DeOreo, MD, VAAP Chair	William (Dirk) Combs
Dan DeFalco, CPA	Evernard Davis
Leslie DeBaun, R.N.	Billie Goble, M.S.W.
Thomas Golubski, M.D.	Richard J. Hamburger, M.D.
Stephen Korbet, M.D.	Janeen Leon, M.S., R.D.
Keith Mentz	Gordon McLennan, MD
Mark Parks, C.H.T.	Joseph Scodro, Esq.
Martinlow Spaulding	Cheryl Sweeney, R.N., C.N.N.

During 2006, the Board of Trustees accomplished the following:

- The Board met to review the scope of work for the request for proposal issued by CMS for the next contracting cycle. In concert with the MRB, the Board developed a response to address the goals and deliverables established by CMS for the new scope. The Board reviewed the Network response as it was developed and signed off on the completed RFP prior to submission to CMS.

- Oversaw the development of the Hospital Alliance which brings together representatives of hospital-based chronic dialysis units within the Network area. The purpose of the Alliance is to provide a platform for discussing common concerns and strategizing solutions.

- Network financial records were reviewed and expenditure reports approved.

- The Board received and approved the annual audit from the accounting firm Alerding and Associates. The report was delivered with an "unqualified opinion," the highest status which can be earned in the audit process

- The Board of Trustees monitored and approved the activities of the Medical Review Board, the Pediatric Renal Group, the Patient Advisory Councils, the Nominating Committee, the Strategic Planning Committee, and the Nephrology Conference Program Committee. Committee progress reports included updates on projects and action items.

- The Board of Trustees was updated on activities with CMS, The Forum of ESRD Networks, and contract issues.

- The Board approved the slates for election to the MRB and the BOT. The slates were formulated from nominations from the Network at large. The Nominating Committee reviewed the nominations to ensure the candidates were qualified for the positions being sought. The slates were sent to the BOT for approval, then mailed to the NCC facility representatives for voting. The election was final and results were announced by year-end.

- The Board oversaw the development of Network projects by special contract with CMS, including the development of special studies devoted to examine the practice of delivery of dialysis care within the nursing home setting, and overcoming barriers to admission to dialysis facilities.

Medical Review Board: The Medical Review Board (MRB) is composed of 29 members, elected for three year terms of office including:

10 Renal Physicians	2 ESRD Nurses
2 Physicians At Large	1 Transplant Physician
1 Pediatric Renal Physician	2 ESRD Social Workers
2 ESRD Dietitians	2 ESRD Facility Administrators
4 ESRD Patients	2 ESRD Technicians

The Medical Review Board functions with the concurrence and subject to the review and control of the Board of Trustees. The President of the Board of Trustees serves in an ad hoc capacity. The 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, and patient concerns as requested by the Network Coordinating Council. The MRB met on March 2, May 17, and October 18.

Members of the MRB for 2006 were:

George Aronoff, M.D., Chairperson
Steve Adley, B.S.N.
Karen Becher, R.D.
Jyotin Chandarana, M.D.
Denise Damerau, M.S.W.
Lorraine Edmond
Craig Fisher, Ph.D.
Lawrence Klein, D.O.
Evaret Lessar
Jennifer Messer, C.H.T.
Kathy Olson, R.N.
Tim Pflederer, M.D.
Marcia Silver, M.D.
Charles Sweeney, M.D.
Jay B. Wish, M.D.
Ashwini Sehgal, M.D., Vice Chairperson
Rajiv Agarwal, M.D.
Deepa Chand, M.D.
Paul Crawford, M.D.
John Ducker, M.D.
Andrew Finnegan, C.H.T.
Elisabeth Fry, R.D., L.D.
Orly Kohn, M.D.
Kathy Lord, M.S.W.
Dennis Muter, C.H.T.
Rosemary Ouseph, M.D.
Prabir Roy-Chaudhury, M.D.
Martinlow Spaulding
Katherine Velasquez, R.N.

During 2006, the Medical Review Board:

- In concert with the Board of Trustees, the MRB reviewed the Request for Proposal from CMS for the next contract cycle and helped develop the response to the scope of work, ensuring that contract deliverables were woven into the Network goals. After receiving the contract award, the MRB oversaw the development of the Quality Improvement Work Plan, which outlines quality activities of the Network. Once accepted by CMS, the MRB monitored the progress of achieving tasks set out in the Quality Improvement Work Plan. One component of the Quality Improvement Work Plan is the evaluation tool, the Internal Quality Improvement plan. Network staff developed IQI plans for eight key areas with the scope of work, to assess performance of the Network work plan.

- Continued the implementation of the CMS Fistula First: National Vascular Access Improvement Initiative. A special Vascular Access Advisory Panel (VAAP) continued to assist the MRB to coordinate this project. The Network 9/10 Fistula First initiative included providing reports on fistula incidence and prevalence to the dialysis providers to serve as a benchmarking tool, dissemination of educational resources to dialysis facilities, placement of resources and educational materials on the Network Web site, and technical assistance to regional vascular access committees. The VAAP began development for future projects including working within the fellowship programs for both surgery and nephrology, working within the hospital setting, and cannulation training workshops and learning sessions.

- Reviewed and updated the CPM Plan. Outcomes were reviewed as data became available. QI activities/interventions were developed as necessary.

- Oversaw the distribution of the Facility Specific Lab Data Reports that included hemodialysis adequacy and anemia management. The facility reports detailed the fourth quarter 2005 data collection outcomes and were distributed to facility medical directors, administrators, and nurse managers. The facility reports were mailed to approximately 450 dialysis programs during October 2006. The facility feedback reports will continue with the 2006 4th quarter lab data collection with CMS approval.

- Oversaw the dissemination of a Facility Profile, which displays descriptive data from each facility, with comparisons of regional, state, Network and national statistics for those same areas. The data include demographic and diagnosis data, as well as SMR and gross mortality. These profiles are distributed annually to each facility to help them in their continuous quality improvement efforts. The reports provide data for benchmarking, and also provides a comparison to local, state and national trends.

- Oversaw the activities of the Pediatric Renal Group, a subcommittee of the Medical Review Board. The goal of the Group is to act as a resource to the Network on the care and treatment of pediatric dialysis and transplant patients. The Pediatric Renal Group met on September 14 and 15. Subcommittee work was accomplished through conference calls during the year.

- Received continuous updates on the activities of CMS and the ESRD Network Scope of Work, the United States Renal Data System (USRDS), and The Forum of ESRD Networks.

- Reviewed data profiles, including rates for clinical performance measures, mortality, home therapy, and transplantation.

- Reviewed grievances, patient complaints and facility concerns filed with the Network and reviewed the trends and areas of concern.

- Adopted the Position Statement of the Decreasing Dialysis Patient-Provider Conflict National Task Force on Involuntary Discharges to replace its Termination Policy.

- Oversaw the implementation of the national CMS clinical performance measures project.

- Oversaw all quality improvement and education projects that were in the process of development.

Patient Leadership Committee: The purpose of the Patient Leadership Committee (PLC) is to identify and address ESRD patient needs and concerns through the development of educational projects and activities. The PLC met on March 2, August 25, and November 10. Members of the Patient Leadership Committee during 2006:

Teri Browne	Tracee Bauer	Diana Belton
Audrey Chengelis	Celia Chretien	William "Dirk" Combs
Helen Considine	Lorraine Edmond	Craig Fisher
Barb Gronefeld	Eric Gronefeld	Karen Habercoss
Sonia Juhasz	Kathy Kirk-Franklin	Evaret Lesser
Ellen Newman	Janet Schueller	Fonda Setters
Martinlow Spaulding	Fred Terman	Guy Tibbles
Lynn Winslow		

During 2006, the PLC accomplished the following:

- Reviewed and provided input on available emergency preparedness material for patients.
- Reviewed new materials being developed in the Patient Services Department.
- Reviewed and provided input on materials regarding noncompliant patients.
- Participated in the development of the Social Worker CD-ROM.
- Participated in the development of the brochure “How Do I Look – Taking the Fear out of AV Fistula Placement.”
- Participated in the development of a sample form letter for noncompliance.
- Contributed articles for the patient newsletter on the topics of patient empowerment, volunteerism and independence.
- Reviewed the trends of beneficiary complaints, facility concerns, admission barriers and involuntary discharges and provided insight regarding some of the issues presented.
- The **Vocational Rehabilitation Subcommittee** reviewed material about Motivational Interviewing that could be used to encourage patients to return to work and developed a plan to encourage facilities to motivate patients to volunteer, pursue higher education, or to enter the workforce.

3. CMS NATIONAL GOALS & NETWORK ACTIVITIES

ESRD Network 9/10 shares a responsibility, along with the other 16 Networks throughout the United States, for achieving the goals of the Medicare ESRD Program. Network 9/10 continuously develops and implements quality improvement projects; each is designed to work toward these common goals to benefit the population of individuals with end-stage renal disease.

GOAL 1: Improving the quality and safety of dialysis related services provided for individuals with ESRD.

Improving quality and safety for care of ESRD beneficiaries was accomplished through clinical initiatives developed and supervised by the Medical Review Board and implemented by the Quality Improvement Department of The Renal Network, Inc. Quality is defined by the Institute of Medicine as: "The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." These activities, designed to achieve the IOM quality definition, are categorized in five main subject areas:

A. The Clinical Performance Measures Project
B. Network 9/10 CPM Interventions
C. CMS National CPM Project
D. Network Special Projects/Studies
E. Focused Quality Assurance Activities

A. The Clinical Performance Measures Project

The Clinical Performance Measures (CPM) Project contributes to a consistent clinical database to assess patient outcomes and support improvement activities at Network 9/10 and facilities. The fourth quarter 2006 lab data elements consisted of:

- Pre and post BUN to calculate URR for adequacy management of HD
- Reported Kt/V for adequacy management of HD
- Reported weekly CrCl and reported weekly Kt/V for adequacy management of PD
- Hemoglobin for anemia management
- Serum Albumin and lab method for nutrition management
- Transferrin Saturation for mineral metabolism management
- Ferritin for mineral metabolism management
- Phosphorus for mineral metabolism management
- Calcium for mineral metabolism management

In the fourth quarter of 2006 (October, November and December), approximately 91% of hemodialysis facilities and 78% of peritoneal dialysis facilities voluntarily participated in the lab data collection for Network 9/10.

The goals of the project were to:

(1) increase the knowledge and awareness of the CPM/Lab Data Collection Project to Network 9/10 ESRD providers,
(2) analyze the applicability of the data on facility and Network levels,
(3) implement improvement intervention programs on a Network-wide level, and,
(4) improve patient outcomes.

The Renal Network maintains a process to collect, analyze, and provide data feedback reports to facilities. In the fourth quarter of 2006, hemodialysis and peritoneal dialysis facilities were asked to voluntarily submit lab data via Excel spreadsheets. At year-end 2006, these data were being analyzed. Feedback reports describing the data collected will be prepared by ESRD Network 11 and distributed in summer 2007. The reports will compare facility-specific outcomes to state and national outcomes. Aggregate information will be placed on the Network 9/10 Web site and the data will be reviewed by the MRB. The facility feedback reports will continue with the 2007 fourth quarter lab data collection, pending CMS approval.

B. Network 9/10 CPM Interventions.

The goals of the CPM interventions are to:

(1) increase the knowledge of the CPM/Lab Data Collection Project to Network 9/10 ESRD providers,
(2) standardize the data collection process
(3) analyze the applicability of the data on the facility and network levels, and,
(4) implement programs and projects that can be repeated on a facility and Network-wide level.

The fourth quarter lab dataset is reviewed each year by the MRB. Under the MRB direction, information is sent to the dialysis providers, along with resources to assist providers in improving their outcomes.

Interventions include:

- Facility specific data collection
- Feedback reports
- Webex education workshops
- Tool Kit for anemia control
- Took kit for improving adequacy.

The focus is on K/DOQI™ guidelines, facility outcome data, and facility plans for improvement. Feedback reports are specifically targeted to medical directors, administrators and nurse managers. Multi-color reports display data in tables and charts. Resources were developed specifically for this purpose and posted to the Web site, including tool kits for improvement of adequacy and anemia. Facilities were informed of

their availability, and also about technical support activities available from the Quality Improvement staff nurses, through routine announcements and mailings.

This data is used when calculating facility profiles in the Facility Intervention Profiling System which is detailed in E. Focused Intervention Activities, on page 44.

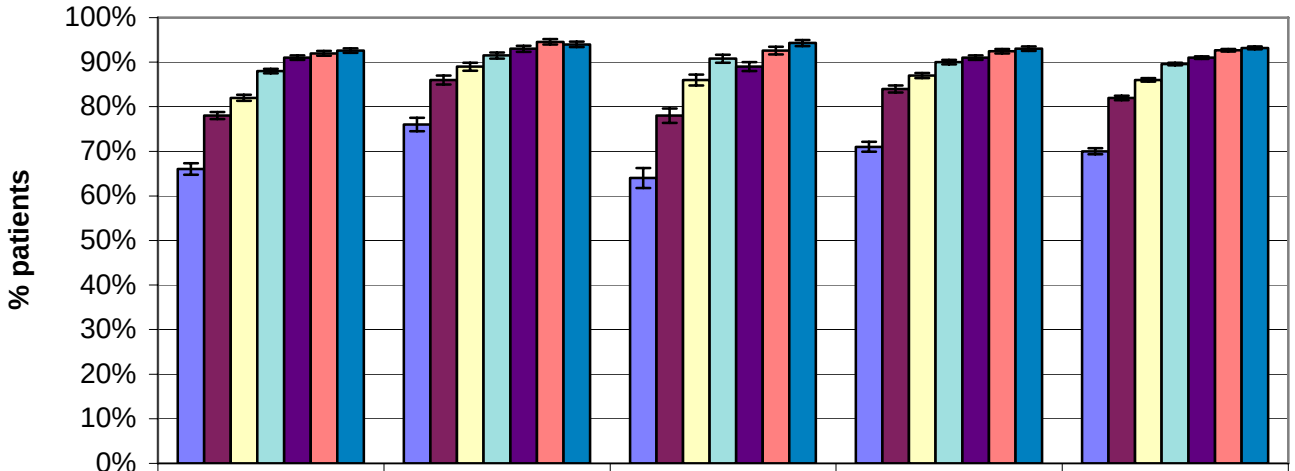
In 2006, Network 9/10 Clinical Performance goals and resources for adequacy of dialysis, anemia management, and vascular access were available on the Network 9/10 Web site, www.therenalnetwork.org.

Adequacy of Dialysis Goals 2006 – Hemodialysis (Charts 3.Goal 1.B-1 and 3.Goal 1.B-2)

All patients measured for adequacy every month.
≥ 95% of patient population achieve URR ≥65%
≥ 95% of patient population achieve Kt/V $_{\text{Daugirdas II}}$ ≥1.2

Chart 3.Goal 1.B-1. Percentage of HD Patients with Reported Kt/V >= 1.2 by State and Network 9/10 for Selected Collection Periods

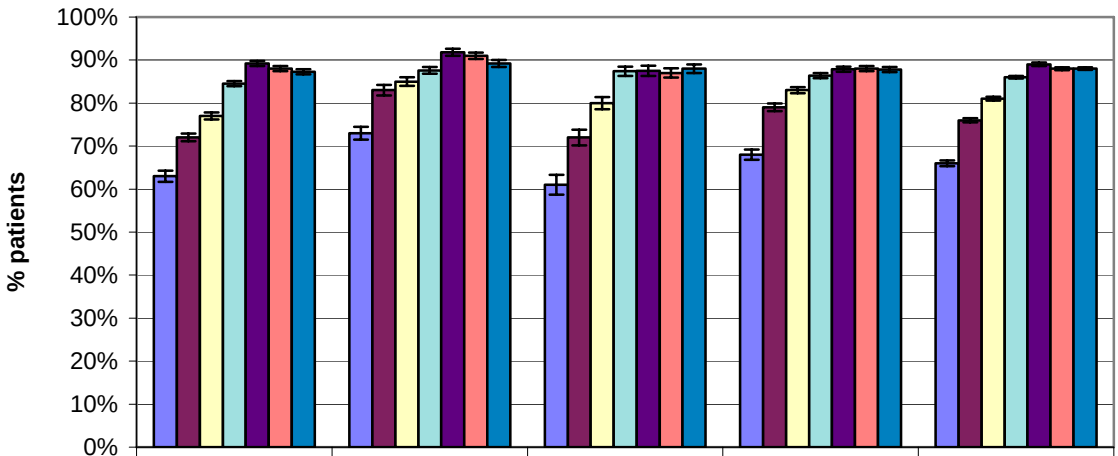
>=95% of patient population achieve Kt/V Daugirdas II >=1.2



	IL	IN	KY	OH	Net 9/10
4Q96	66%	76%	64%	71%	70%
4Q98	78%	86%	78%	84%	82%
4Q00	82%	89%	86%	87%	86%
4Q02	88%	92%	91%	90%	90%
4Q03	91%	93%	89%	91%	91%
4Q05	92%	95%	93%	92%	93%
4Q06	93%	94%	94%	93%	93%

Chart 3.Goal 1.B-2. Percentage of HD Patients with URR >= 65%
by State and Network 9/10 for Selected Collection Periods

>=95% of patient population achieve URR >=65%



	IL	IN	KY	OH	Net 9/10
4Q96	63%	73%	61%	68%	66%
4Q98	72%	83%	72%	79%	76%
4Q00	77%	85%	80%	83%	81%
4Q02	85%	88%	87%	86%	86%
4Q04	89%	92%	88%	88%	89%
4Q05	88%	91%	87%	88%	88%
4Q06	87%	89%	88%	88%	88%

Adequacy of Dialysis Goals 2006 - Peritoneal Dialysis

All patients measured for adequacy every four months.

CAPD ≥ 85% of patient population achieve weekly creatinine clearance ≥ 60 L/bsa or weekly Kt/V ≥2.0

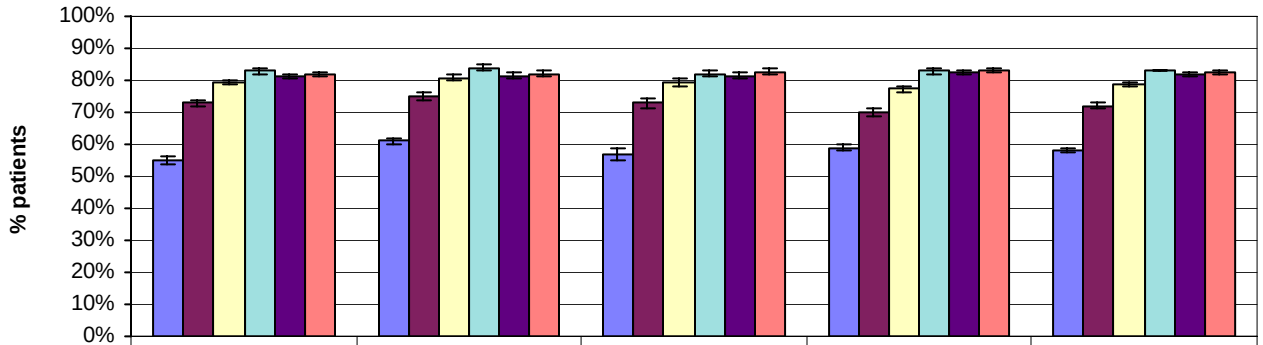
CCPD ≥ 85% of patient population achieve weekly creatinine clearance ≥ 63 L/bsa or weekly Kt/V ≥2.1

Anemia Management Goals 2006 - Hemodialysis & Peritoneal Dialysis (Charts 3.Goal 1.B-3 and 3.Goal 1.B-4)

All patients measured every month of PD clinic visit.

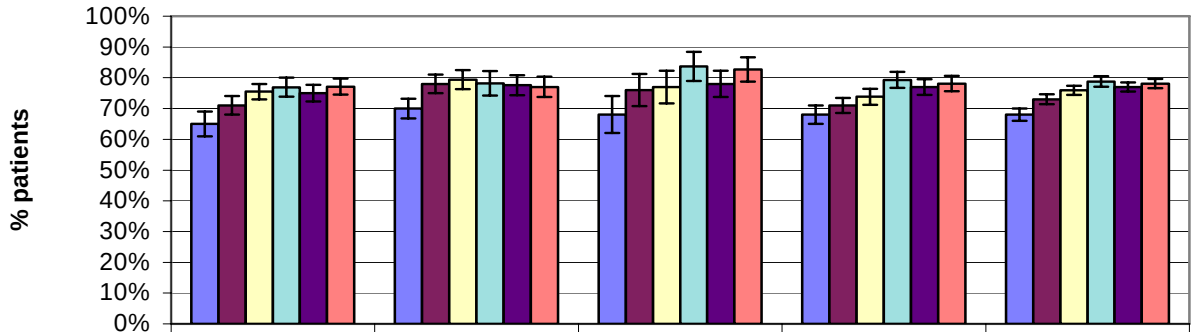
≥ 85% of patient population achieve hemoglobin ≥11 gm/dL

Chart 3.Goal1.B-3
Percentage of HD Patients with HGB >= 11 gm/dL
by State and Network 9/10 for Selected Collection Periods
>=85% of patient population achieve hemoglobin >=11 gm/dL



	IL	IN	KY	OH	Net 9/10
4Q98	55%	61%	57%	59%	58%
4Q00	73%	75%	73%	70%	72%
4Q02	79%	81%	79%	77%	79%
4Q04	83%	84%	82%	83%	83%
4Q05	81%	81%	81%	83%	82%
4Q06	82%	82%	83%	83%	83%

Chart 3.Goal 1.B-4
Percentage of PD Patients with HGB >= 11 gm/dL
by State and Network 9/10 for Selected Collection Periods
>=85% of patient population achieve hemoglobin >=11 gm/dL

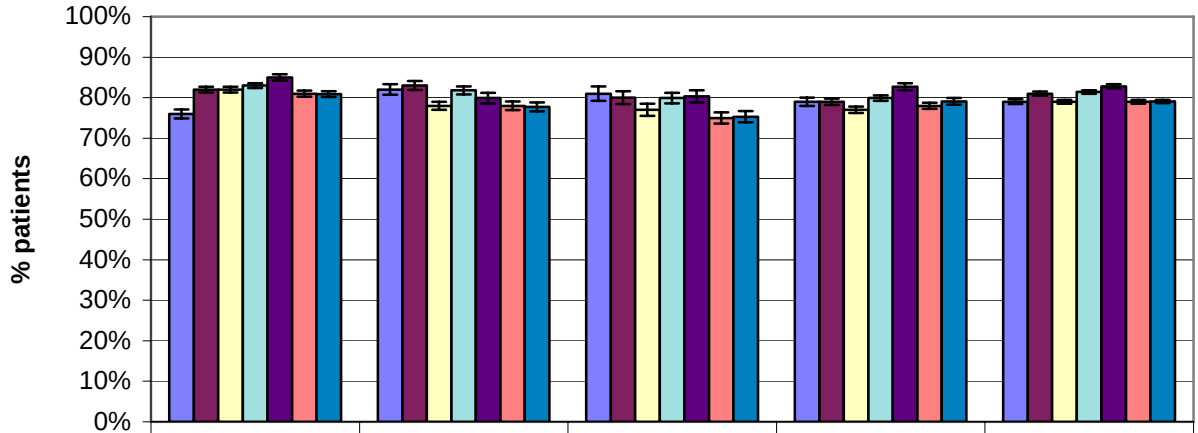


	IL	IN	KY	OH	Net 9/10
S-D 99	65%	70%	68%	68%	68%
S-D 01	71%	78%	76%	71%	73%
S-D 02	76%	79%	77%	74%	76%
O-D 04	77%	78%	84%	79%	79%
O-D 05	75%	78%	78%	77%	77%
O-D 06	77%	77%	83%	78%	78%

Albumin Goals 2006 – Hemodialysis & Peritoneal Dialysis (Charts 3.Goal 1.B-5 and 3.Goal 1.B-6)

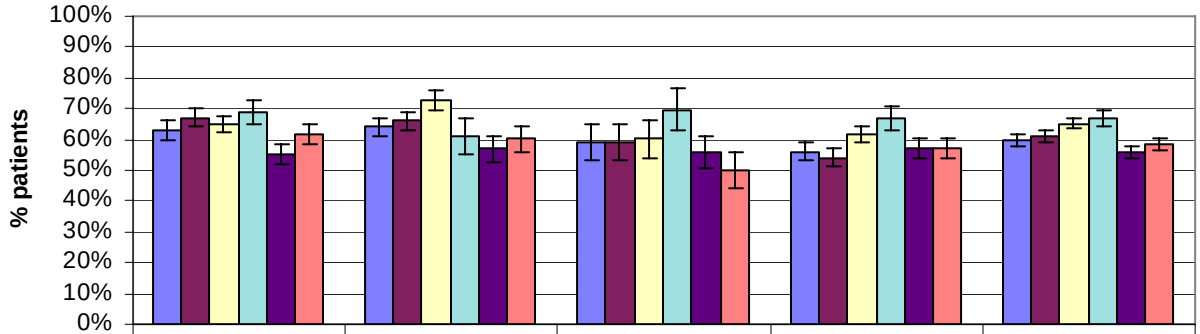
Albumins will be measured monthly on all hemodialysis and peritoneal dialysis patients.

Chart 3.Goal 1.B-5
Percentage of HD Patients with Average Albumin >= 3.5 gm/dL
by State and Network for Selected Collection Periods



	IL	IN	KY	OH	Net 9/10
4Q96	76%	82%	81%	79%	79%
4Q98	82%	83%	80%	79%	81%
4Q00	82%	78%	77%	77%	79%
4Q02	83%	82%	80%	80%	81%
4Q04	85%	80%	80%	83%	83%
4Q05	81%	78%	75%	78%	79%
4Q06	81%	78%	75%	79%	79%

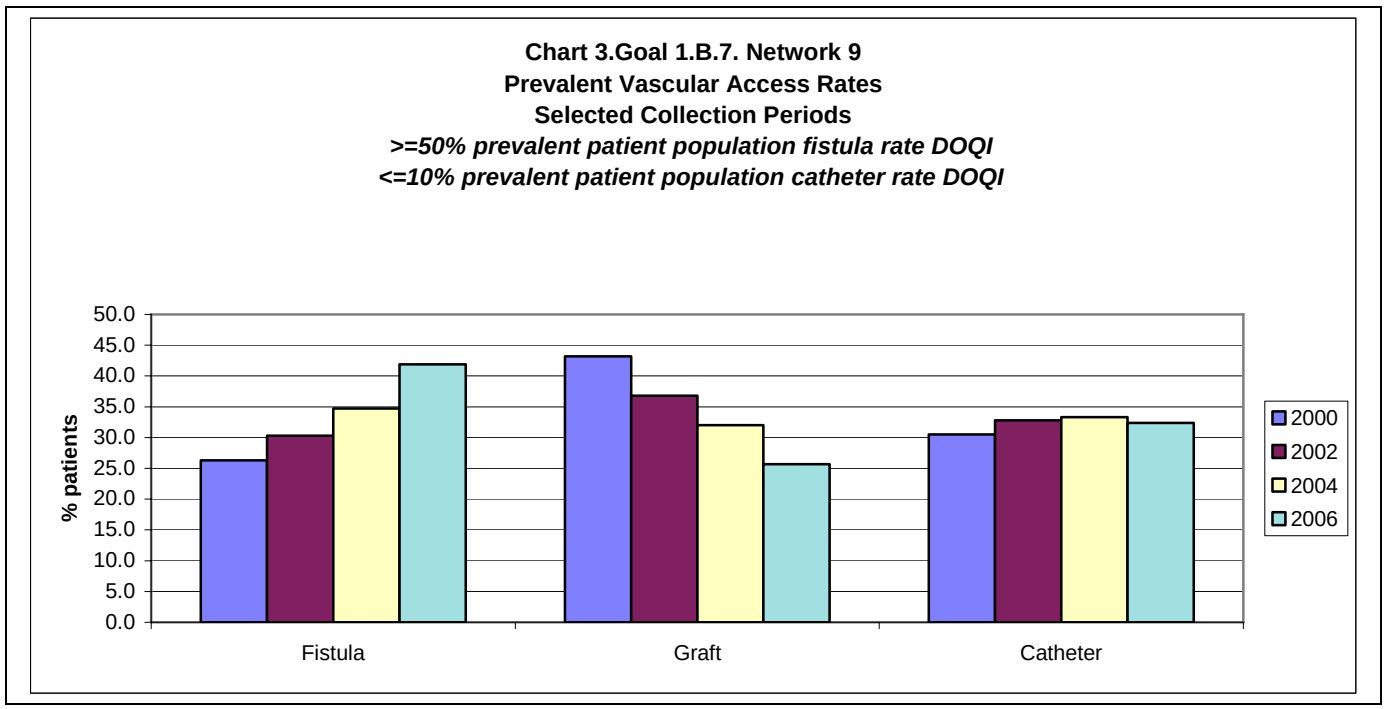
Chart 3.Goal 1.B-6
Percentage of PD Patients with Average Albumin >= 3.5 gm/dL
by State and Network 9/10 for Selected Collection Periods

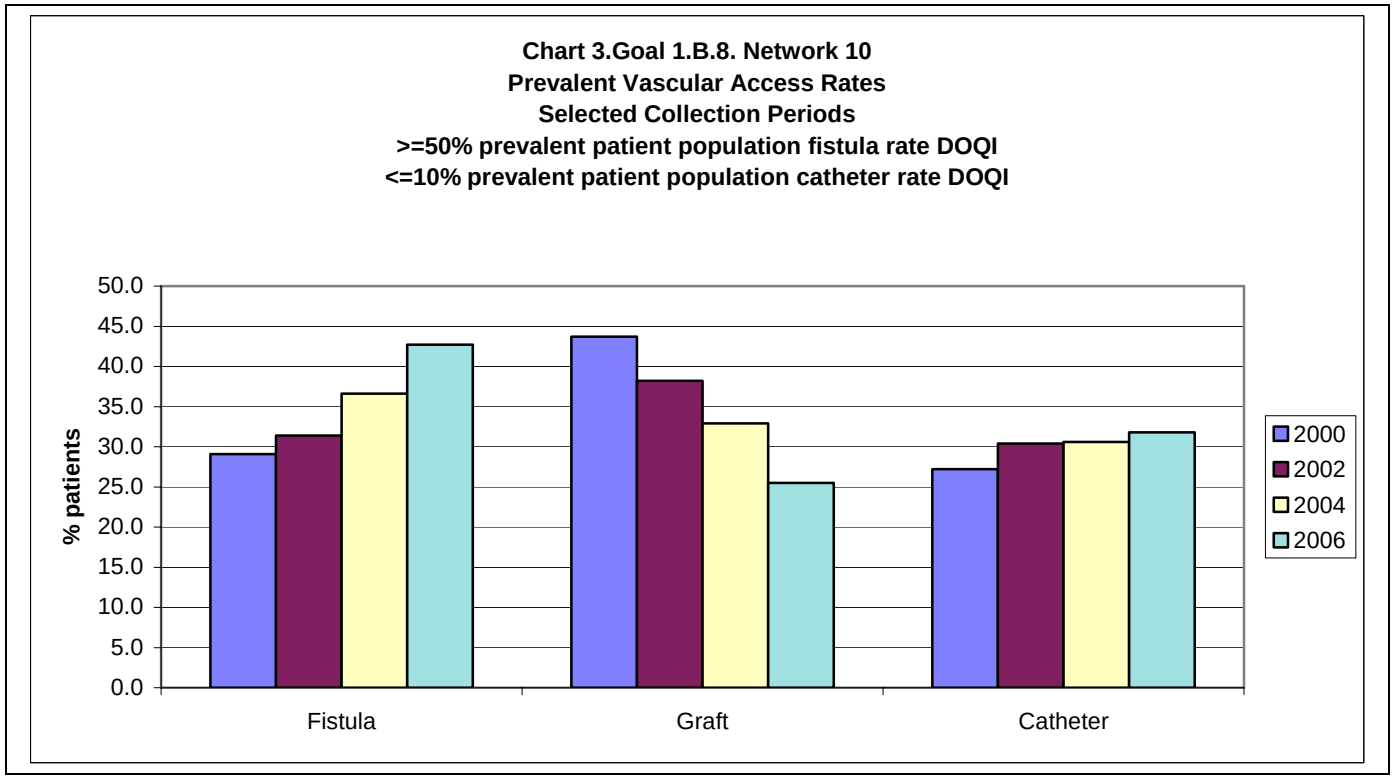


	IL	IN	KY	OH	Net 9/10
S-D00	63%	64%	59%	56%	60%
S-D01	67%	66%	59%	54%	61%
S-D02	65%	73%	60%	62%	65%
O-D04	69%	61%	70%	67%	67%
O-D05	55%	57%	56%	57%	56%
O-D06	62%	60%	50%	57%	58%

Hemodialysis Vascular Access Goals 2006 (Charts 3.Goal 1.B-7 and 3.Goal 1.B-8)

≥ 50% prevalent patient population fistula rate [DOQI]
≤ 10% prevalent patient population catheter rate [DOQI]





C. CMS National CPM Project.

All 18 Networks participated in the national Clinical Performance Measures (CPM) project. Random samples of hemodialysis and peritoneal dialysis patients were drawn. The hemodialysis sample had sufficient size to be representative of each Network. The peritoneal dialysis sample size was used for national rates only.

Chart 3.Goal 1.C-1 shows the national comparison of Network 9 and Network 10 rankings for clinical outcomes to the other 16 networks for the past four years.

Chart 3.Goal 1.C-1. Network 9/10 National Ranking for 4Q02-4Q05
Data for Adult (≥18 years) In-center Hemodialysis Patients
Source: Annual Report, ESRD Clinical Performance Measures Project, CMS,
December 2003, 2004, 2005, & 2006.

Clinical Characteristic	Network 9				Network 10			
	4Q02	4Q03	4Q04	**4Q05**	4Q02	4Q03	4Q04	**4Q05**
Percentage Patients with Average:								
URR ≥ 65%	12	7	1	9	5	6	5	12
Kt/V ≥ 1.2	8	6	1	7	12	10	8	13
Percentage Prevalent Patients:								
AV Fistula	12	13	11	11	10	7	11	7
Catheter (low rate)	18	17	16	15	12	15	16	17
Albumin ≥3.5 gm/dL	17	15	11	12	2	6	7	5
Albumin ≥4.0 gm/dL	15	6	9	16	1	1	8	9
Hgb ≥ 11gm/dL	14	9	10	15	1	1	10	4
Ferritin ≥100 ng/mL	1	8	1	11	3	4	3	11
TSAT ≥ 20%	14	17	8	15	8	5	12	9
% patients receiving ESA with: HGB value 11-12 gm/dL	16	17	18	12	18	11	11	15
% patients prescribed IV Iron	1	2	3	7	8	10	4	3

Chart 3.Goal 1.C-2 shows the Network 9 and Network 10 random samples for the CMS National CPM Project. Data reliability of the national sample was conducted on five percent of the random sample. Network 9/10 staff abstracted patient charts for this process.

Chart 3.Goal 1.C-2. National Clinical Performance Measures Project Network Random Samples, 4Q05 – HD & Oct05-Mar06 – PD (Adult ≥ 18 years)

Pt. Characteristic	Net 9 HD #	Net 9 HD %	Net 10 HD #	Net 10 HD %	U.S. HD* #	U.S. HD* %	Net 9 PD #	Net 9 PD %	Net 10 PD #	Net 10 PD %	U.S. PD* #	U.S. PD* %
Total	501	100	495	100	8609	100	115	100	63	100	1409	100
Male	256	51	260	53	4666	54	52	52	27	43	694	49
Female	245	49	235	47	3943	46	63	48	36	57	715	51
Race												
AI/AN	3	1	1	0	156	2	0	0	0	0	17	1
AS/PI	1	0	17	3	335	4	0	0	5	8	84	6
Black	170	34	198	40	3129	36	28	24	19	30	382	27
White	327	65	266	54	4915	57	87	76	39	62	915	65
Oth/Unk	0	0	13	3	74	1	0	0	0	0	11	1
Ethnicity												
Hispanic	9	1	51	10	1224	14	1	1	5	8	175	12
Non-Hispanic	479	96	420	85	7383	86	106	92	56	89	1234	88
Oth/Unk	13	3	24	5	0	0	8	7	2	3	0	0
Age												
18 – 49	94	19	111	22	1823	21	27	23	13	21	481	34
50 – 59	94	19	116	23	1790	21	39	34	17	27	368	26
60 – 64	62	12	46	9	1020	12	11	10	7	11	155	11
65 – 69	68	14	54	11	968	11	7	6	10	16	116	8
70 – 79	134	27	106	21	1948	23	24	21	12	19	213	15
80+	49	10	62	13	1060	12	7	6	4	6	76	5
Primary Diag.												
DM	221	44	207	42	3763	44	46	40	13	21	488	35
HTN	133	25	137	28	855	10	27	23	19	30	213	15
GN	52	10	55	11	2269	26	22	19	11	17	317	22
Other/Unk	95	19	96	19	1716	20	20	17	20	32	391	28
Duration - years												
< 0.5	85	17	73	15	1084	13	23	20	10	16	191	14
0.5 – 0.9	65	13	72	15	1047	12	18	16	9	14	205	15
1.0– 1.9	81	16	87	18	1552	18	22	19	4	6	312	22
2.0+	269	54	263	53	4894	57	52	45	40	64	694	49

*CMS 2006 Annual Report, ESRD Clinical Performance Measures Project, January 2007.
May not add up to 100% or totals due to rounding or missing data elements.

Charts 3.Goal 1.C-3 to 3.Goal 1.C-6 compare and rank the 18 Networks and the U.S. in regards to several quality indicators that were collected during the 2005 National CPM project.

Chart 3.Goal 1. C-3. Percent of adult in-center hemodialysis patients receiving dialysis with a mean spKt/V >=1.2
By Network, October-December 2005
2006 ESRD CPM Project

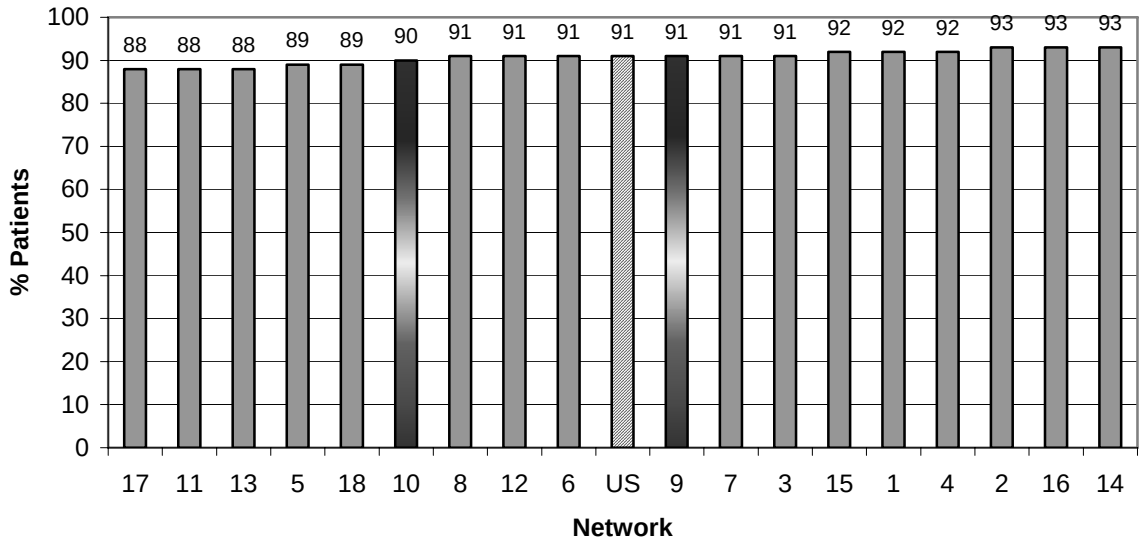


Chart 3.Goal 1.C-4. Percent of adult in-center hemodialysis patients with mean hemoglobin >=11 g/dL
By Network, October-December 2005
2006 ESRD CPM Project

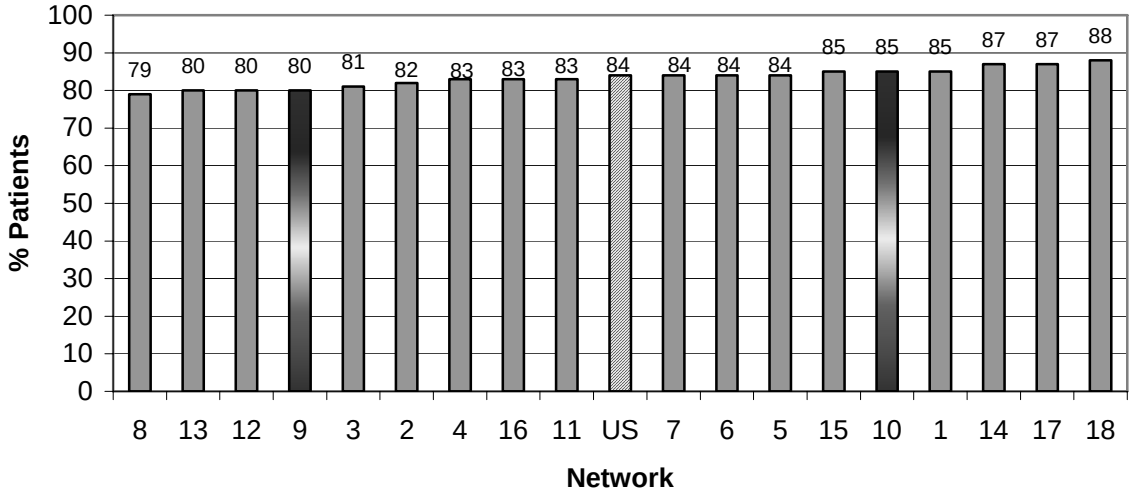


Chart 3.Goal 1.C-5. Percent of adult in-center hemodialysis patients with mean serum albumin >=4.0/3.7 (BCG/BCP) By Network, October-December 2005 2006 ESRD CM Project

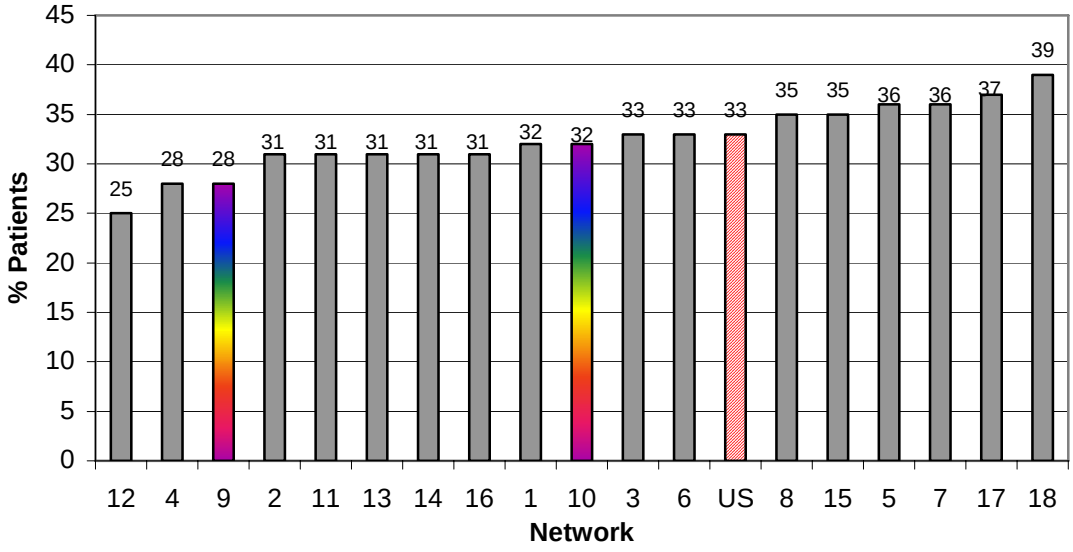
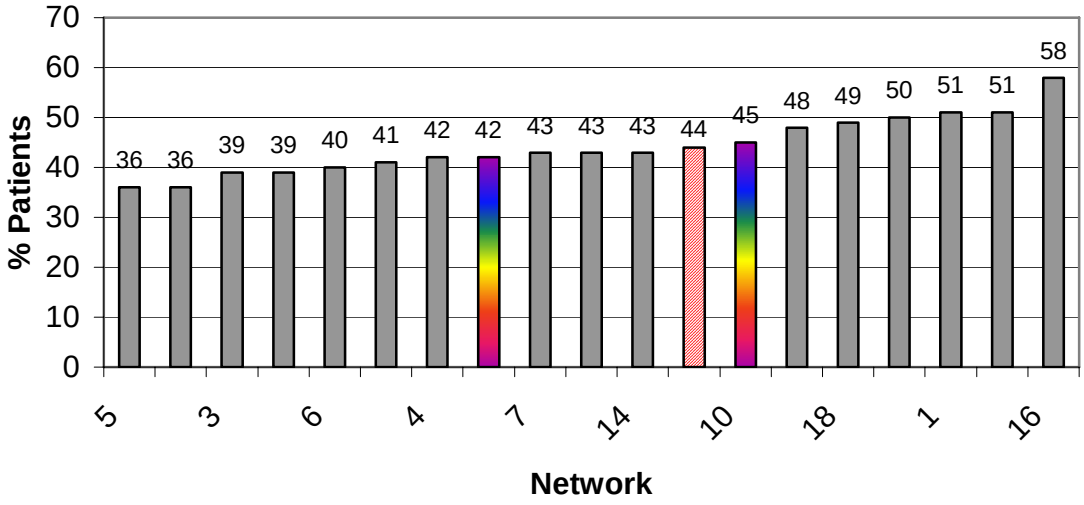


Chart 3.Goal 1.C-6. Percent of prevalent patients with AV Fistula By Network, October-December 2005 2006 ESRD CPM Project



D. Network Special Projects & Studies

1. Quality Improvement Projects –The Fistula First (FF) Initiative.

The development of Quality Improvement Projects (QIP) is mandated in the Network 9/10 contract with CMS. The QIPs are developed and directed by the MRB. In 2006, the majority of quality improvement efforts were focused on continuing the Fistula First Initiative.

Background: In 2003 the ESRD Networks and CMS, along with clinicians, dialysis providers, and patients, developed a three-year plan called the National Vascular Access Improvement Initiative (renamed Fistula First in 2004). This plan implements strategies for the improvement of patient vascular access outcomes to reach the CMS goal and K/DOQI guidelines for AVF use of >65% prevalence.

Fistula First aims to build on established methods to increase fistula use, and to take advantage of system-level diagnosis and strategies for improvement. Collaboration - between ESRD Networks, providers, physicians, vascular surgeons, and health professionals - is key to spread the change ideas for improving AV fistulas.

Primary objectives:

- To increase prevalence rate of AVF in Network 9 from 37.6 percent in September 2005 to 41.6 percent in March 2007 (an increase of four percentage points) and increase Network 10 from 38.5 percent in September 2005 to 42.5 percent in March 2007 (an increase of four percentage points).
- To increase the awareness of early referral for vascular access in the incident CKD patient.
- Educate providers, physicians, and vascular access surgeons on documentation of AVF assessment pre hemodialysis access placement
- Educate providers, physicians, and vascular access surgeons on the AVF improvement strategy

During 2006, the Networks achieved its AVF prevalence goals, as follows:

Chart 3.Goal 1.D-1
Network 9/10: Fistula First Percentages As of December 2006
Fistula Prevalence

	Network 9	Network 10	K/DOQI Guidelines
Fistula Prevalence	**41.9%**	**42.7%**	**>65%**

Actions. Network 9/10 participated on all Fistula First Breakthrough Initiatives at the national, regional and local level. The Quality Improvement Director is Network liaison for the Quality Measurement and Information Workgroup. This task group of the Fistula

First Breakthrough Initiative is responsible for identifying ways for the coalition to measure successes and identify data sources so that quality initiatives can be designed. A measures grid has been developed so that data sources can be identified and defined.

Nationally, Network 9/10 participated on the Fistula First Breakthrough Administrative Core Group conference calls on May 24, June 28, July 26, August 9, August 23, September 6, September 27, November 29, and December 13. Additionally the Quality Improvement staff members were active participants on the Quality Measurement and Information Workgroup of the Fistula First Breakthrough Initiative with conference calls and meetings being held April 7, June 16, June 27, July 25, August 2, August 8, October 3, and November 28. Calls were held for Quality Improvement Directors (QID) focused on Fistula First, held on March 23 and July 23. A QID summit was held on August 14 and 15.

At the Network level, for the regional population of Illinois, Indiana, Kentucky and Ohio, the goals were achieved through the following activities:

Vascular Access Advisory Panel. A panel of experts oversees the Fistula First Initiatives, under the direction of the MRB. This Vascular Access Advisory Panel (VAAP) was organized at the beginning of the Fistula First Initiative in 2004. The VAAP continued its activities during 2006. Members of the panel include:

Peter DeOreo, M.D., Chair, Centers for Dialysis Care, Cleveland, Ohio
Anil Agarwal, M.D., Ohio State University, Columbus, Ohio
George Aronoff, M.D., University of Louisville, Louisville, Kentucky
Michael Brier, Ph.D., University of Louisville, Louisville, Kentucky
Luis Cespedes, M.D., RCG-Villa Park, Elmhurst, Illinois
Deepa Chand, M.D., Cleveland Clinic Pediatric Nephrology, Cleveland, Ohio
Wendy Jagusch, R.N., Centers for Dialysis Care, Cleveland, Ohio
Peter Ivanovich, M.D., Northwestern University, Chicago, Illinois
Richard Keen, M.D., Rush University, Chicago, Illinois
Joseph Leventhal, M.D., Northwestern Memorial, Chicago, IL
Gordon McLennan, M.D., Indiana University Medical Center, Indianapolis, Indiana
Jackie Miller, R.N., Renal Care Group, Fort Wayne, Indiana
Rino Munda, M.D., University of Cincinnati, Cincinnati, Ohio
Tim Pflederer, M.D., Renal Care Associates, Peoria, Illinois
Prabir Roy-Chaudhury, M.D., University of Cincinnati, Cincinnati, Ohio
Mary Showers, R.N., VA Medical Center, Cleveland, Ohio
Greg Stephens, M.D., The Christ Hospital, Cincinnati, Ohio
Jay B. Wish, M.D., University Hospitals of Cleveland, Cleveland, Ohio

The VAAP is charged with developing and implementing strategies to achieve Fistula First goals, under the direction of the MRB. The VAAP met three times during 2006, in May, June, and October. Conference calls were scheduled during interim times to

continue the work of this advisory body. Reports of VAAP activities were made continuously to the MRB. Network staff participates on the national Fistula First Breakthrough Initiative (FFBI), so ideas between these two groups are shared routinely.

Data Distribution. Fistula First Facility Specific Reports were sent in March 2006 to show fourth quarter 2005 data, May 2006 to show first quarter 2006 data, September 2006 to show second quarter 2006 data, and December 2006 to show third quarter 2006 data. A newly designed FF report was sent to facilities with the third quarter FF data. This new report displayed graphs illustrating quarterly results, as well as progress over time compared to the state, Network and United States where applicable. The report also included a graph showing catheters ≥ 90 days, allowing facilities to assess impact of their long-term catheters.

Through this report, facilities with poor outcomes can be targeted for intervention. Facilities with good outcomes are utilized for positive intervention.

Communications. Stakeholders were identified as the facility medical director, administrator, vascular access coordinators, nephrologists, patients, vascular access surgeons, and interventional radiologists. A database was constructed to enable ongoing communications with these audiences. Webex sessions were conducted with members of the leadership of the Large Dialysis Organizations (LDO) to inform them of Fistula First goals, and progress toward meeting those goals.

Education. A new series of Learning Sessions began in August 2006 and will conclude in early 2007. The Learning Sessions were conducted in geographic areas where improvements were needed and the patient population was large.

Learning Sessions were held in Chicago, Illinois on August 30, in Columbus, Ohio on November 8, and will be held in Indianapolis, Indiana on January 24, 2007.

The following table displays the number of facilities and participants that attended the Learning Sessions held in 2006:

Chart 3.Goal 1.D-2
2006 Learning Session Participants - Network 9/10

	# of Facilities	# of Sub-Standard Facilities	# of Participants
Chicago, IL August 30, 2006	**20**	**9**	**21**
Columbus, OH November 8, 2006	**31**	**9**	**54**

Nephrologist & Surgeon Focus. The physician sessions reviewed DOPPS fistula data, surgical interventions to aggressively convert graphs to fistulas, best practice models, and pay for performance information.

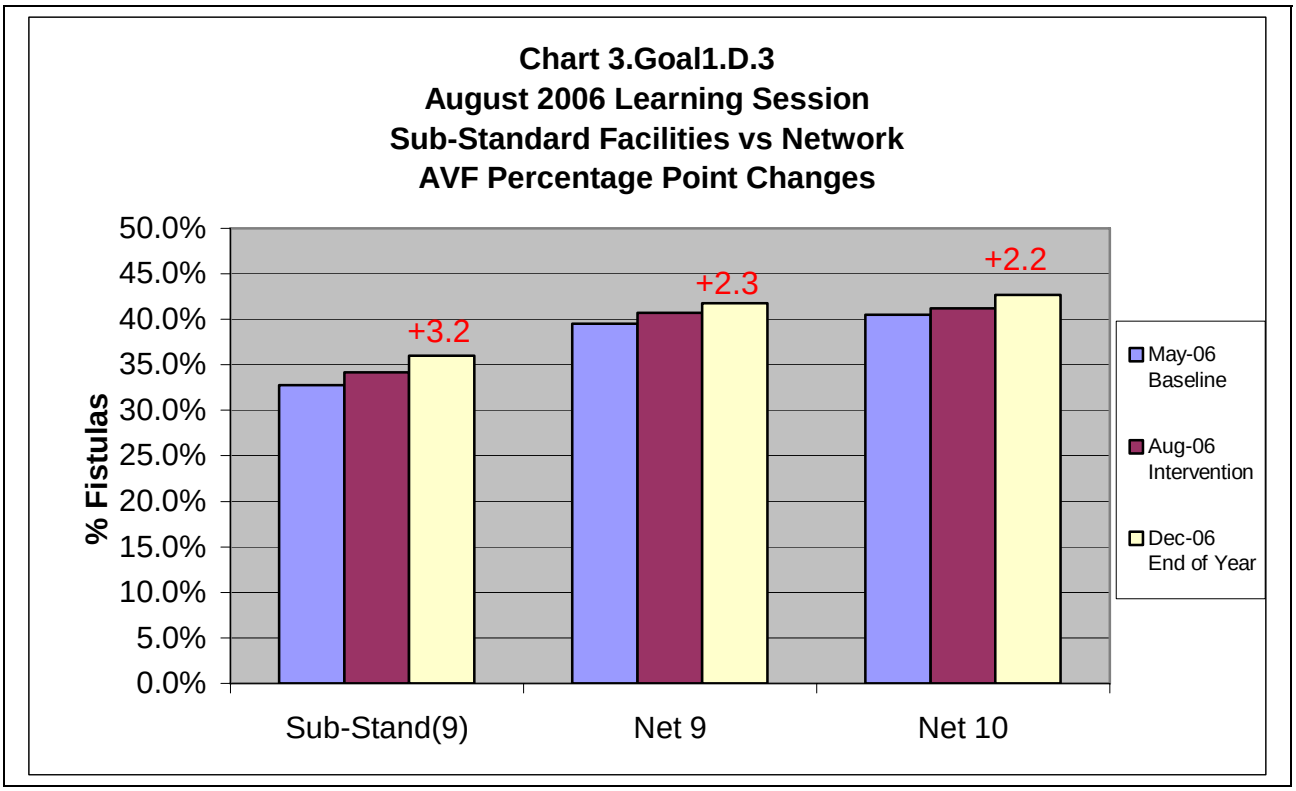
Medical directors of providers with VAAP defined "sub-standard" (<40% fistula and ≥30% catheter) fistula rates as of May 2006 received a letter encouraging them to attend one of the three Learning Sessions. The participants that attended the sessions are being followed to evaluate changes in outcomes.

Cannulation Training. The session for nurses and facility staff, titled the Cannulation Workshop, focused on a cannulation program that could be reproduced in the dialysis facility. This workshop was presented as a half-day program which included lecture presentations, videotape demonstration, and hands-on practice of cannulation techniques. The hands-on method used a simulation of a fistula allowing actual needle insertion by the participants. The ersatz fistula was created by threading a Penrose drain through chicken breast, then attaching a pump to the drain. The drain could be threaded in a variety of ways, and tension on the drain could be increased or decreased, to present cannulation challenges. A packet of background and resource materials was provided to each participant to promote further reading and discussion.

The goal of the workshop was to develop a baseline of knowledge regarding expert cannulation techniques and access preservation, monitoring, and maintenance. The specific objective of the workshop was to "train the trainer." Facility educators were invited to attend to learn this unique cannulation simulation designed to prepare hemodialysis staff trainees in hemodialysis access assessment and cannulation, and to reinforce cannulation skills in veteran hemodialysis staff members.

Registration for the Cannulation Workshop was filled to capacity with each offering. Due to this success, and requests for additional presentations throughout the Network area, the workshop was scheduled to be "packaged" for distribution. To this end, lectures and demonstrations were videotaped and edited in a DVD format. Work was begun on educational materials to accompany the DVD. Instructions to construct the hands-on portion will also be included. The plans were to distribute this Cannulation Workshop package throughout the Network area to encourage facilities to sponsor their own workshops within the dialysis unit setting. The project will be completed during 2007.

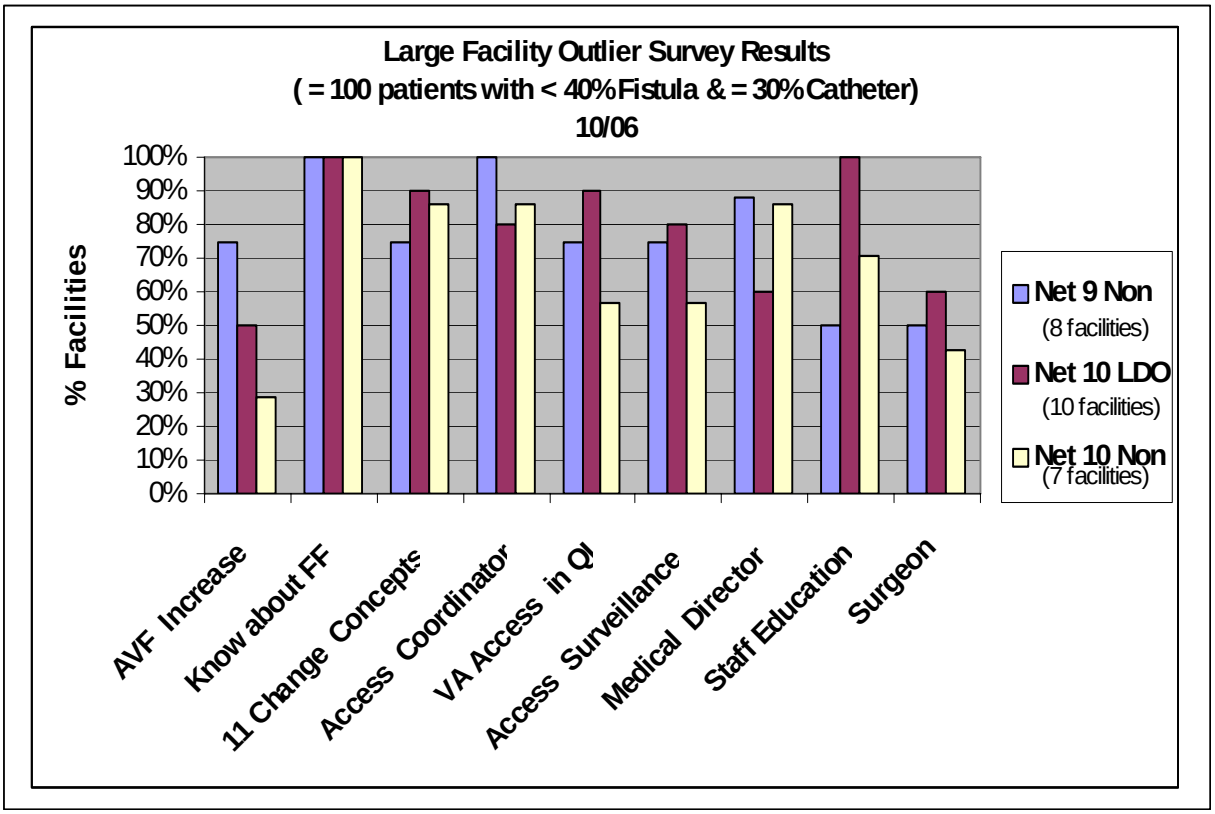
Chart 3.Goal 1.D-3 shows early outcomes from the participants of the August 30, 2006 Learning Session. The chart below displays the AVF percentage point change for the patients represented in the "sub-standard" facilities as compared to the patients represented in Network 9 and 10:



Other Interventions: A sample, based on a population of 100 patients or more, of facilities with <40% fistulae and ≥30% catheters ("sub-standard" facilities) in May 2006 were targeted for intervention (Network 9 Non-LDO n = 8, Network 10 Non-LDO n = 6). Facilities were contacted by telephone in September 2006 and surveyed on specific processes based on the Fistula First 11 Change Concepts. Discussions included tools and resources that are offered by the Network that can assist the facilities in improving their outcomes.

Chart 3.Goal 1.D-3 depicts the percentage of positive responses received from facilities during the phone survey. This chart demonstrates areas of educational opportunities that may assist facilities in overcoming barriers to fistula placement and maintenance.

Chart 3.Goal 1.D-4



December 2006 outcomes show that five out of the eight facilities (62.5%) targeted in Network 9 improved their prevalent AV fistula rates by at least four percentage points with two of those improving out of "sub-standard" status. Network 10 had similar results with four out of six facilities (67%) improving their prevalent AV fistula rates by at least four percentage points with two of those improving out of "sub-standard" status.

Chart 3.Goal 1.D-4 and 3.Goal 1.D-5 show early outcomes for the facilities that were targeted in Network 9 and Network 10. The charts below display the AVF percentage point change for the patients represented in the "sub-standard" facilities as compared to the patients represented in Network 9 and 10:

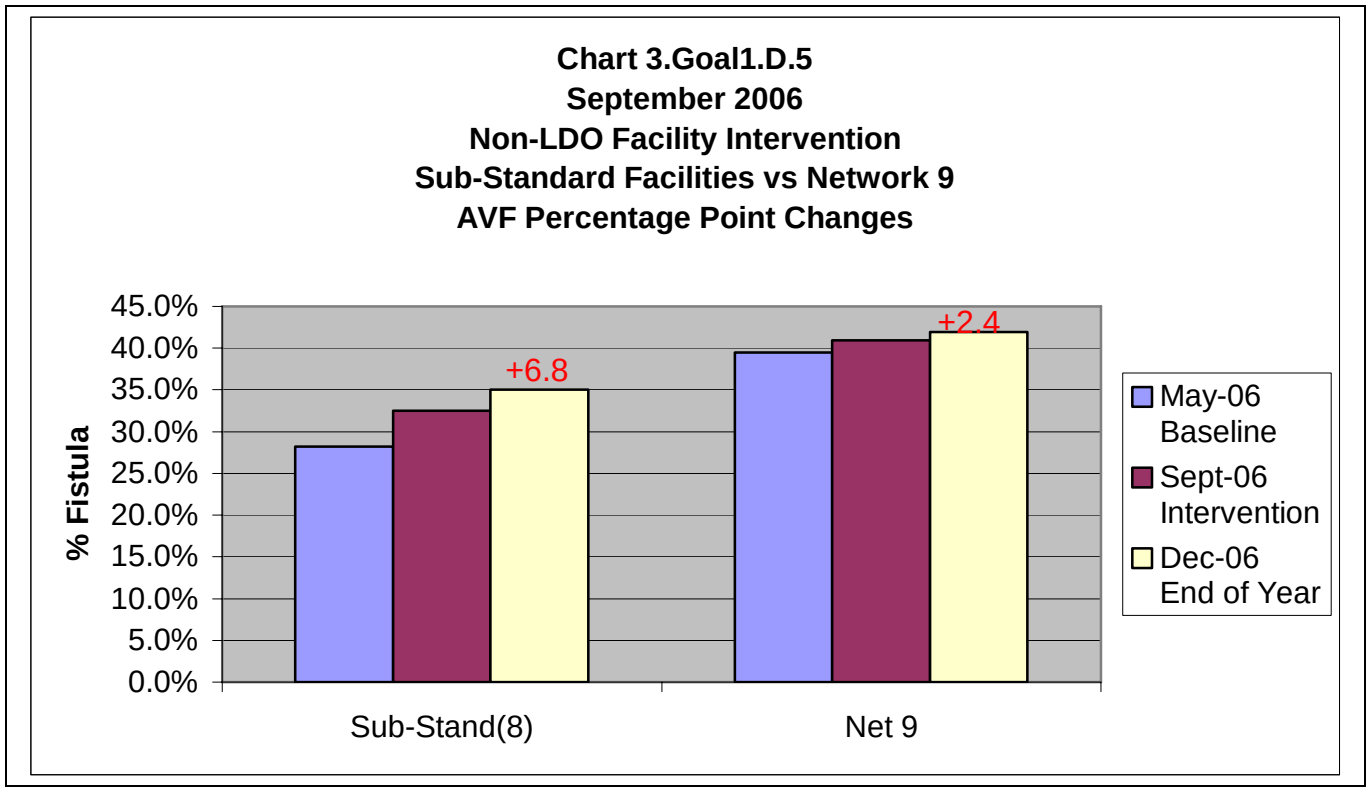


Chart 3.Goal1.D.5
September 2006
Non-LDO Facility Intervention
Sub-Standard Facilities vs Network 9
AVF Percentage Point Changes
% Fistula
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
+6.8
+2.4
Sub-Stand(8)
Net 9
May-06 Baseline
Sept-06 Intervention
Dec-06 End of Year

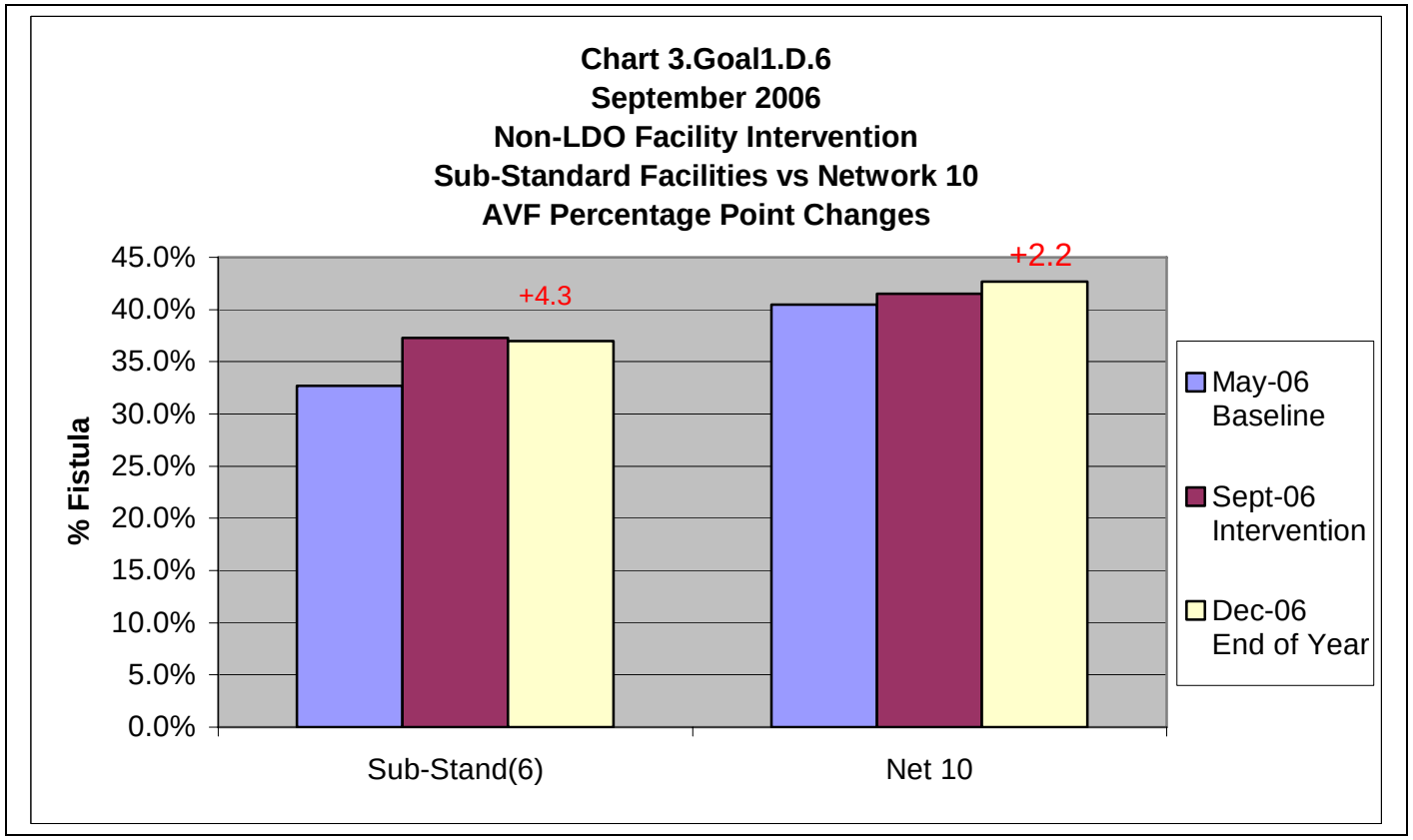


Chart 3.Goal1.D.6
September 2006
Non-LDO Facility Intervention
Sub-Standard Facilities vs Network 10
AVF Percentage Point Changes
% Fistula
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
+4.3
+2.2
Sub-Stand(6)
Net 10
May-06 Baseline
Sept-06 Intervention
Dec-06 End of Year

Champion Surgeons. In December 2006 the Network requested that dialysis facilities identify Champion Surgeons in the Network 9/10 area. These surgeons will be recognized as an elite group that have achieved excellence in AV fistula creation and maintenance. They have become invaluable partners with the facilities they work with in the ongoing efforts to increase AV fistula placement and patency rates. These surgeons will be highlighted during the annual Nephrology Conference in March 2007, on the Web site, and through letters to the surgeons and nephrologists in the community. These surgeons will also receive a congratulatory letter and certificate letting them know that the facilities they work with have designated them as a champion in fistula placement and maintenance.

Communications & Shared Resources: To promote Fistula First goals continuously, educational resources have been developed which can be easily shared. The Fistula First page on the Network Web site was updated regularly adding new material as necessary. The Fistula First Educational Campaign by direct mail continued quarterly, sending resources and educational materials to nurse managers in March, June, and October. The newsletter *Fistula First Focus* was sent to all dialysis facilities in the first quarter and June of 2006. The newsletter was also posted to the Fistula First page on the Network Web site. Examples of articles included: Network data on the current status of FF goals, the International Pediatric Fistula First Initiative, Fistula First Quality Award Winner mentoring column (featuring one Quality Award winner each publication), success stories submitted by facilities, upcoming Fistula First events, patient stories related to vascular access, and CKD coalition updates.

The Network has acted as a community outreach partner by providing information on Fistula First through presentations to state surveyor groups, kidney patient organizations and quality improvement organizations. Representatives of the Quality Improvement Organizations (QIO) have been involved in Fistula First activities and discussing ways to collaborate on the Fistula First initiative.

Data Review. Chart 3.Goal 1.D-6 and Chart 3.Goal 1.D-7 display the percentages of prevalent hemodialysis patients with fistulas in December 2006 and future projections in Network 9 and Network 10.

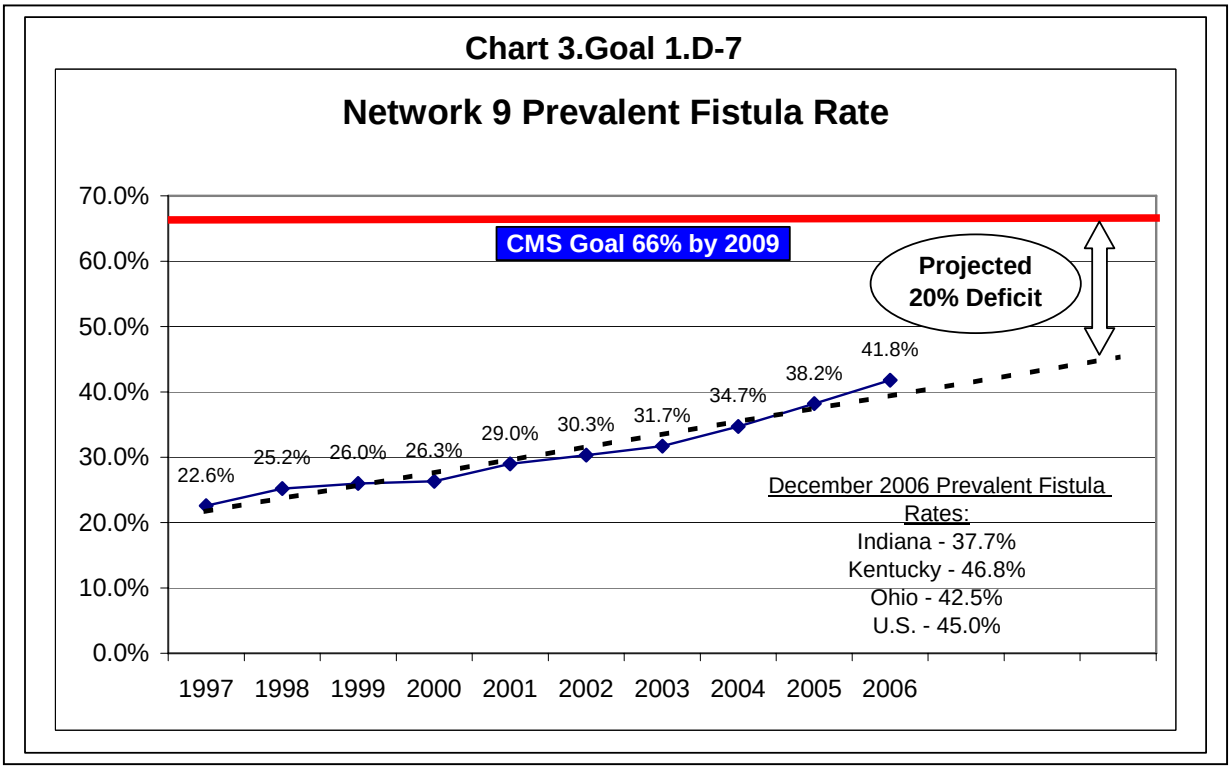


Chart 3.Goal 1.D-7
Network 9 Prevalent Fistula Rate
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
CMS Goal 66% by 2009
Projected
20% Deficit
22.6%
25.2%
26.0%
26.3%
29.0%
30.3%
31.7%
34.7%
38.2%
41.8%
December 2006 Prevalent Fistula Rates:
Indiana - 37.7%
Kentucky - 46.8%
Ohio - 42.5%
U.S. - 45.0%
1997 1998 1999 2000 2001 2002 2003 2004 2005 2006

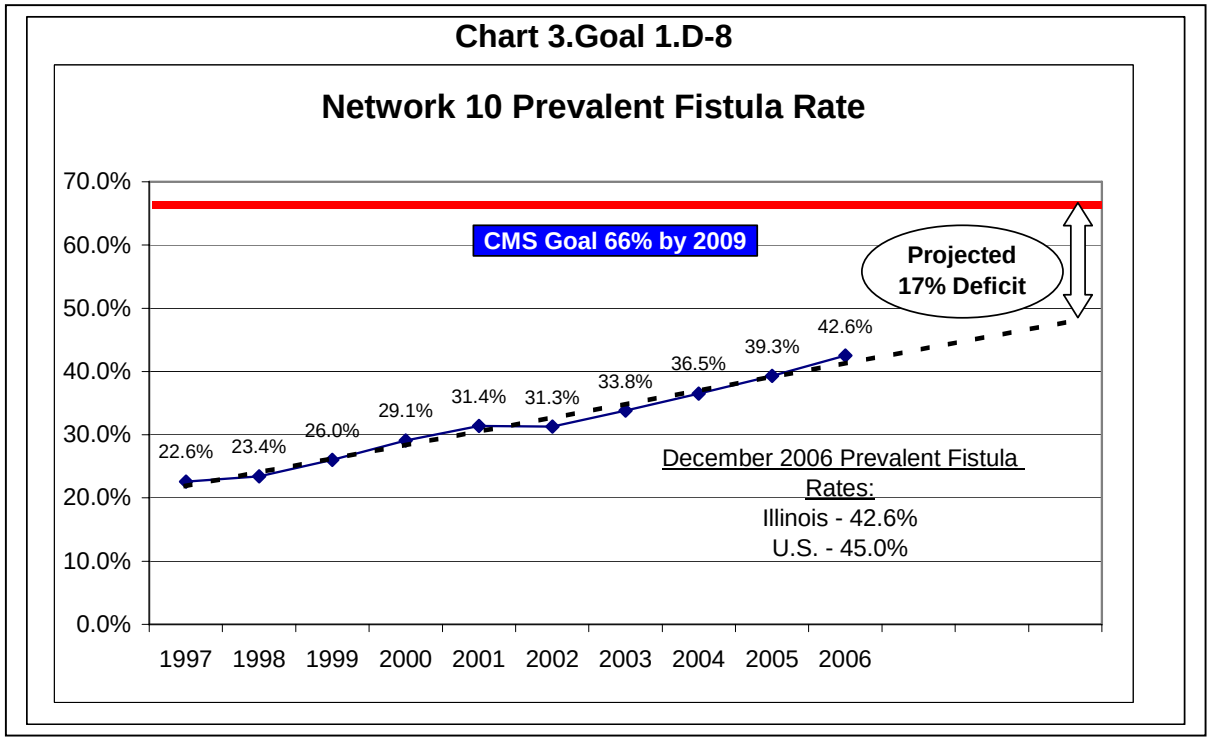
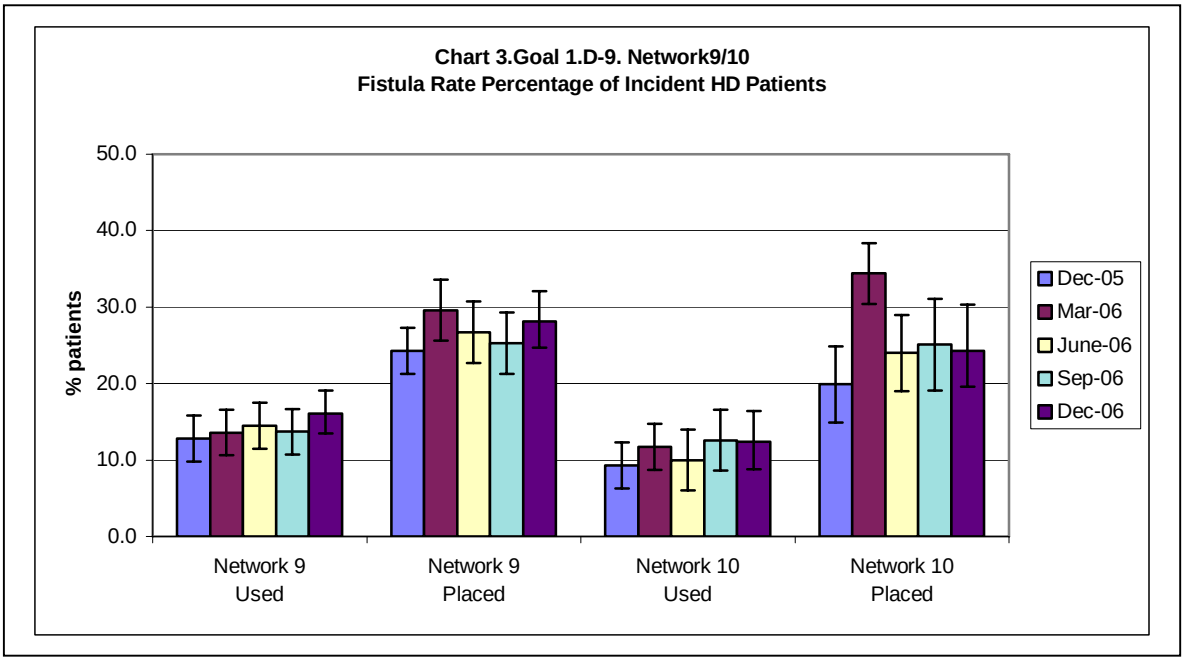


Chart 3.Goal 1.D-8
Network 10 Prevalent Fistula Rate
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
CMS Goal 66% by 2009
Projected
17% Deficit
22.6%
23.4%
26.0%
29.1%
31.4%
31.3%
33.8%
36.5%
39.3%
42.6%
December 2006 Prevalent Fistula Rates:
Illinois - 42.6%
U.S. - 45.0%
1997 1998 1999 2000 2001 2002 2003 2004 2005 2006

Chart 3.Goal 1.D-9 displays the percentages of incident hemodialysis patients with fistulas in Network 9 and Network 10.



Fistula First Quality Award: The Renal Network has established an award designed to recognize leaders of the Fistula First Initiative and provide them with a platform from which they can share their knowledge as mentors to other dialysis providers. Application for this award is voluntary and is viewed as a way for any group or individual to be recognized by providing performance processes and results in the area of placement and usage of AVF.

This award was developed and presented for the first time in 2005; eight awards were presented out of 21 applications received. During 2006, representatives of the eight award winning programs acted in a mentoring capacity in various Fistula First activities, such as the Learning Sessions and in publications for *Fistula First Focus*.

In 2006, 19 facilities submitted applications and 15 were chosen for the award. The award winners had to meet either or both of the following:

A. *Specific Goal Achievement* - Using one or more of the "Eleven Change Concepts" defined by CMS (listed below), demonstrate their improvement process resulting in maintaining a minimum 40% prevalent AVF rate in the program's patient population for one calendar year.

Fistula First 11 Change Concepts

1. Routine CQI review of vascular access.

2. Timely referral to nephrologist
3. Early referral to surgeon for "AVF only" evaluation and timely placement.
4. Surgeon selection based on best outcomes, willingness, and ability to provide access services.
5. Full range of appropriate surgical approaches to AVF evaluation and placement.
6. Secondary AVF placement in patients with AV grafts.
7. AVF placement in patients with catheters where indicated.
8. Cannulation training for AV fistulas.
9. Monitoring and maintenance to ensure adequate access function.
10. Education for care givers and patients.
11. Outcomes feedback to guide practice.

B. Upward Trends Toward a Goal - Provide documentation of improving fistula rates (incident and/or prevalent patients) using CMS standard definitions demonstrating an *improving trend* in incidence (fistulas placed) rate of AVFs in new dialysis patients by providing or displaying data that shows an increase of at least 10 percentage points over the previous year or demonstrating an *improving trend* in prevalence (fistulas in use) rate of AVFs in dialysis patients by providing or displaying data that shows an increase of at least 10 percentage points over the previous year.

The 2006 Fistula First Quality Award winners were announced during the 2006 Nephrology Conference of the Renal Network. Listed here are the 15 winners and the exportable processes that have led to their success.

Renal Care Group-Rogers Park Facility, Chicago, Illinois: The focus of this program is an active Access Team. It is stated that each member of the team understands the Fistula First program objective. Each makes valuable contributions to enhance the quality of life of their patients.

Their stated purpose is: To create a culture that promotes the AV Fistula as the ideal access for all or most of our patients." The multi-disciplinary team consists of the nephrologists, vascular surgeons, the vascular access coordinator, nurses, technicians, social worker, dietitian, secretary, and nurse manager.

Patient care meetings are scheduled regularly and new patients are assessed for access evaluation ASAP. Patient charts are continuously updated and patients are not allowed to "fall through the cracks." Pre-op vein mapping is also scheduled. New accesses are placed in a timely manner. The team follows protocols designed to preserve and monitor new and mature AV fistulae. Seven of the "11 Change Concepts" (developed by CMS for the Fistula First Initiative) remain in constant use in this facility initiative.

Renal Care Group Evanston, Evanston, Illinois: This program is based on a multi-disciplinary team approach. The team consists of nephrologists, vascular surgeons, interventional radiologists, nurse clinicians, an access coordinator, nursing staff, and

patient care technicians. This team focused on evidence based practice by implementing 10 of the "11 Change Concepts."

Well documented CQI includes timely referral to a nephrologist, early surgeon referral, access surgeons who use the full range of surgical approaches, AV fistula as the first choice for access, and use of IJ for catheters when necessary.

All dialysis nurses and technicians receive training in cannulation and "master cannulators" are utilized for all new AV fistulae. Routine access education is presented to staff and patients. The facility staff and access team remain loyal to their aim of promoting safe vascular access for quality patient care.

Davita Children's Dialysis Unit, Chicago, Illinois: The multi-disciplinary team of this facility documents activities based on seven of the "11 Change Concepts." The team states their goal is to "Improve fistula placement in an effort to uphold the Fistula First concept and the K/DOQI™ guidelines."

Depending on a process beginning with monthly QI meetings, this facility set a goal to "increase prevalence of patients with AV fistulas and decrease prevalence of patients with central venous catheters."

A vascular access database was used to identify access issues and direct the team to problem solving. Vein mapping became a goal for each new ESRD patient. The team also focused on protecting non-dominant arm in patients with chronic kidney disease (CKD) as well as dialysis patients. Earlier recognition of CKD stages were used to identify patients earlier and provided for many access placements prior to dialysis.

Davita Vincennes Dialysis, Vincennes, Indiana: By making the Fistula First Initiative a CQI goal, this facility gives credit to the implementation of quality processes. Documented development of 10 of the "11 Change Concepts" has led to a defined process and sustainable improvement in an upward trend towards their goal.

The multi-disciplinary team within this facility invited their medical community to participate in activities that would implement early treatment of the CKD patient. Vein mapping is now required on all patients anticipating vascular access surgery and early referral for vascular access is now standard practice. Patient education is stressed and communication between the various disciplines has improved.

Master Cannulators were identified and policies put in place for access monitoring. It is also stated "Since the education of the surgeons on AVFs by The Renal Network, the enthusiasm and interest by the surgeons has increased."

BMA of Kent, Kent, Ohio: This facility has a multi-disciplinary team and holds monthly CQI meetings. The team set a goal of ">40% AV fistulae and <8% catheters." By implementing 10 of the "11 Change Concepts" this facility was able to improve significantly in both goal areas.

They began with discussions of catheter patients and planned permanent access placement as soon as possible. An access coordinator is responsible for follow-up on access issues. The nephrologists order a vein mapping for each acute dialysis patient prior to hospital discharge; a permanent access placed if possible. An access plan is developed for all early CKD patients.

A monthly "sleeves up" policy is in effect and graft conversions are occurring. The surgeon works as an access team member, with fistula placement as the primary goal whenever possible. A cannulation protocol is utilized to protect the new fistula and all patients receive regular education on the dangers of catheter access. Monthly data review in CQI meetings has led to positive changes in the access status of the patients in this facility.

Ball Memorial Hospital Dialysis, Muncie, Indiana: This multi-disciplinary vascular-access team meets monthly to review the facility's access statistics and K-DOQI related outcomes. All of the "11 Change Concepts" are in use.
Patient specific diagnostic studies are reviewed and problems are identified. The facility's electronic medical records allow for creation of individualized vascular access database. The staff educator presents classes monthly to CKD patients. The vascular access coordinator meets with each patient to discuss early access placement.

The patient care staff is trained in the buttonhole technique and the staff educator and vascular access coordinator evaluate all staff cannulation skills annually.

All patients with catheters receive specific education in vascular access within 30 days of arrival at the clinic. IR or vascular surgery team members evaluate all catheter and graft patients for possible fistula creation. Vein mapping must be completed prior to each access placement. The surgeons utilize all techniques designed to create and preserve AV fistula.

Jasper Dialysis, Jasper, Indiana: The program has adopted this goal: All new patients will have a fistula placed whenever possible. The aim of the vascular access team is to maintain and increase their AV fistula rate. All of the "11 Change Concepts" are in use.

This team states "Education is the key to a successful access programs." Their transonic technician educates patients monthly on access care. There is monthly review of a different access topic with each patient, and materials are sent home for the patient's caregiver. Every access is evaluated each treatment prior to cannulaton.

The patients are referred to the surgeon for Fistula First placement and vein mapping is performed. The goal is to have the fistula placed within one month of dialysis initiation.

Basillic vein transpositions have been a successful form of AV fistula access in this facility. The staff reviews access reports weekly and early access problems are treated. Failing grafts are referred for conversion to fistula. The multi-disciplinary team meets routinely to discuss issues and provide intervention.

Veteran's Affairs Medical Center, Lexington, Kentucky: This hospital based acute/chronic unit has achieved goals through a multi-disciplinary approach "with emphasis on coordination with the vascular surgery team and early referral, as well as implementation of a protocol for cannulation of new AV Fistula." Using strategies based on nine of the "11 Change Concepts" led to goal achievement.

"Outcomes Feedback" guides all practice. The multi-disciplinary access team reviewed all access data monthly. Using CQI methods, access placement was tracked and changes in practice implemented.

The VA has many procedures in place to provide for early referral of the CKD patient for access placement. Access education is provided to staff at regular intervals. Cannulation training for staff is provided with the option of self-cannulation offered to patients. All catheters are targeted for early removal. Regular monitoring of access is performed and accesses are tracked for problem resolution. A full range of appropriate surgical approaches is available in this institution.

Davita Olney Dialysis, Olney, Illinois: This facility identified vascular access management as a QI project. They utilize all of the "11 Change Concepts" in this endeavor.

This multi-disciplinary team began with a letter to the dialysis community explaining the Fistula First Quality Initiative encouraging early referral for CKD patients to the nephrologists and surgeon. The surgeons and nephrologists were educated through The Renal Network Learning Sessions.

Communication between facility staff and vascular surgeons is improved and helps facilitate monitoring and correction of access problems. Vein mapping is required on all patients anticipating vascular access. New and unconventional surgical techniques have been used with success.

Patient education and individual counseling on vascular access is stressed at the facility level. All facility staff members participate in this education. Master cannulators have been identified and are assigned to cannulate all new accesses. Cannulation training remains ongoing.

Trover Foundation and Dialysis Center, Madisonville, Kentucky: This multi-disciplinary team set a goal of "maintaining and improving their current fistula rate." With the Fistula First data collection they were better able to track their vascular access prevalence. The Team Chair is very proactive in early detection and treatment of kidney

disease and provides education to primary care physicians (PCP) within their area. All of the "11 Change Concepts" are in use.

This team uses vein mapping and early referral patterns to place AV fistulae and prevent catheters. The surgeon performs extensive evaluation and utilizes current techniques for AVF placement. A standard criterion was developed to track access problems for early intervention.

Regular educational in-services are conducted for the facility staff. Access education is offered to all patients and their families on a monthly basis with one on one patient education when needed. Monthly team meetings are documented with all referrals, physician orders, and patient appointments taken care of promptly insuring the best of care for all patients.

Fox Valley Dialysis/Tri-Cities Dialysis, Aurora, Illinois: The goal of this multi-disciplinary team is to "exceed the K/DOQI™ and Fistula First guidelines." They demonstrate 10 of the "11 Change Concepts".

Monthly meetings are held to discuss patient access with special attention paid to AVF rates, catheter rates, infection rates, and access failures. There is emphasis made on communicating between disciplines, and educating staff and patients. An access database is maintained on every patient, including dates of all access procedures. Weekly access tracking is performed and interventions occur early.

New AVF cannulation is monitored and all staff members are tested on their cannulation skills. Buttonhole cannulation is used extensively in the facility. The education of this access team and facility staff is ongoing. The assessment of new AVF was stressed with a focus of identifying common complications. Access is discussed at each staff meeting. Ongoing audit of vascular access is performed. New policies outlining the assessment, use, and development of the AV Fistula with documentation are in use.

Dialysis Clinics, Inc., Cincinnati, Ohio : This multi-disciplinary access team describes their patient population as medically underserved and states late referral and multiple co-morbid factors as affecting their quality improvement processes. Keeping this in mind, they developed formal quality improvement processes directed at improving AV fistula in their patient population. By following guidelines presented in seven of the "11 Change Concepts" they markedly changed their patient outcomes in the area of vascular access.

A multi-disciplinary team was formed and identified barriers to AVF placement. This team focused on strategies to develop primary and secondary AVF in their patients.

Monthly CQI meetings allowed for tracking of access and access complications leading to intervention. Eligible patients received graft to fistula conversions. Monthly access monitoring and review of access data led to early intervention for flow problems.

Cannulation training was provided for all staff and master cannulators were identified. Buttonhole cannulation technique was initiated in some patients. This facility identified plans to continue with new CQI that will enable them to continue improvement in the area of vascular access.

Medina County Kidney Center, Medina, Ohio: This multi-disciplinary team set a goal of improving AV fistula rates while decreasing catheter rates. Monthly CQI meetings were held where the team reviewed patient access information and developed an access plan for each patient.

A monthly "sleeves-up" protocol is followed and access conversion is being performed with success. The facility staff participated in intensive and ongoing patient education by creating an environment that reflected the goals and benefits of the Fistula First Initiative. The patient education was intensified to include AV fistula information.

Protocols were designed to implement monthly access flow monitoring and early intervention for flow problems. Scheduled cannulation training has begun and master cannulators identified. Vein mapping is a regular procedure for patients identified as "chronic" and surgeons are chosen for their skill and success rates.

RCG Canton, Canton, Illinois: The stated goal of this multi-disciplinary team was to achieve the national Fistula First Initiative prevalent AVF percent and continue improvement. All of the "11 Change Concepts" are in use. Monthly CQI meetings focus on access problems and plans for intervention.

PCPs are included in the nephrology community education leading to early referral of CKD patients for access placement. Two vascular access surgeons were identified for referral due to their dedication to K/DOQI™ minimal standards for AVF placement. These surgeons perform vein mapping and utilize current techniques, including graft to fistula conversion and vein transposition to create an AV fistula.

An "access pathway" was developed to track all catheter patients and facility staff members communicate with the access team to promote speedy catheter removal. All facility staff members receive cannulation training; master cannulators are identified and assigned to newly placed fistulas. Access monitoring is performed regularly ensure adequate access function. Outcomes feedback from the Fistula First data collected by Network 9/10 is used to guide practice.

The Christ Hospital, Cincinnati, Ohio: This multi-disciplinary team began with an inspection of fistula evaluation practices. This led to development of practices to promote the creation and preservation of AV fistula in a patient population with multiple complex medical issues.

A vascular access coordinator was appointed. Standing orders were reviewed and changed to reflect the new vascular access goals. A "willing" vascular surgeon performed rounds in the hospital to plan early access placement.

A cannulation protocol was developed and implemented along with a master cannulator program. The buttonhole technique was introduced to several patients with success and vascular access pressure monitoring became regular practice.

This team made use of a vascular access center for access interventions. Ten of the "11 Change Concepts" are actively in use. This comprehensive process change has led to increased incident and prevalent AV fistula placement and catheter removal. This team believes the entire dialysis community benefits when patients have an established vascular access plan.

2. Quality Improvement Projects - Phosphorus Management Pilot Project.

A Phosphorus Management education quality improvement project was conducted in Network 9/10 in 2005/2006 as a limited pilot test. The purpose of this voluntary quality improvement pilot project was to address obstacles to compliance with phosphorus control therapy through a combined dialysis facility staff and patient education program. This program supported the K/DOQI™ phosphorus guidelines, and was intended to minimize the amount of time required to integrate phosphorus management into dialysis facility practice.

The primary goal of this project was to utilize a rigorous education program for dialysis facility staff and patients with the intent to improve phosphorus management. The secondary goal of this project was to promote the use of guidelines for the management of phosphorus and to encourage communication of compliance-enhancing strategies to patients through an education program for the dialysis facility staff, consisting of physicians, dietitians, technicians, and nurses.

Specific learning objectives were:

- Increased awareness of the benefits of aggressive phosphorus management
- Increased use of learning materials with patients to promote compliance with the phosphorus management regimen
- Increased communication of compliance-enhancing strategies to patients.

The project was finalized and approved by the MRB, the BOT, and CMS; it met all requirements for IRB approval by Metro Health in Cleveland, Ohio. Two facilities within the Network agreed to participate, one from South Bend, Indiana and one from Cleveland, Ohio. The activities in both facilities included:

- K/DOQI™ de-identified lab review utilizing staff renal dietitian.
- Dialysis facility staff in-service on education program to improve patient compliance.
- Assessment of facility dialysis staff phosphorus management knowledge through quiz on phosphorus.

- Placing posters in the dialysis unit to announce the education program/patient phosphorus contest.
- A questionnaire to identify and assess specific barriers to compliance experienced by the patient in regards to phosphorus management.
- Patient education consisting of an initial assessment with quiz on phosphorus and a brief phosphorus review.
- Items to patients including a diet handout, binder reminder information sheet listing the current binder and dosage, and a pillbox for the meds.

Monthly serum phosphorus, calcium, and PTH (if available) levels of patients were reported electronically to Network 9/10 during the project period. The patient lab information was de-identified and placed in a database for analysis. Labs were collected from both facilities and captured post education outcomes. Analysis of the data was completed by Ash Sehgal, M.D., vice chair of the MRB, and is described below:

Baseline data:
Mean phosphorus = 5.7
Calcium x phosphorus product = 52
% patients with phosphorus >5.5 = 52%

Re-measurement month 3:
Mean phosphorus = 5.3
Calcium x phosphorus product = 49
% patients with phosphorus >5.5 = 38%

Post Results month 6 and after education activities completed:
Mean phosphorus = 5.5
Calcium x phosphorus product = 50
% patients with phosphorus >5.5 = 47%
*All changes from baseline statistically significant.

Improvements in the phosphorus and calcium x phosphorus products during the educational activities were found to be significantly different in statistical analysis. After the educational activities were completed the outcomes returned to close to baseline. Based on the results of this pilot test, it was concluded that the improvements realized would require intensive, ongoing, educational interventions to be maintained. Because of the costs associated with ongoing, intensive educational activities, the project was ended after the results of the pilot were released.

This information has been given to a subcommittee of the MRB to use as background as work continues in the area of mineral metabolism management and education. Specifically, the MRB would like to develop a project that examines the phosphorus albumin relationship and food product labeling focusing on the high phosphorus content of processed foods.

3. Special Study – Barriers to Admission.

Networks increasingly have been called upon to help with placement of "difficult" patients. Behavior and high levels of acuity are two reasons frequently given for denial of admission to dialysis units. CMS funded a special project to examine current practices and make recommendations on a model to alleviate these difficulties and increase access for patients seeking to change dialysis units. During 2005, the Network worked with CMS to identify experts for a technical expert panel, conducted a literature search, and surveyed other Networks. In 2006, the TEP began its work; the members met in February and in May.

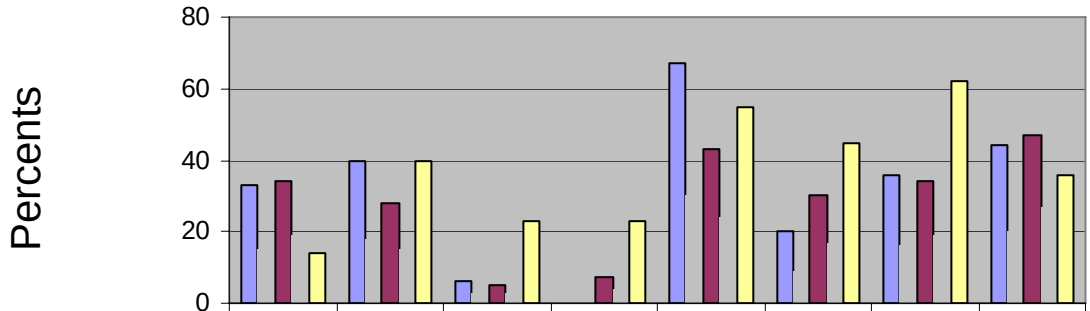
TEP members included:

Susan Brittman, MPH, Tennessee Quality Improvement Organization
Godfrey Burns, M.D., St. Vincent Hospital
Craig Fisher, L.C.S.W., Ph.D., Fox Valley Dialysis
Sandra Fritzsch, R.N., JD, Legal Representative
Walid Ghantous, M.D., LDO Representative
Edwin Hargreaves, Patient Representative
Dori Hutchinson, Boston University Center for Psychiatric Rehabilitation
Ruth Pudlowski, R.N., C.N.N, St. Vincent Mercy Medical Center
Lana Richmond, R.N., Indiana State Department of Health
Stella Smetanka, Esq, University of Pittsburg School of Law
Kenni Lou Walker, R.N., C.C.M, M.P.H., Wishard Hospital Services

The TEP outlined potential barriers that dialysis patients may face in seeking placement in the outpatient hemodialysis setting. These included disruptive behavior, special needs, mental illness, noncompliance, financial issues including undocumented status, abusive behavior, violent behavior, history of litigation, and criminal history. The TEP developed the following instruments to identify and explore the extensiveness of the barriers: 1) Patient Admission Information Form, 2) Patient Involuntary Discharge Information Form, 3) Barriers to Outpatient Dialysis Placement Facility Survey, 4) Barriers to Outpatient Dialysis Treatment: Brief Hospital Survey, and 5) Barriers to Outpatient Dialysis Treatment: Patient-Level Hospital Survey Data Collection Form. The TEP recommended strategies to identify and alleviate barriers to placement. A final report was submitted to CMS by mid-year, and posted to the Network Web site at www.therenalnetwork.org.

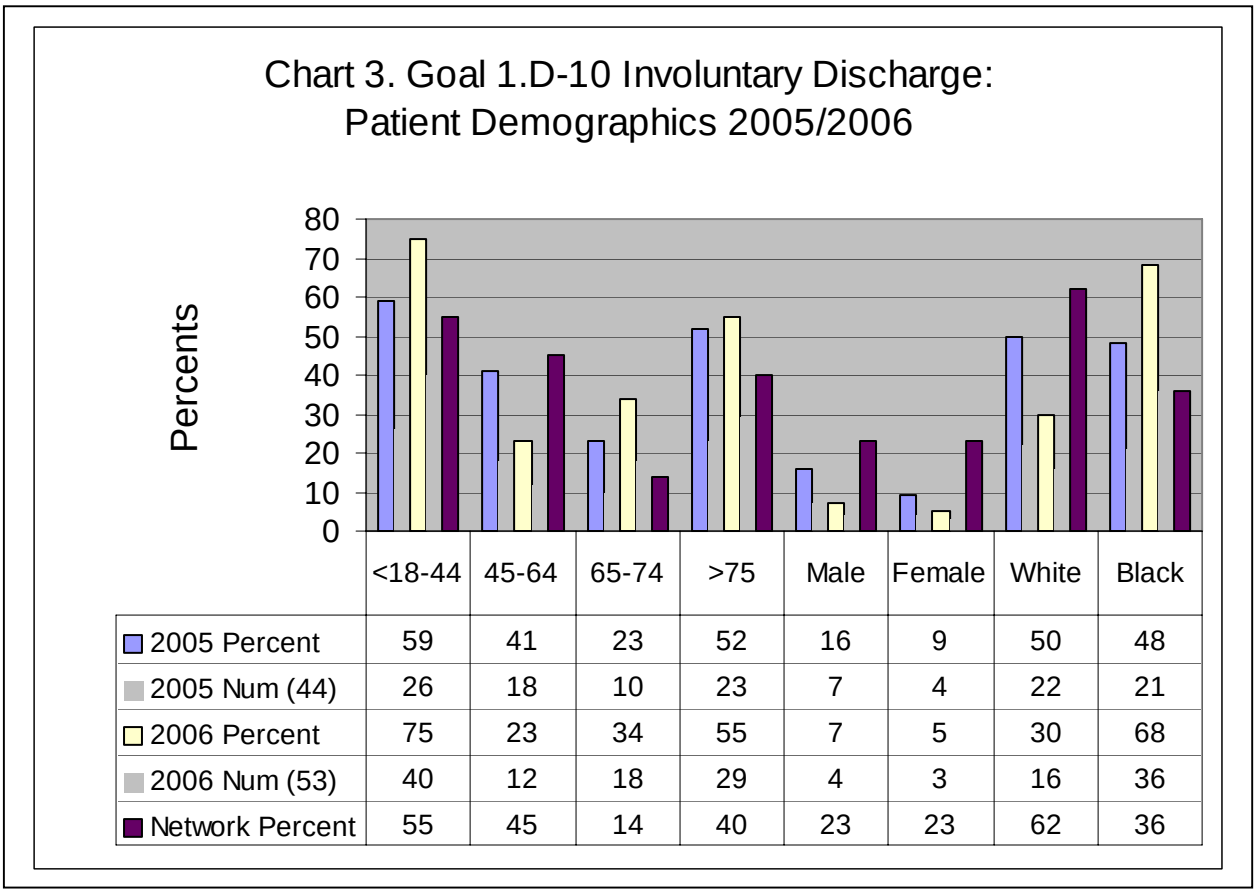
In conjunction with this special project, Network 9/10 examined the issue of accessibility within its own dialysis providers. The Network developed ways to identify concerns regarding Admissions (lack of available dialysis placement) issues and involuntary discharge issues in SIMS. Many of the cases regarding the inability to locate a new dialysis facility also involved being involuntarily discharged from another facility. The Network used standardized forms it had developed to obtain more detailed information about the issues during contact calls. The number of calls regarding Admission barriers had increased by approximately 20% between 2005 and 2006. See Chart 3. Goal 1.D-9 for detailed demographics about the patients seeking assistance to locate a dialysis unit.

Chart 3. Goal 1.D-9 Admission Contacts: Patient Demographics 2005/2006



	<18-44	45-64	65-74	>75	Male	Female	White	Black
2005 Percent	33	40	6	0	67	20	36	44
2005 Num (45)	15	18	3	0	30	9	16	20
2006 Percent	34	28	5	7	43	30	34	47
2006 Num (56)	19	15	3	4	24	17	19	27
Network Percent	14	40	23	23	55	45	62	36

In examining data reported in SIMS and data from telephone inquiries to the Network office, discrepancies in the totals were noted. The Network believes the number of patients discharged is underreported, as the number of calls about discharges does not match the number of SIMS events regarding involuntary discharges. The Network trended the number of patients discharged in 2005 and 2006 and compared the patient demographics in percentages as well as with the Network percentages of its patient population. Thus, there were more than would be expected patients discharged in all age categories through age 64 and more black patients than would be expected discharged. See Chart 3. Goal 1.D-10 for details.



	<18-44	45-64	65-74	>75	Male	Female	White	Black
2005 Percent	59	41	23	52	16	9	50	48
2005 Num (44)	26	18	10	23	7	4	22	21
2006 Percent	75	23	34	55	7	5	30	68
2006 Num (53)	40	12	18	29	4	3	16	36
Network Percent	55	45	14	40	23	23	62	36

4. Other Special Studies.

Work on two other special studies was conducted during 2006. A special study entitled Dialysis Treatment Delivered in the Nursing Home Setting was completed in 2006. A special study, entitled Barriers to Transplantation Project, was begun in 2006. Details on these activities can be found under Goal 2, beginning on page 45.

E. Focused Quality Assurance Activities

As a complement to the quality improvement initiatives of The Renal Network, focused interventions were conducted to provide more direct contact between the Network and facilities failing to meet Network goals.

1. Fistula First.

A focused intervention process was included in Fistula First activities. As described in section 3.D.1. A sample, based on a population of 100 patients or more, of facilities with <40% fistulae and ≥30% catheters ("sub-standard" facilities) in May 2006 were targeted for intervention (Network 9 Non-LDO n = 8, Network 10 Non-LDO n = 6). Facilities were contacted by telephone in September 2006 and surveyed on specific processes based on the Fistula First 11 Change Concepts. Discussions included tools and resources that are offered by the Network that can assist the facilities in improving their outcomes. A chart evaluating the outcome of this focused intervention is found on page 29.

2. Facility Intervention Profiling System.

Using data routinely reported to the Network, the MRB reinstituted the Facility Intervention Profiling System. This system incorporates all aspects of the data into an analysis of quality of care. The facility profiling process is designed to identify facility outliers in order to assist in improving quality of care. The process assigns weighted points to quality indicators, based on the indicator's importance to patient care. Data used for the profile includes the fourth quarter sample provided by the lab data collection, data from CMS Form 2728 on initiation of dialysis, SMR and SHR, vascular access data, grievance, and compliance with Network reporting requirements.

Point levels & actions included:

- No points: notification of job well done
- 1 – 9 points: notification of points received, no response required.
- 10 to 39 points: facility internal review requested.
- 40 to 49 points: MRB required facility review and action plan submitted to the Network.
- Greater than 50 points: MRB required facility review, action plans, and site visit if no improvement is achieved by the facility.

The Network will intervene with any facility acquiring a total of 40 or more points. Any facility acquiring more than 40 points for three consecutive years will be subject to a site visit.

During 2006, this system was developed and tested. Each facility received an explanation of the plan along with its own points total. This activity was just informational as the data used for the first intervention were not actionable due to the age of the data. Full implementation will begin in 2007 using the current data.

3. Grievance Process.

Most activities related to the Network grievance process provide direct and focused intervention between the Network and the dialysis provider. When a complaint is filed, the Network contacts the provider to discuss the issue, and help resolve the complaint between the patients and the dialysis provider.

If a grievance is filed, the provider is contacted with a request for information regarding the grievance. Compliance is mandatory. If a grievance is substantiated, a plan of correction is requested from the facility. This plan is reviewed and accepted by the MRB, and monitored until the grievance is deemed to be resolved. Complete details on the Network grievance process can be found in Goal 3, beginning on page 50.

GOAL 2: Improve the independence, quality of life, and rehabilitation of individuals with ESRD through transplantation, use of self-care modalities, in-center self-care, as medically appropriate, through the end of life.

ESRD Network 9/10 maintains a Patient Leadership Committee which works through the Patient Services Department to implement programs to benefit individuals with end-stage renal disease. Additionally, the Medical Review Board and the Board of Trustees each have four positions dedicated to patient representation to ensure the voice of the beneficiary is heard at every level of governance.

Through the efforts of the volunteers on these committees working through the Network staff, a variety of approaches to foster independence, encourage transplantation and self care, and improve quality of life for the individual with end-stage renal disease are ongoing. These include educational initiatives and activities to examine current methods in delivery of care, with an eye toward improving the current standards.

A. Special Study: Dialysis Treatment Delivered in the Nursing Home Setting.

Based on intense interest in the delivery of hemodialysis treatment within the nursing home setting, CMS commissioned a special project to examine current practices and make recommendations on a model for this form of treatment. A technical expert panel was assembled by year-end 2005; the work of the TEP took place during 2006, during one in-person meeting and several conference calls.

TEP members included:

Susan Cronin, RN, Dialysis Consultant, ANNA, Elkhorn, Wisconsin
Marlene Demers, Nurse Consultant, CMS Region 1, Boston, Massachusetts
Marilyn Duncan, RN, Fresenius Medical Care, Westchester, Illinois
Kathy Hybarger, RN, QIO, Health Care Excel, Terre Haute, Indiana
Stephen Korbet, MD, Circle Medical Management, Chicago, Illinois
Veronica Marotta, Illinois Department of Public Health, Bellwood, Illinois
Cecilia Meehan, DaVita, Rocky Hill, Connecticut
Maureen Michael, NRAA, Orlando, Florida
Gail Palmeri, Massachusetts Department of Public Health, Boston, Massachusetts
Lana Price, Chronic Care Policy Group, CMS, Baltimore, Maryland
Joan Rogers, Nursing Home Administrator, Independent Dialysis, Baltimore, Maryland
Anita Rowan, RN, Hemodialysis Patient, Zion, Illinois

The TEP first conducted an in-depth review of the current practices employed to deliver dialysis treatment within the long-term care setting. It then focused on the optimum methodolgies to ensure high quality dialysis care is provided in this venue. The TEP issued a final report which contained the synopsis of the current practice and recommendations on a comprehensive set of care criteria, including staffing, access to

nephrologists, infection control, medications, water quality, physical environment, reimbursement and financial considerations, and dialysis back-up. A final report was submitted to CMS by mid-year, and posted to the Network Web site at www.therenalnetwork.org. The Renal Network submitted a request for funding to continue the work of the TEP to develop a model for dialysis treatment in the long-term care setting; at year-end a response had not been received.

B. Pilot Study: Barriers to Transplantation Project.

In 2005, The Renal Network coordinated a special study to look at barriers for patients in being placed on the transplant waiting list. In this study, a Technical Expert Panel (TEP) examined barriers to transplantation and developed suggested clinical performance measures to assess a patient's progress to gain placement on the transplant waiting list. In 2006, using the information which was developed by this TEP, The Renal Network began a pilot study with volunteer dialysis facilities and transplantation centers. The pilot will assist facilities in Cleveland and Indianapolis to improve referral rates using a standardized transplant referral form which complements the long-term care plan.

The goal is to increase the timeliness of transplant referral for eligible patients by determining where patients have difficulty in completing the process for transplant work-up. This project aims to develop a process to improve communications between dialysis centers and transplant centers with the ultimate goal of improving the rate of transplant referral.

The volunteer transplant centers in Cleveland and Indianapolis have agreed to provide the dialysis facilities with a list of exclusions and update the dialysis providers with information which shows the dialysis providers where the patients are in completing the transplant referral process.

Baseline data will be collected from the dialysis providers on transplant referral rates. Data will be collected throughout the pilot to demonstrate whether this newly described process assists in increasing referrals. This project was ongoing at year-end 2006.

C. Resources & Opportunities for Beneficiaries

1. Educational Information & Activities.

To encourage independence, improved quality of life, and self care and transplantation, the Network continuously works to promote understanding of end-stage renal disease and its impact on the ESRD patient and family. The following activities were conducted during 2006.

- New patients were informed about the Network through a New Patient Packet that the Forum distributes to new patients. The Network updated its letter in 2006.

- Patients participated on Network committees including the Board of Trustees, the Medical Review Board, and the Patient Leadership Committee (PLC). Throughout the year, information about the PLC and Patient-to-Patient Program as well as other patient resources were sent to patients and staff who expressed an interest in becoming involved with any of the programs.

- Patients participated in the Robert Felter Memorial Award program, both in choosing the recipients for the facility and patient awards as well as educating and sharing with fellow patients after being the recipient of the award.

- Both the CAHPS information and the KDQOL are posted to the Network Web site to assist facilities in developing mechanism for assessing the health-related quality of life of their patients.

- The Network developed a brochure regarding its Technical Assistance Program and distributed it at patient and facility meetings and events.

- A new brochure entitled “How Do I Look” (Taking the Fear out of AV Fistula Placement) was available to patients and staff.

- The Ease the Ouch brochure continues to be given to patients and staff to help with fistula placement.

- Two patient education programs were presented in December in Indianapolis, focusing on anemia education.

- Patients were given DFC cards at meetings held by the Network and facilities were given DFC posters and cards at Network meetings and at events where the Network had exhibit booths.

- The Network Web sites provided the Guidelines for Assessment and Referral to Vocational Rehabilitation for Patients, other vocational rehabilitation resources, transplantation, treatment modalities, advance directives, and other end of life issues.

- The Network patient Web site offered vascular access videos, which were converted to Flash File format for easy viewing and downloading.

- The Network resources on quality of life were sent when requested and were available for download from the Network Web sites.

- The Network participated in the American Kidney Fund’s Regional Conference in Chicago in November and staffed an exhibit providing handouts on treatment modalities, quality of life, grievance process, access, and Dialysis Facility Compare.

- The Network sent information to social workers about National Donate Life month and a list of links to transplant-related Web sites.

- The Network participated in the NKF Stuart Kleit Annual Symposium in Indianapolis in December and staffed an exhibit providing information on quality of life, DFC, grievance policy, and fistula-related issues.

- The Network Web site contains links to resources, such as the KDQOL and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) which facilities can use to evaluate and improve patients' satisfaction with their care.

- *Renal Outreach*, a newsletter dedicated to the individuals with end-stage renal disease, was published twice during 2006. The list of articles included the following stories: Rehabilitation Starts with a State of Mind, It Was All in a Smile (vocational rehabilitation story), Frequently Asked Questions about Arterial Venous Fistula, Double Kidney Transplants, Is There a New Normal?, A Patient Viewpoint (changing from a catheter to a fistula), Protect Yourself and Other Patients from the Flu, and Robert Felter Award (information about PKD and information learned at the PKD annual conference). In addition, there were articles on managing conflicts, contacting the Network for help with conflict resolution and filing grievances, on-line resources of interest to renal patients, and articles about quality of life, and the flu and immunization. First person narratives described the benefits of fistula, managing conflict, and striving for independence.

2. Web Site: www.kidneypatientnews.org.

Additionally, the Network supports a Web site dedicated to information for renal patients, family members or anyone interested in renal disease: www.kidneypatientnews.org. All resources and newsletters are kept on the Web site. The site is also useful as a monitoring tool for the usefulness of the information posted. Web hits are monitored monthly to ensure that the information on the Web is being viewed. Details on Web activities are listed in Goal 4, A.2. Web Sites, on page 57.

GOAL 3: Improve patient perception of care and experience of care, and resolve patient's complaints and grievances.

The Renal Network provides a voice for the ESRD Beneficiary through the grievance resolution process. Patients and family members may choose to discuss their issues with the Network staff. The Network staff works to resolve concerns as they are identified. With the patient's permission, staff members provide counseling and mediation to patients and dialysis facilities when conflict occurs. Patients may also choose to file a formal grievance. In this process, the complaint is officially addressed to the dialysis provider, and both sides of the issue are heard at the Medical Review Board level. The MRB makes the final determination in a formal grievance.

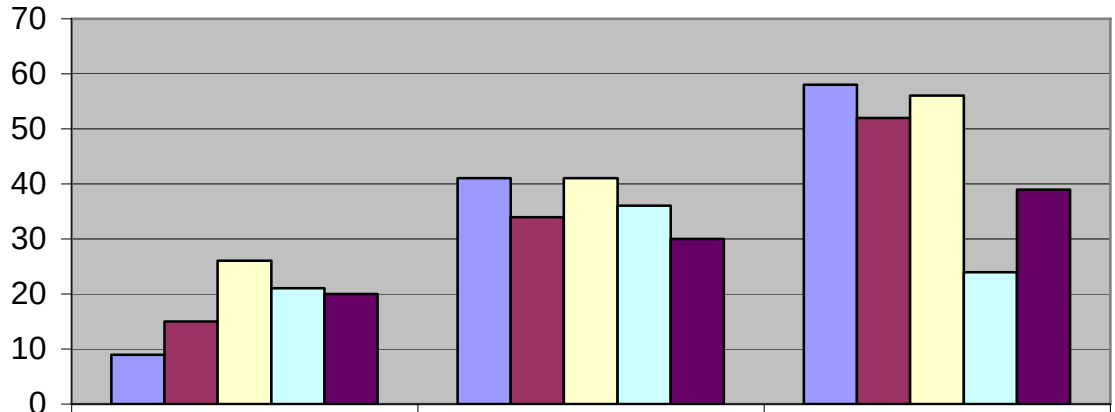
A. Concerns & Complaints.

Complaints are received in the Network office through direct contact with the beneficiary, though a telephone call or a written letter. The Network maintains a user-friendly, toll-free line to encourage patients to contact the office directly.

Tracking of complaints received are reported through the CMS quarterly report format as investigations or grievances. Investigations are the result of complaints brought to the attention of the Network through a variety of means.

Network staff attempted to intervene as soon as a complaint was received, to resolve problems before they escalated into a formal grievance situation. Often, the Network staff member acted as a mediator between the dialysis facility and the patient to objectively work out problems. Patient Services staff members also coached patients on positive ways to approach facility staff, provided resources and accurate information regarding concerns, and provided assistance as needed. During 2006, Network staff members were called upon to assist with 128 patient complaints. The primary concerns regarded quality of care issues and staff related issues, which have consistently been the top concerns over time. Patient concerns over being involuntarily discharged have increased over 50% in the last four years. This is detailed in Chart 3.Goal 3.A-1.

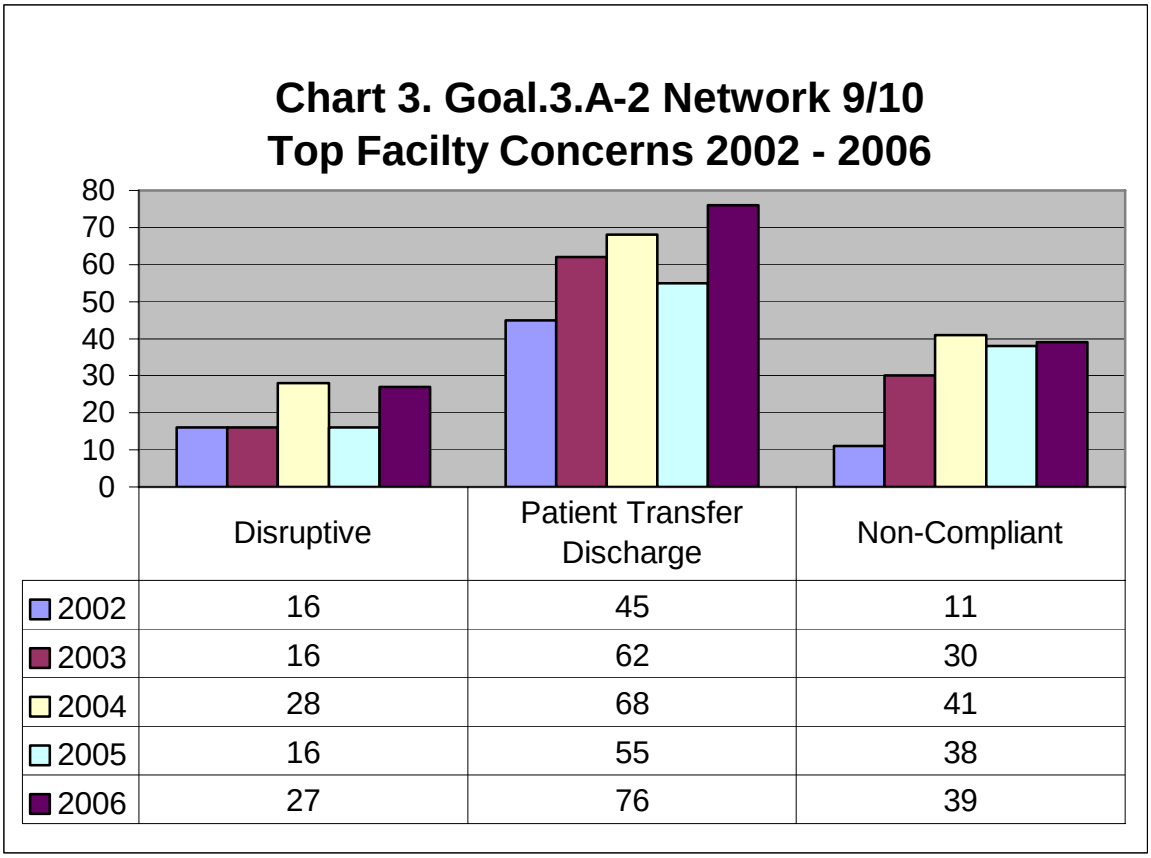
Chart 3. Goal 3.A-1 Network 9/10
Top Complaints 2002 - 2006



	Patient Transfer Discharge	Staff Related	Treatment Related/Quality of Care
2002	9	41	58
2003	15	34	52
2004	26	41	56
2005	21	36	24
2006	20	30	39

Through the MRB, The Network analyzes facility-specific complaints/grievance data to identify patterns of concerns at the facility or Network level. No specific patterns were detected in the 2006 complaint/grievance data, either by facility or LDO affiliation. All facilities were below 5% of complaints from their patient population.

Network staff also assisted facilities with their concerns about patient issues. Staff tried to help facilities understand patient issues from different viewpoints, brainstorm alternative approaches to resolve issues, and identify behavior and control issues. Staff assisted facilities with patient behavioral issues to keep them from escalating to involuntary discharges or grievances. The Network received 231 facility concerns in 2006. The primary concerns regarded patient transfer/discharge, non-compliance, and disruptive behaviors. The top concerns have remained consistent over the past four years, with calls regarding discharging patients being the highest category. See Chart 3.Goal 3.A-2.

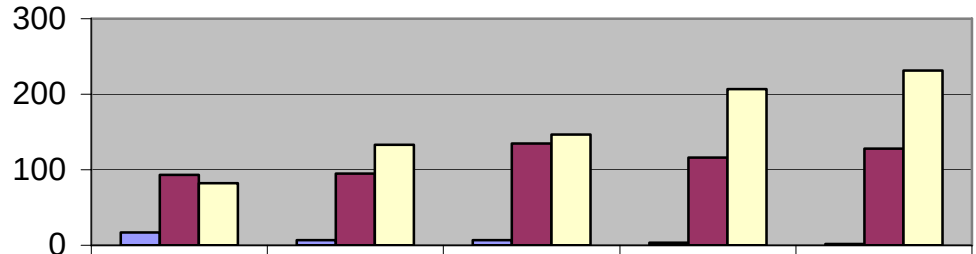


	Disruptive	Patient Transfer Discharge	Non-Compliant
2002	16	45	11
2003	16	62	30
2004	28	68	41
2005	16	55	38
2006	27	76	39

B. 2006 Formal Grievances:

Grievances are formal, written complaints filed by patients or their representatives, or by facility staff members. A special subcommittee of the Medical Review Board is designated to review grievances and make recommendations to the facilities and patients. Of the 128 complaints filed in 2006, only two proceeded to the formal grievance phase. The number of grievances over the last four years has declined as detailed in Chart 3.Goal 3.B-1.

Chart 3. Goal 3.B-1 Network 9/10 Year-End Comparison 2002 - 2006 Grievances, Complaints and Facility Concerns



	2002	2003	2004	2005	2006
Grievances	17	7	7	3	2
Complaints	93	95	135	116	128
Facility Concerns	82	133	147	207	231

Beneficiaries filed the two grievances. In the first case, a hemodialysis patient filed a grievance against his dialysis facility for involuntarily discharging him due to non-compliance. The patient was discharged because he refused to take Epogen subcutaneously and the facility stated they were unable to satisfy his needs. The patient believed he was being discharged in retaliation for complaining; the Department of Public Health had surveyed the unit and found various citations and the patient was discharged shortly thereafter. The MRB Patient Relations Subcommittee substantiated the grievance and concluded that the patient should not have been discharged for behavior that only put him at risk. It was recommended that the facility be more flexible on administration of Epogen to meet the needs of all patients; to utilize the DPC toolbox in conflict situations; and to develop ways to work with challenging patients rather than discharge them, meeting with them face-to-face to address their issues and concerns.

In the second case, a patient filed a grievance due to dissatisfaction with the resolution of her complaint filed at the facility regarding a charge of sexual harassment. The facility hired an independent attorney to investigate the concern and interviewed the patient and a number of staff. However, the facility was not able to substantiate the complaint and did not fire the technician. The facility did assign a different technician to the patient and offered the services of a female social worker to the patient. The MRB Patient Relations Subcommittee did not substantiate the grievance but did provide suggestions to the facility to adhere to grievance policy timelines and to offer in-service training programs on professionalism and sexual harassment.

C. Support & Mediation

The Network used a variety of formats to make information available to the dialysis community to help resolve patient grievances and complaints. Specific activities include the following:

- Network staff members routinely handle many requests for assistance directly from patients and their families, as well as facility staff members. These requests involve supplying information from various sources available from the Network, such as location of dialysis centers, help with transient dialysis, location of isolation stations, and specific federal regulations. The Network provides assistance to facilities to avoid discharging patients involuntarily, to develop alternative approaches to address concerns, to develop effective behavioral agreements, and works with patients and facilities to resolve issues before they become grievances. In some instances, the Network acted as a go-between, making an initial contact for an individual who is seeking assistance. The staff has worked directly with patients to develop effective strategies for the patients to use when communicating with their dialysis facility staff. In addition, staff worked with patients and hospital case managers to locate new facilities for patients who could not find placement. These contacts are tracked by the SIMS information system.

- The Network sends grievance packets to patients as requested, has the grievance packet available on its Web sites, and has a grievance poster that can be downloaded and posted in facility waiting rooms. The grievance poster was also sent when requested.

- *Renal Outreach* contained the following articles related to complaints and managing conflict: Patients Voice Concerns to The Renal Network (includes section on how to manage conflict) and Patient Concerns Expressed to the Network.

- The Network sent letters to all facility administrators, social workers, and data contacts regarding procedures for patients who are involuntarily discharged. The Network offered its assistance and encouraged facilities to call prior to the point of discharge.

- The Network provided facilities seeking assistance with noncompliant patients a sample letter that outlined steps to increase compliance.

- The Network offered two Decreasing Patient-Provider Conflict Train-the-Trainer Programs by Webex in April and May.

- The Director of Patient Services presented a session on the Decreasing Patient-Provider Conflict Training Program at the Kidney Foundation of Northwest Ohio Symposium in October.

- *Alternative Solutions*, a brochure offering alternative methods to deal with difficult situations within the dialysis unit, was sent to facilities as a resource for handling challenging situations and as an alternative to discharging patients when requested or as needed.

GOAL 4: Improve collaboration with providers to ensure achievement of the goals through the most efficient and effective means possible, with recognition of the differences among providers and the associated possibilities/capabilities.

Working in collaboration with other organizations creates synergistic strategies, and opportunities, which enable the Network to reach a diverse array of audiences with the common interest of improving quality of care for end-stage renal disease patients. During 2006, the Network collaborated directly with providers of end-stage renal disease services and with health care organizations in related areas. The goal of all of these activities was to benefit the ESRD patient by increasing knowledge and awareness of dialysis and transplantation.

A. The ESRD Provider Community

The Renal Network acts as a clearinghouse to provide information concerning ESRD technology and treatment advances to ESRD professionals, patients, and other interested persons and organizations. Information received or generated by the Network was disseminated to the appropriate individuals at the discretion of the Executive Director or other appropriate staff persons. During 2006 information was distributed Network-wide in the following manner:

1. Data Dissemination.

The Network provides timely data to its dialysis facilities to allow and encourage benchmarking and data analysis at the local level. During 2006, the following data reports were distributed:

- 2005 Annual Statistical Report for ESRD Network 9/10
- KECC Dialysis Facility Reports
- National Clinical Performance Measures Data
- Network 9/10 laboratory collection
- Fistula First

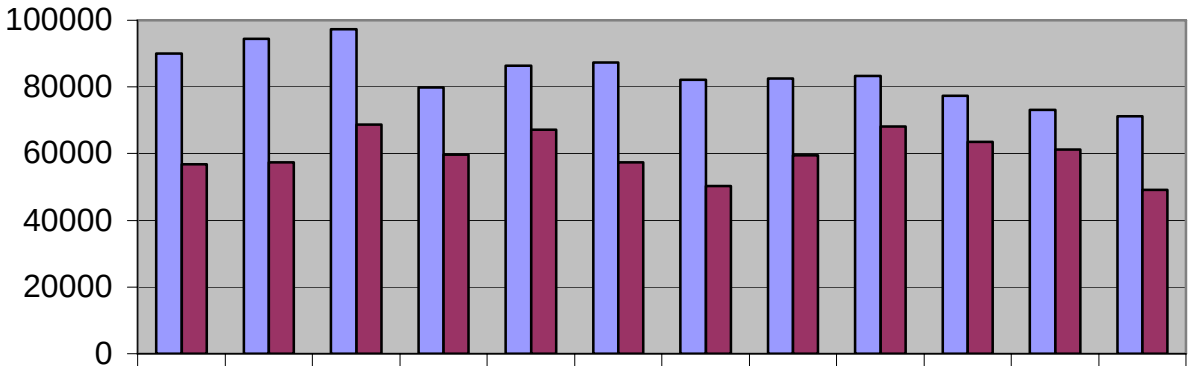
2. Web Sites

The main Network Web site, www.therenalnetwork.org, is intended to provide information about Network 9/10 activities and links to other resources in the renal community. The front page is updated monthly with news. Policies, procedures, and selected data items are added as they become available. A second Web site is devoted to issues of interest to patients and family members. This site, www.kidneypatientnews.org, contains articles and information with a patient focus. The Network Web sites provided resources for vocational rehabilitation, transplantation, treatment modalities, advance directives, and end of life issues. There are links to other sites as well as the ability to download and/or order Network materials. It is updated on a regular basis. By maintaining two Web sites with

relevant and timely information, and providing links to other sites of interest, The Renal Network strives to achieve *farfegnugen* for members of the renal community as they drive the information superhighway of the World Wide Web. Visits to the Web sites are monitored and trended to allow analysis of what information is being used to allow updates and revisions to content in a timely manner.

The following chart (3.Goal 4.A-1) shows the cumulative Web hits for both The Renal Network (TRN) www.therenalnetwork.org and Kidney Patient News (KPN) www.kidneypatientnews.org sites. This chart permits the assessment of overall traffic generated by each site on a month-by-month basis.

Chart 3.Goal 4.A-1 2006 Web Hits



	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
TRN	90034	94452	97329	79871	86457	87405	82158	82523	83371	77362	73061	71293
KPN	56760	57328	68678	59764	67131	57305	50229	59465	68162	63472	61250	49189

The Renal Network – Top Page Views: In order to better assess the use of site content, pages were ranked according to total monthly hits or views. The following chart (3.Goal 4.A-2) show how specific pages on The Renal Network Web site ranked based on a monthly average of hits per page for the year 2006.

Chart 3.Goal 4.A-2 TRN Page	Average
1. Data – Quality Info	466.08
2. Data	338.58
3. Nephrology Conference	335.12
4. Network Policies Disaster	305.12
5. About Us	282.81
6. Fistula First	275.73
7. Renal Links	272.88
8. Data – Patient Activity Report	268.62
9. Patient Services	268.31
10. Quality Improvement	253.81

The Renal Network Web Site – Top Area Views: Another way of assessing the hits on The Renal Network would be to group pages according to subject area. Grouping pages permits a broader perspective of how department or initiative resources are being used. For example, the Patient Services main page falls 9th on the TRN Top Page Views. Yet Charts G4.A.2-5 - G4.A.2-9, clearly show that Patient Services educational materials and tools are being more widely used than the initial review of page views would indicate.

The following charts (Charts 3.Goal 4.A-3 through 3.Goal 4.A-9) show how selected subject areas ranked based on a cumulative monthly average of hits for the year 2006.

Chart 3.Goal 4.A-3 TRN Data Area	Average
1. Quality Info	450.2
2. Data Main Page	340.3
3. 2005 Annual Report	326.0
4. Patient Activity Report	285.0
5. 2004 Annual Report	210.8
6. 2003 Annual Report	209.8
Total	1821.1

Chart 3.Goal 4.A-4 TRN Quality Improvement Area	Average
Hemodialysis Adequacy	238.1
Quality Improvement Main Page	244.1
KDOQI	153.4
KDQOL	105.5
Vascular Access CQI	99.1
PD Adequacy	81
Total	921.2

Chart 3.Goal 4.A-5 TRN Fistula First Area	Average
1. Fistula First	280.3
2. Fistula First Articles	73.0
3. Fistula First Tools	54.8
4. Fistula First Guidelines	49.7
5. Fistula First Data	46.4
6. Fistula First Overview Section	44.1
7. Fistula First Links	35.2
Total	583.8

Chart 3.Goal 4.A-6 TRN Patient Services Area	Average
Patient Services Main Page	268.3
Resources	179.4
Posters	128.6
Spanish Publications	57.6
DPC	55.4
Hospice	53.1
TRN Newsletters	38.2
End Of Life	22.6
Transplant Resources	22.6
New Patient Packets	22.2
	848.0

Chart 3.Goal 4.A-7 TRN Patient Services Poster Downloads	Average
Fluid	47.8
TLC Access	17.7
Grievance	17.7
Exercise	16.8
Diet1	16
Treatment Options	15.3
Adequacy	14.8
access	13.7
TLC Access (Spanish version)	12.6
Stay Healthy	11.8
Transplant	11.7
Stay Healthy 2nd version	11.4
CKD	10.2
	217.5

Chart 3.Goal 4.A-8 TRN Patient Services Vocational Rehabilitation	Average
TRN Guidelines for Assessment and Referral	27.3
Vocational Rehabilitation Local Resources	27.1
Vocational Rehabilitation Inventory Tool	19.1
	73.5

Chart 3.Goal 4.A-9 TRN Patient Services Grievances	Average
Complaint And Grievances Main Page	22.0
Involuntary Patient Discharge	13.8
Grievance Policy	2.2
Grievance Poster	17.7
	55.7

Kidney Patient News Web Site – Top Page Views: In order to better assess the use of site content, pages were ranked according to total monthly hits or views. The following chart (Chart 3.Goal 4.A.10) shows how specific pages on Kidney Patient News ranked based on a monthly average of hits per page for the year 2006.

Chart 3.Goal 4.A-10 KPN Page	Average
1. Functions of the Kidney	552.2
2. Nutrition	441.6
3. Problems Associated With Dialysis	403.5
4. Why Kidney's Begin to Fail?	310.6
5. Diet and Nutrition Resource Guide (PLC)	308.0
6. Peritoneal Dialysis	303.5
7. When Kidney's Begin to Fail?	288.9
8. Vascular Access	225.5
9. Hemodialysis	211.2
10. Diet Booklets	197.63

Kidney Patient News – Top Area Views: Another way of assessing the hits would be to group pages according to subject area. The following charts (Charts 3.Goal 4.A.11 – 3.Goal 4.A-14) show how selected subject areas ranked based on a cumulative monthly average of hits for the year 2006.

Chart 3.Goal 4.A-11 KPN Vascular Access Area	Average
1. Vascular Access Overview	255.5
2. Access Care Your Lifeline (html version)	126.3
3. Vascular Access Links	39.5
4. PDF downloads (various publications)	159.0
5. TRN Vascular Access Videos	370.0
Total	950.3

Chart 3.Goal 4.A-12 KPN Diet and Nutrition Area	Average
1. Nutrition	441.6
2. Diet and Nutrition Resource Guide (PLC)	308.0
3. Cookbooks	139.9
4. Recipes	126.2
5. Diet Booklets	197.6
6. PDF downloads (various publications)	236.8
Total	1451.2

Chart 3.Goal 4.A-13 KPN Transplant Area	Average
1. Kidney Transplantation Overview	173.3
2. Transplant Video Links	30.3
3. Transplant Resources	27.6
4. Transplant Links	26.7
Total	258.1

Chart 3.Goal 4.A-14 KPN Grievances Area	Average
1. The Grievance Process	57.2
2. The Grievance Form	21.5
Total	78.7

3. Resources.

During 2006, resources were added and/or updated to the Networks offerings. The most frequently requested resources were as follows:

- CMS Emergency Booklets for Patients
- Compliance to Treatment Packet
- Access Booklets & Guides
- *Renal Outreach* Newsletter
- Nutrition Handout
- Exercise Handout
- Alternative Solutions
- Quality of Life Handout

Chart 3.Goal 4.A-15 provides details on the number of requests received in the Network office. Generally, these requests are received by phone, and are separate and apart from any other Network educational initiative.

Chart 3.Goal 4.A-15. 2006 Information Requests* ESRD Network 9/10	
Topic/Area of Request	**TOTAL**
Request for Educational Materials	207
Data Requests	52
General Information	272
Reimbursement/Financial	93
Request for Technical Assistance	84
TOTAL	**708**
**SIMS Database*	

4. Educational and Cooperative Activities.

The following activities were provided to support the ESRD provider and renal professionals caring for the ESRD beneficiary.

- Both the CAHPS information and the KDQOL are posted to the Network Web site to assist facilities in developing mechanisms for assessing the health-related quality of life of their patients.

- Through the Patient Services Department, the Network provides mediation for facilities to help open communication between dialysis providers and their patients in conflict resolution.

- The Network developed a Technical Assistance brochure detailing the technical assistance available from Network staff. The brochure was distributed during the Nephrology Conference, was posted to the Network Web site and was included in Network mailings to administrators, nurse managers, and social workers.

- Educational pamphlets and resources were sent to patients and staff, upon request, to support rehabilitation goals, such as activities to promote quality of life, exercise tips, journaling suggestions, tips for sleeping well, and financial resources.

- A new brochure entitled “How Do I Look” (Taking the Fear out of AV Fistula Placement) was available to patients and staff.

- The Ease the Ouch brochure continues to be given to patients and staff to help allay patient fears about fistula placement.

- The Network sent information to Chicago-area social workers regarding the NKF’s “People Like Us” patient empowerment program, held in April.

- The Network participated in the American Kidney Fund’s Regional Conference in Chicago in November and had an exhibit booth providing handouts on treatment modalities, quality of life, grievance process, access, and DFC.

- The Network sent social workers information about National Donate Life month and a list of links to transplant-related Web sites.

- The Network participated in the NKF-Indiana Stuart Kleit Annual Symposium in Indianapolis in December and had an exhibit booth providing handouts on quality of life, DFC, grievance policy, and fistula-related issues.

- On September 14 and 15, the Network sponsored the annual Fall Pediatric Renal Symposium at the Omni Severin Hotel in Indianapolis. This is a two-day educational offering which is planned by a committee of Pediatric Renal Group

members. Topics included: disaster preparedness, helping parents cope with chronic illness, living with the renal diet in the real world, Medicare Part D, coordinating care among hospital clinics. Approximately 60 representatives from pediatric centers participated over the course of the two days.

- Immunization information was sent to all medical directors and administrators in October, including tools for tracking immunization, and samples of standing orders, and a listing of resources available from other organizations such as the Centers for Disease Control and the Immunization Action Coalition.

- A special issue of *Network Connections* was devoted to the potential for a Flu Pandemic.

5. Disaster Preparedness.

The Renal Network is a resource for its providers during disasters. The Network routinely contacts dialysis units areas where disasters have been reported, such as floods, fires and snowstorms. The units within the affected area are offered assistance in relocating patients as needed. During 2006, units in Cleveland were contacted due to flooding in the city, and a unit in Dayton was contacted after its building was gutted by fire. In both cases, no assistance was requested from the Network.

Additionally, information on disaster preparedness is distributed through the Web site, by request. The topic was prominently featured at the 2006 Nephrology Conference, focusing on lessons learned by dialysis providers in Hurricane Katrina (see 7.Nephrology Conference, below) and during the 2006 Fall Pediatric Renal Symposium. The Network also distributes information on the predicted Influenza Pandemic, as it is made available.

6. Special Focus Committees

To address specific needs of special ESRD providers, the Network has developed two separate committees to promote communications and provide a forum in which these providers can share common concerns.

The Pediatric Renal Group consists of representatives of the 10 pediatric centers within the Network area. The goal of the group is two-fold: to strategize solutions to common concerns and to act as a resource to adult pediatric centers dialyzing pediatric patients, most often the teenaged ESRD patient. The Group has a suggested Pediatric Scope of Care, posted on the Network Web site, and an annual Fall Pediatric Renal Symposium.

The Hospital Alliance was formed at the end of 2006. It consists of representatives of dialysis providers who are housed within a hospital setting. These representatives first met in October to discuss their common concerns, and common goals. A work plan was outlined and a second meeting was planned to take place in early 2007.

7. Nephrology Conference.

In combining its roles as an information clearinghouse and a professional renal association, The Renal Network sponsors the Nephrology Conference each year. The 2006 Nephrology Conference was held on March 2 and 3 at The Drake Hotel in Chicago, Illinois. This annual event is designed to allow members of the Network to come together to conduct Network business while providing educational opportunities and allowing for the exchange of ideas among members of the renal community in Illinois, Indiana, Kentucky and Ohio.

The goal of the Conference is to offer a multi-disciplinary scientific seminar, individual meetings of different professional groups, and to provide awards to those individuals and facilities that have excelled in meeting of Network goals during the year. These activities are planned in conjunction with the meeting of the Network Council. Chart 3.Goal 4.A-16 illustrates the attendance rates for 2001 - 2006.

Chart 3.Goal 4.A-16: 2001 - 2006 Nephrology Conference Attendance

Year	Special MD Program	Admin. Meeting	ANNA-RN Meeting	Tech Meeting	Social Worker Meeting	Renal Dietitian Meeting	Nephrology Update (All Disciplines)
2006	35 Nephrology Fellows	118	139	38	61	72	293
2005	23 Nephrology Fellows	144	147	46	85	45	375
2004	140 Chicago Nephrology Day	108	157	46	61	54	328
2003	37 Physician Meeting	111	133	52	97	73	304
2002	47 Physician Meeting	130	136	63	53	54	258
2001	42 Physician Meeting	86	132	64	78	81	212

The Conference is organized by the Conference Program Planning Committee to ensure input from the Network members. Additionally, Network-wide professional groups for administrators, social workers, technicians and registered dietitians were formed to facilitate planning individual sessions for these disciplines. The Network works in conjunction with the American Nephrology Nurses Association to plan a full-day session for nurses, and sponsors a certification exam for technicians with BONENT.

Topics are chosen to support the goals of the Network and to examine scientific knowledge and advancements in the treatment of renal disease. All educational programs

are designed to provide continuing education credits for participants, to enhance the value of these offerings to Network members and support the mission of the ESRD providers.

Topics for presentations included:

- State of the Network and Collaborative Initiatives
- Disaster Preparedness & Hurricane Katrina: What Worked, What Didn't & Recommendations for the Future
- A Comparison of Hemodialysis & Hemodiafiltration
- Nanotechnologies & Renal Tissue Engineering
- Alternative Therapies: Home Hemodialysis & Nocturnal Dialysis
- Fistula First: Buttonhole Technique
- Fistula Assessment & Formation – A Nephrologist's Experience
- Reducing Target Percentages by Reducing Catheters & Increasing AV Fistulas
- Evaluation of the Living Donor
- Snapshots of Success: Fistula First from a Surgeon's Perspective; Cannulation Practice Lab; Dialysis Access Monitoring; Making Healthy Bones a Reality; Maximizing PD Growth Minimizing PD Losses
- As Good As It Gets – Daily Home Hemodialysis
- Medicare Prescription Drug Coverage & State Medical Programs
- The Future of Dialysis
- CMS Demonstration Projects for the ESRD Program
- Pay for Performance
- Innovative Home Dialysis Therapies
- CKD Care Certification Program from JCAHO
- Disaster Preparedness: The Social Work Role in Helping Our Patients & Our Colleagues
- Topics in Transplantation – Innovations to Increase Access Living Donation
- Topics in Transplantation – Paired Donation
- Medicare Part D- Status Update
- Innovations in Home Dialysis Therapy – Educating Our Patients on Options
- Dialysis Retrospective – How We Got to Where We Are
- Shades of Blue Aren't Good! Dialysis & Oxygenation
- Communication Skills: Stop Conflict Before it Begins
- Documentation: How Much is Enough?
- Documentation: Legal Concerns for Caregivers
- Hidden Phosphorus Foods
- Inflammation & Oxidative Stress: Strategies in CKD
- Protein & Energy Requirements: Which Weight Do We Go?
- B Vitamins & Homocysteine
- Coaching Patients for Success: Strategies to Enhance Patient Education Through Motivational Interviewing

Midwest Nephrology Fellows Research Day. On March 1, as a prelude to the 2006 Nephrology Conference, the Network co-sponsored the Midwest Nephrology Fellows

Research Day with The University of Chicago School of Medicine. The day featured presentations from 18 nephrology fellows representing 10 academic centers throughout the Midwest. The content of the abstracts focused on original research being conducted by the fellows. Recognition was awarded to four fellows.

Network Awards Program. The Network recognizes achievement among its members by presenting awards for individuals who have made outstanding contributions to the Network, and also who have gone above and beyond the minimum to meet Network reporting requirements. The Network collects data on vascular access through the Fistula First data collection tool. Annually, facilities which attain Network goals are recognized for their achievements. In 2006, the criteria for the Vascular Access Quality award was made more stringent to reflect the new fistula goals. Chart 3.Goal 4.A-17 illustrates the number of facilities recognized for vascular access achievement through the Network 9/10 Quality Awards Program.

Chart 3.Goal 4.A-17. 2006 Vascular Access Quality Award Recipients Network 9/10

Network Quality Award	2006 # Facilities (% total)
Fistula Rate 50-57.9%	86 (15.6%)
Fistula Rate 58-65.9%	31 (5.6%)
Fistula Rate >65.9%	8 (1.4%)
Catheter Rate ≤ 10%	8 (1.4%)

8. Other Activities.

Ongoing Communications. The Network has developed and maintained email list services for different audiences, including physicians, administrators and social workers. These list services are used as warranted to provide an expedient and inexpensive means to reach a large audience with information, such as news on a variety of topics, including FDA recalls, Network nominations process and election, Network meetings, and quality initiatives, CMS news, and information from QIOs and fiscal intermediaries as requested.

As events warrant, informational bulletins are sent to the appropriate individuals via regular mail. These releases of information may be sent to committee members, council members, professional disciplines, patients or other related organizations. If necessary, a general release may be sent to all interested parties.

Additionally, Network 9/10 responds to individual requests for information as these are received. The requests come from a variety of individuals, from dialysis patients and family members, renal professionals, students, researchers, and planning organizations and/or dialysis corporations.

B. Nephrology Community at Large

1. *Network Connections* Newsletter.

Network 9/10 continued to distribute a quarterly publication, ***Network Connections***, to state surveyors and Quality Improvement Organization personnel in 2006. Topics include data regarding complaints and grievances, Fistula First, Network educational offerings, Network activities, special projects and timely topics. One issues was devoted soley to the predicted Influenza Pandemic. Three issues were distributed during 2006 and all issues are posted to the Network Web site, www.therenalnetwork.org.

2. Outreach.

Network staff presented to various state survey organizations throughout the year. The Quality Improvement Director presented to members of the Ohio Department of Health on August 9 on the topic of Fistula First. The Executive Director and the Quality Improvement Director co-presented on "Exploring the Survey Process for the ESRD Facility" for the Kentucky Cabinet for Public Health on November 30. Members of the state survey teams attended the 2006 Nephrology Conference, and members of the state survey team are participating on the Midwest CKD Coalition.

3. Midwest CKD Coalition.

The Midwest Chronic Kidney Disease Coalition continued to grow and expand its membership during 2006. The objective for the Midwest CKD Coalition is to work with the medical community at large to better manage the health and quality of life of patients with chronic kidney disease.

During 2006, the Coalition met on May 17 and September 22. Members included representatives of payer organizations, JCAHO, dialysis provider groups, National Kidney Foundation affiliates, QIOs, industry partners, state departments of health, and The Renal Network. During this year a position paper was developed on the need to report GFR on lab reports, and work was begun on a PowerPoint slide set to educate on CKD and the work of the Coalition.

The major product of the Coalition during 2006 was CKD/ESRD Payer Summit. This was held on September 21 in Chicago. Nearly 80 participants attended this educational offering. The objectives of the Summit were:

- To bring awareness of the importance of early identification and treatment of chronic kidney disease.

- To create an ongoing clearinghouse for gathering and disseminating CKD information to payers.

- To create a common shared dataset including processes and outcomes for quality disease management and for benchmarking best practices.

Topics discussed include CKD Overview and Benefits of CKD Care, a Cost Savings Economic Model, the Texas CKD Clinic Experience, and Developing a Business Model. After the Summit concluded, evaluations were tabulated and examined. The results were overwhelming positive that the education was informative and needed by the payer community. Based on this input, the Coalition began discussions on reaching the larger audiences with an impact on coverage for CKD, such as employer groups. A workplan was developed to take the Coalition into 2007.

4. Liaisons with Allied Organizations.

The Network acts as a resource to the state departments of health within Illinois, Indiana, Kentucky, and Ohio; interactions between the Network and the state health agencies are ongoing. The Network continuously serves as an expert adviser for the technical aspects of dialysis, a resource for complaints, grievances and facility concerns, and provides Network developed resources when requested. The Network also provides resources and contacts with other dialysis agencies, such as the National Kidney Foundation and its affiliates, The University of Michigan Kidney Epidemiology and Cost Center, the United States Renal Data Service, and the United Network for Organ Sharing.

The Network pursued collaborative activities with a variety of organizations.

- The Network participated in a consortium with Wishard Health Services regarding barriers to outpatient dialysis placement, especially in the areas of lack of finances, mental health problems, and threatening behavior.

- The President and the Executive Director served on the Board of Directors of The Forum of Renal Networks.

- The Assistant Director is a member of the Partners Promoting Quality (PPQ) committee for Health Care Excel, the Indiana QIO, and for the community outreach committee of the fiscal intermediary, Adminastar Federal.

- The Director of Patient Services chaired the Patient Services Coordinator Committee, organized by The Forum.

- Network staff met with the Kentucky section of HealthCare Excel regarding Fistula First initiatives and Network data on July 11 and October 24.

- QI staff Presented information concerning Fistula First initiatives to hospital representatives via Webex for the Ohio QIO, Ohio KePRO, on September 25.

- Dr. Gordon McClennan, BOT member, represented the Network as a presenter at a the meeting of hospital representatives held by HealthCare Excel on November 2 in Indianapolis.

- Dr. Ronald Savrin, medical director of Ohio KePRO, presented the surgical portion of the second Fistula First Learning Session in Columbus, Ohio in November. Dr. Savrin will also act as an expert resource in future Fistula First initiatives where surgeon outreach is necessary.

GOAL 5: Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes; maintain Patient Registry; and to support the ESRD Network Program.

A. Facility Compliance

In order to meet CMS and Network requirements facilities must achieve an overall compliancy rate of 90% for the timely and accurate submission of CMS forms. This area was identified as an opportunity for improvement, especially with regard to timeliness. A series of Webex training sessions were conducted, and educational mailings were sent. The Network Data Services Department will continue these efforts in 2007, developing new tools and strategies to help the facilities achieve the goal.

B. System Description.

The Standardized Information Management System (SIMS) is the center of the Network data processing system. SIMS is a client server application utilizing a Microsoft SQL Server database with a Visual Basic front end. The database contains tables for patient demographics, patient events, CMS forms, facility information and personnel, and contacts with patients, facility personnel, dialysis corporations, etc.

The SIMS application contains functions for data entry and compliance reporting of the following CMS forms:

- CMS 2728 – End Stage Renal Disease Medical Evidence Report
- CMS 2744 – ESRD Facility Survey
- CMS 2746 – ESRD Death Notification

Chart 3.Goal 5.B-1.
 # CMS Forms Processed in 2006

Form Type	Network 9	Network 10
2728	9196	5038
2746	6042	2858
2744	398	197

The forms as well as event data from Patient Activity Reports are entered into the SIMS database each day and replicated to the CMS Central Repository nightly.

VISION is a software application used by approximately 80 facilities in Network 9/10 to submit CMS forms and other patient data electronically. The data is transmitted securely via Quality Net Exchange. The VISION files, submitted by facilities, are downloaded each day and the SIMS application is used to import and process the data. These data are replicated along with the data entered by hand each night.

Validation of CMS forms entry is conducted each quarter by drawing a random 3% sample of forms and comparing them to the data entered. The accuracy rate for each

data specialist was 100%. Quarterly reports are also sent to each facility to validate their patient census.

C. Compliance Reporting.

The SIMS program tracks compliance for forms submission and completion by each facility. The program generates a report showing each facility, which forms were received, and whether or not they were compliant. It also generates a master report showing compliance rates for all facilities within the Network. Compliance rates are reviewed monthly by Network staff. Quarterly, compliance reports are generated and sent to the facilities. The Medical Review Board routinely reviews compliance rates for those facilities which fall below the CMS goals at their quarterly meetings.

D. Patient Tracking System.

The data system has unlimited capability to collect information on ESRD patients. Currently, more than 205,000 active and inactive patient listings are in the system.

Information collected on each patient includes:

- Full Patient Name
- Social Security Number
- Medicare Number
- Demographic Information
- Patient Address
- County of Residence
- Transfer Information and Date
- Initial and Subsequent Providers
- Modes of Therapy
- Primary Diagnosis and Co-morbid Conditions
- All Types of Changes in Patient Status
- Transplant Candidate Status
- Date of First Dialysis
- Current Status
- Cause of Death
- Clinical Performance Measures

After the data are entered, they are then available for statistical manipulation. The data tables contained in this report were generated through the Network data system as well.

Validation activities include routine investigations of accretions and notifications provided by CMS. When corrections are found they are updated directly in SIMS. A three percent sample of 2728 forms is drawn quarterly and reviewed for accuracy and completeness.

E. Community Outreach Through Data

Network 9/10 uses its database as a constant source of information on the ESRD population for the renal community. During 2006, Network 9/10 filled requests for Statistical Report data, for ZIP Code and county data, for facility demographic profiles, for SMR data, for core indicator data, and compliance data. Data requests are received continuously from a variety of interested parties, including:

- Requests from facilities for information on their own programs. Often these requests ask for historical information to allow the facility to assess trends. SMR data was also released which displayed a facility's ratio compared to the Network. This allows the facility to make comparison of its ratio with its peers.

- Requests from organizations attempting to establish new ESRD programs within a given area, or from current providers who are attempting to expand their services. Data often requested includes capacity and utilization figures, and patients by residence, divided by county or ZIP Code. (All patient data released is done within the confines of established CMS confidentiality rules.)

- Requests from state health planning agencies to assist them in assessing the need for ESRD service when reviewing Certificate of Need (CON) applications.

- Requests from researchers in a variety of interests, such as patients dialyzing by modality, by diagnoses, demographic information, and transplantation.

4. SANCTION RECOMMENDATIONS.

No sanction recommendations were made during 2006.

5. RECOMMENDATIONS FOR ADDITIONAL FACILITIES

Each year through the patient tracking system, The Renal Network conducts a review of facility operations. This information is made available to the provider community for many uses, including estimating need for additional services.

From this report the following information is available:

- Services Rendered: describes each facility by area of location within the Network and the modes of therapy offered.

- Current Operations: shows the number of stations currently operating at each dialysis facility within the Network.

- Patient Capacity by Facility: calculates the total number of patients that could dialyze at each facility based on the number of shifts and stations available at that facility.

- Utilization: identifies the actual utilization of each dialysis facility at year-end 2006.

- Pediatric ESRD Facilities: shows the number of stations currently operating at each pediatric dialysis facility within the Network.

6. DATA TABLES

ESRD Network 9
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 2006

Age Group	IN	KY	OH	Other	Total
00-04	4	3	7	0	14
05-09	3	0	3	2	8
10-14	2	3	17	1	23
15-19	14	6	27	3	50
20-24	15	14	35	5	69
25-29	32	16	49	4	101
30-34	45	31	70	5	151
35-39	57	47	137	9	250
40-44	85	71	167	14	337
45-49	131	98	257	19	505
50-54	184	117	399	27	727
55-59	227	150	500	30	907
60-64	233	164	502	46	945
65-69	277	190	532	43	1042
70-74	253	170	530	42	995
75-79	292	168	589	28	1077
80-84	227	117	494	30	868
>=85	133	77	294	20	524
Missing	0	0	0	0	0
Total	**2214**	**1442**	**4609**	**328**	**8593**
Gender					
Female	950	608	2042	132	3732
Male	1264	834	2567	196	4861
Missing	0	0	0	0	0
Total	**2214**	**1442**	**4609**	**328**	**8593**
Race					
American Indian/Al	0	0	2	0	2
Asian	13	4	25	1	43
Black or African Am	394	266	1152	35	1847
More than one race s	27	14	23	0	64
Native Hawaiian or	4	3	6	0	13
White	1774	1154	3401	291	6620
Missing	2	1	0	1	4
Total	**2214**	**1442**	**4609**	**328**	**8593**
Primary Diagnosis					
Cystic Kidney	53	31	89	10	183
Diabetes	718	550	1810	93	3171
Glomerulonephritis	128	94	299	11	532
Hypertension	441	274	961	53	1729
Other	228	161	494	42	925
Other Urologic	38	15	64	2	119
Missing	2	1	0	2	5
Unknown	606	316	892	115	1929
Total	**2214**	**1442**	**4609**	**328**	**8593**

Source of information: Network SIMS Database
Date of Preparation: August 2007
Race: The categories are from the HCFA-2728 Form.
Diagnosis: Categories are from the HCFA-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the HCFA facility survey because the HCFA Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
This table includes 274 patients with transplant therapy as an initial treatment.
This table includes 104 patients receiving treatment at VA facilities.

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 2006

Age Group	IL	Other	Total
00-04	13	2	15
05-09	5	0	5
10-14	12	1	13
15-19	35	2	37
20-24	42	1	43
25-29	68	0	68
30-34	105	2	107
35-39	136	4	140
40-44	200	4	204
45-49	274	8	282
50-54	381	9	390
55-59	505	8	513
60-64	536	9	545
65-69	534	12	546
70-74	519	8	527
75-79	561	8	569
80-84	481	1	482
>=85	304	1	305
Missing	0	0	0
Total	**4711**	**80**	**4791**
Gender			
Female	2080	35	2115
Male	2631	45	2676
Missing	0	0	0
Total	**4711**	**80**	**4791**
Race			
American Indian/Al	7	0	7
Asian	111	1	112
Black or African Am	1545	12	1557
More than one race s	23	1	24
Native Hawaiian or	14	0	14
White	3001	46	3047
Missing	10	20	30
Total	**4711**	**80**	**4791**
Primary Diagnosis			
Cystic Kidney	104	0	104
Diabetes	1792	25	1817
Glomerulonephritis	281	6	287
Hypertension	1489	12	1501
Other	524	10	534
Other Urologic	48	1	49
Missing	12	19	31
Unknown	461	7	468
Total	**4711**	**80**	**4791**

Source of information: Network SIMS Database
Date of Preparation: August 2007
Race: The categories are from the HCFA-2728 Form.
Diagnosis: Categories are from the HCFA-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the HCFA facility survey because the HCFA Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
This table includes 123 patients with transplant therapy as an initial treatment.
This table includes 68 patients receiving treatment at VA facilities.

ESRD Network 9
Table #2

Living Dialysis Dialysis Patients

(ESRD Dialysis Prevalence)

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2006.

Age Group	IN	KY	OH	Other	Total
00-04	7	1	11	0	19
05-09	4	1	3	2	10
10-14	4	6	19	1	30
15-19	16	10	49	1	76
20-24	41	36	86	11	174
25-29	99	62	158	22	341
30-34	172	111	301	22	606
35-39	234	210	473	31	948
40-44	336	235	685	62	1318
45-49	478	330	942	85	1835
50-54	559	417	1307	92	2375
55-59	737	493	1545	125	2900
60-64	690	472	1537	127	2826
65-69	752	489	1509	148	2898
70-74	714	469	1485	112	2780
75-79	688	412	1496	125	2721
80-84	499	271	1116	96	1982
>=85	283	143	604	55	1085
Missing	0	0	0	0	0
Total	**6313**	**4168**	**13326**	**1117**	**24924**
Gender					
Female	2937	1813	6022	472	11244
Male	3376	2355	7304	645	13680
Missing	0	0	0	0	0
Total	**6313**	**4168**	**13326**	**1117**	**24924**
Race					
American Indian/Al	4	3	18	2	27
Asian	25	15	75	7	122
Black or African Am	1852	1148	5009	295	8304
More than one race s	25	21	35	6	87
Native Hawaiian or	6	6	16	1	29
White	4394	2973	8160	805	16332
Missing	7	2	13	1	23
Total	**6313**	**4168**	**13326**	**1117**	**24924**
Primary Diagnosis					
Cystic Kidney	148	122	344	32	646
Diabetes	2468	1707	5870	393	10438
Glomerulonephritis	619	412	1418	84	2533
Hypertension	1683	1007	3480	305	6475
Other	586	433	1310	145	2474
Other Urologic	113	60	242	16	431
Missing	10	2	3	1	16
Unknown	686	425	659	141	1911
Total	**6313**	**4168**	**13326**	**1117**	**24924**

Source of information: Network SIMS Database
Date of Preparation: August 2007
Race: The categories are from the HCFA-2728 Form.
Diagnosis: Categories are from the HCFA-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the HCFA facility survey because the HCFA Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
The numbers may not reflect the true point prevalence due to different definitions for transient patients.
This table includes 214 patients receiving treatment at VA facilities.

Living Dialysis Dialysis Patients

(ESRD Dialysis Prevalence)

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2006.

Age Group	**IL**	**Other**	**Total**
00-04	13	0	13
05-09	5	1	6
10-14	18	1	19
15-19	58	2	60
20-24	136	5	141
25-29	247	9	256
30-34	337	16	353
35-39	536	24	560
40-44	732	11	743
45-49	1013	31	1044
50-54	1375	37	1412
55-59	1668	46	1714
60-64	1669	35	1704
65-69	1671	51	1722
70-74	1572	45	1617
75-79	1472	44	1516
80-84	1090	28	1118
>=85	688	21	709
Missing	0	0	0
Total	**14300**	**407**	**14707**
Gender			
Female	6400	157	6557
Male	7900	250	8150
Missing	0	0	0
Total	**14300**	**407**	**14707**
Race			
American Indian/Al	29	1	30
Asian	356	13	369
Black or African Am	5956	148	6104
More than one race s	52	0	52
Native Hawaiian or	57	4	61
White	7804	230	8034
Missing	46	11	57
Total	**14300**	**407**	**14707**
Primary Diagnosis			
Cystic Kidney	323	8	331
Diabetes	5561	139	5700
Glomerulonephritis	1281	47	1328
Hypertension	4597	116	4713
Other	1321	37	1358
Other Urologic	195	3	198
Missing	19	11	30
Unknown	1003	46	1049
Total	**14300**	**407**	**14707**

Source of information: Network SIMS Database
Date of Preparation: August 2007
Race: The categories are from the HCFA-2728 Form.
Diagnosis: Categories are from the HCFA-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the HCFA facility survey because the HCFA Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
The numbers may not reflect the true point prevalence due to different definitions for transient patients.
This table includes 98 patients receiving treatment at VA facilities.

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
150003	1	0	27	0	14	0	0	0	42	0
15003F	0	0	3	7	0	0	0	0	3	7
150042	0	0	0	0	0	0	0	0	0	0
150049	0	0	3	0	2	0	0	0	5	0
150056	0	0	0	0	0	0	0	0	0	0
150089	0	0	16	10	5	8	0	0	21	18
152500	8	4	28	26	20	13	0	0	56	43
152501	0	0	0	0	0	0	0	0	0	0
152502	0	0	0	0	0	0	0	0	0	0
152503	0	0	6	7	1	0	0	0	7	7
152504	0	0	0	0	0	0	0	0	0	0
152507	0	0	0	0	0	0	0	0	0	0
152508	0	0	0	0	0	0	0	0	0	0
152509	0	0	6	9	0	3	0	0	6	12
152510	0	0	0	5	0	0	0	0	0	5
152511	0	0	0	0	0	0	0	0	0	0
152512	0	0	0	0	0	0	0	0	0	0
152514	0	0	0	0	0	0	0	0	0	0
152515	0	0	26	26	5	7	0	0	31	33
152516	0	0	17	16	10	9	0	0	27	25
152517	0	0	0	0	0	0	0	0	0	0
152518	0	0	0	1	0	0	0	0	0	1
152520	0	5	9	5	75	75	0	0	84	85
152521	0	1	8	17	3	1	0	0	11	19
152522	0	0	9	8	6	10	0	0	15	18
152523	0	0	0	0	0	0	0	0	0	0
152524	0	0	0	0	0	0	0	0	0	0
152525	0	0	21	15	4	6	1	1	26	22
152526	0	0	25	26	8	8	0	0	33	34
152527	0	0	5	9	2	6	0	0	7	15
152529	0	0	0	1	0	0	0	0	0	1
152530	0	0	0	0	0	2	0	0	0	2
152531	0	0	1	0	0	0	0	0	1	0
152532	0	0	14	15	20	22	0	0	34	37
152533	0	0	0	0	0	0	0	0	0	0
152534	0	0	0	0	0	0	0	0	0	0
152535	0	0	0	0	0	0	0	0	0	0
152536	0	0	0	0	0	0	0	0	0	0
152537	0	0	0	0	0	0	0	0	0	0
152538	0	0	0	0	0	0	0	0	0	0
152539	0	0	0	0	0	0	0	0	0	0
152541	0	0	10	8	15	10	0	0	25	18
152542	0	0	0	0	0	0	0	0	0	0
152543	0	0	0	2	3	3	0	0	3	5
152544	0	0	0	0	0	0	0	0	0	0
152545	0	0	0	0	0	0	0	0	0	0

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
152546	0	0	7	14	5	4	0	0	12	18
152547	0	0	0	0	0	0	0	0	0	0
152548	0	0	0	0	0	0	0	0	0	0
152549	0	0	0	0	0	0	0	0	0	0
152550	0	0	0	0	0	0	0	0	0	0
152551	0	0	0	0	0	0	0	0	0	0
152552	0	0	0	0	0	0	0	0	0	0
152553	0	0	0	0	0	0	0	0	0	0
152554	0	0	0	0	0	0	0	0	0	0
152555	0	0	0	0	0	0	0	0	0	0
152556	0	0	0	0	0	0	0	0	0	0
152558	0	0	8	12	1	1	0	0	9	13
152559	0	0	0	0	0	0	0	0	0	0
152560	0	0	0	0	0	0	0	0	0	0
152561	0	0	0	0	0	0	0	0	0	0
152562	0	0	0	1	0	0	0	0	0	1
152563	0	0	6	8	9	7	0	0	15	15
152564	0	0	3	2	7	4	0	0	10	6
152565	10	7	0	0	0	0	0	0	10	7
152566	0	0	0	0	0	0	0	0	0	0
152567	0	0	0	1	0	0	0	0	0	1
152568	0	0	0	0	0	0	0	0	0	0
152569	0	0	41	34	19	12	0	0	60	46
152570	0	0	3	1	0	2	0	0	3	3
152571	0	0	0	2	0	0	0	0	0	2
152572	0	0	0	0	0	0	0	0	0	0
152573	0	0	0	0	0	0	0	0	0	0
152574	0	0	0	0	0	0	0	0	0	0
152575	0	0	0	0	0	0	0	0	0	0
152576	0	0	0	1	0	0	0	0	0	1
152577	0	0	0	0	0	0	0	0	0	0
152579	0	0	4	6	4	6	0	0	8	12
152580	0	0	0	0	0	0	0	0	0	0
152581	0	0	1	1	0	4	0	0	1	5
152583	0	0	0	0	0	0	0	0	0	0
152584	0	0	0	0	0	0	0	0	0	0
152585	0	0	0	0	0	0	0	0	0	0
152586	0	0	0	0	0	0	0	0	0	0
152587	1	0	0	0	0	0	0	0	1	0
152589	0	0	0	0	0	0	0	0	0	0
152590	0	0	0	0	0	0	0	0	0	0
152591#	0	0	0	0	0	0	0	0	0	0
152592#	0	0	0	0	0	0	0	0	0	0
152593#	0	0	0	0	0	0	0	0	0	0
152594#	0	0	0	0	0	0	0	0	0	0
152595#	0	0	0	4	0	5	0	0	0	9

ESRD Network 9
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
152597#	0	2	0	4	0	2	0	0	0	8
152598#	0	0	0	0	0	0	0	0	0	0
152599#	0	0	0	0	0	0	0	0	0	0
152600#	0	0	0	0	0	0	0	0	0	0
152601#	0	2	0	27	0	8	0	0	0	37
152602#	0	0	0	0	0	0	0	0	0	0
153509	0	0	0	0	0	0	0	0	0	0
153510	28	39	34	36	34	30	0	0	96	105
153511	0	0	0	0	0	0	0	0	0	0
153512	0	0	0	0	0	0	0	0	0	0
153514	0	0	0	0	0	0	0	0	0	0
153515	0	0	0	0	0	0	0	0	0	0
153516	0	0	0	0	0	0	0	0	0	0
153518#	0	0	0	0	0	0	0	0	0	0
153519#	0	2	0	0	0	0	0	0	0	2
153520#	0	0	0	0	0	0	0	0	0	0
IN Total	**48**	**62**	**341**	**367**	**272**	**268**	**1**	**1**	**662**	**698**
180017	0	0	0	0	0	0	0	0	0	0
180035	0	0	0	0	0	0	0	0	0	0
180040	0	0	0	0	0	0	0	0	0	0
18005F	0	0	0	0	0	0	0	0	0	0
180093	0	0	2	1	2	1	0	0	4	2
182501	2	11	6	4	14	17	0	0	22	32
182502	0	0	5	1	3	8	0	0	8	9
182503	0	0	0	0	0	0	0	0	0	0
182504	0	0	16	19	2	2	0	0	18	21
182505	0	0	9	13	3	3	0	0	12	16
182507	0	0	2	1	0	0	0	0	2	1
182508	0	0	4	1	5	5	0	0	9	6
182509	0	0	0	0	0	0	0	0	0	0
182512	0	0	0	0	0	0	0	0	0	0
182513	0	0	0	0	0	0	0	0	0	0
182514	0	0	0	0	0	0	0	0	0	0
182516	0	0	6	5	3	2	0	0	9	7
182517	0	0	2	1	1	3	0	0	3	4
182518	0	0	0	0	0	0	0	0	0	0
182519	0	0	6	5	1	4	0	0	7	9
182520	0	0	2	1	1	0	0	0	3	1
182521	0	0	0	0	0	0	0	0	0	0
182523	0	0	0	0	0	0	0	0	0	0
182524	0	0	5	3	5	2	0	0	10	5
182526	0	0	0	0	0	0	0	0	0	0
182527	0	0	0	0	0	0	0	0	0	0
182529	0	0	10	6	44	47	0	0	54	53
182530	0	0	0	0	308 0	0	0	0	0	0

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
182532	0	0	2	0	0	4	0	0	2	4
182533	0	0	0	0	1	0	0	0	1	0
182534	2	2	15	11	14	15	0	0	31	28
182535	0	0	0	0	0	0	0	0	0	0
182536	0	0	3	5	0	0	0	0	3	5
182537	0	0	0	0	0	0	0	0	0	0
182538	0	0	1	1	0	0	0	0	1	1
182539	0	0	0	0	0	0	0	0	0	0
182540	0	0	1	1	0	1	0	0	1	2
182541	0	0	0	1	0	4	0	0	0	5
182542	0	0	0	0	0	0	0	0	0	0
182543	0	0	0	0	0	0	0	0	0	0
182544	0	0	0	0	0	0	0	0	0	0
182547	0	0	13	19	2	1	0	0	15	20
182548	0	0	0	0	0	0	0	0	0	0
182549	0	0	0	0	0	0	0	0	0	0
182550	0	0	0	0	0	0	0	0	0	0
182551	0	0	0	0	0	0	0	0	0	0
182552	0	0	21	20	12	10	0	0	33	30
182553	0	0	0	0	0	0	0	0	0	0
182555	0	0	0	0	0	0	0	0	0	0
182556	0	0	0	0	0	0	0	0	0	0
182557	0	0	8	9	25	20	0	0	33	29
182558	0	0	0	0	0	0	0	0	0	0
182559	0	0	0	0	0	0	0	0	0	0
182560	0	0	0	0	0	0	0	0	0	0
182561	0	0	0	0	0	0	0	0	0	0
182562	0	0	0	0	0	0	0	0	0	0
182563	0	0	0	0	0	0	0	0	0	0
182564	0	0	4	1	7	12	0	0	11	13
182565	0	0	0	0	0	0	0	0	0	0
182566	0	0	1	0	0	0	0	0	1	0
182567	0	0	0	0	1	1	0	0	1	1
182568	0	0	0	0	0	0	0	0	0	0
182569	0	0	10	21	60	43	0	0	70	64
182570	0	0	0	0	0	0	0	0	0	0
182571	0	0	1	0	0	0	0	0	1	0
182572	0	0	0	0	0	0	0	0	0	0
182573	0	0	0	0	0	0	0	0	0	0
182574	0	0	0	0	0	0	0	0	0	0
182575	0	0	0	0	0	0	0	0	0	0
182576#	0	0	0	0	0	0	0	0	0	0
182577#	0	0	0	4	0	0	0	0	0	4
182578#	0	0	0	0	0	0	0	0	0	0
182579#	0	0	0	0	0	0	0	0	0	0
182580#	0	0	0	0	0	0	0	0	0	0

ESRD Network 9
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
183502	0	0	0	0	0	0	0	0	0	0
KY Total	**4**	**13**	**155**	**154**	**206**	**205**	**0**	**0**	**365**	**372**
360003	0	0	0	0	0	0	0	0	0	0
360009	0	0	15	10	7	10	0	0	22	20
360015	0	0	0	0	0	0	0	0	0	0
360024	0	0	0	0	0	0	0	0	0	0
360037	0	0	0	0	0	0	0	0	0	0
36003F	0	0	2	3	0	0	0	0	2	3
360048	0	0	0	0	0	0	0	0	0	0
36004F	0	0	0	1	1	2	0	0	1	3
360051	0	0	0	0	0	0	0	0	0	0
360053	1	0	0	0	0	0	0	0	1	0
360064	0	0	0	0	0	0	0	0	0	0
360066^	0	0	0	0	0	0	0	0	0	0
360068	0	0	0	0	0	0	0	0	0	0
36007F	0	0	1	3	0	0	0	0	1	3
360084	0	0	0	0	0	0	0	0	0	0
360085	0	0	0	0	0	0	0	0	0	0
360095	0	0	3	4	1	1	0	0	4	5
360099	0	0	0	0	0	0	0	0	0	0
360112	0	0	0	0	0	0	0	0	0	0
360123	0	0	0	0	0	0	0	0	0	0
360134	0	0	0	0	0	0	0	0	0	0
360137	13	13	4	2	45	38	0	0	62	53
360141	0	0	16	13	25	22	0	0	41	35
360163	0	0	0	0	0	0	0	0	0	0
360180	0	0	0	0	0	0	0	0	0	0
360211	0	0	0	0	0	0	0	0	0	0
360229	0	0	1	0	6	6	0	0	7	6
362500	0	0	0	0	0	0	0	0	0	0
362501	0	0	0	0	0	0	0	0	0	0
362502	0	0	0	0	0	0	0	0	0	0
362503	0	0	0	0	0	0	0	0	0	0
362504	0	0	21	22	11	13	0	0	32	35
362505	0	0	0	0	0	0	0	0	0	0
362506	0	0	0	0	0	0	0	0	0	0
362508	2	0	7	9	16	12	0	0	25	21
362509	0	4	3	2	11	8	0	0	14	14
362510	0	0	0	0	0	0	0	0	0	0
362512	0	0	1	1	19	19	0	0	20	20
362514	0	0	4	1	0	0	0	0	4	1
362516	0	0	0	1	4	5	0	0	4	6
362517	0	0	0	0	0	0	0	0	0	0
362518	2	4	26	24	3	7	0	0	31	35
362519	0	0	0	0	0	0	0	0	0	0

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
362520	0	0	15	7	1	4	0	0	16	11
362521	0	0	0	0	0	0	0	1	0	1
362522	0	0	0	0	0	0	0	0	0	0
362523	0	0	0	0	0	0	0	0	0	0
362524	0	0	0	0	0	0	0	0	0	0
362525	39	41	7	6	4	3	0	0	50	50
362526	0	0	6	5	14	10	0	0	20	15
362528	0	0	0	0	0	0	0	0	0	0
362529	0	0	9	5	13	11	0	0	22	16
362530	0	0	0	0	0	0	0	0	0	0
362531	0	0	0	0	0	0	0	0	0	0
362533	0	0	9	8	36	23	0	0	45	31
362534	0	0	0	0	0	0	0	0	0	0
362535	0	0	0	0	0	0	0	0	0	0
362536	3	2	6	9	5	1	0	0	14	12
362537	0	0	0	0	0	0	0	0	0	0
362539	0	0	1	0	1	2	0	0	2	2
362541	0	0	25	39	32	51	0	0	57	90
362542	0	0	13	0	39	0	0	0	52	0
362543	0	0	16	16	19	21	0	0	35	37
362545	0	0	0	0	0	0	0	0	0	0
362547	0	0	10	8	24	22	0	0	34	30
362548	0	0	0	0	0	0	0	0	0	0
362549	1	1	4	2	3	4	0	0	8	7
362550	0	0	3	2	1	1	0	0	4	3
362551	0	0	0	0	0	0	0	0	0	0
362552	0	0	3	5	0	0	0	0	3	5
362553	0	0	0	0	0	0	0	0	0	0
362554	0	0	1	2	5	6	0	0	6	8
362555	0	0	1	0	0	0	0	0	1	0
362556	0	0	10	11	21	16	0	0	31	27
362557	0	0	0	0	0	0	0	0	0	0
362558	0	0	0	0	0	0	0	0	0	0
362559	0	0	11	6	6	10	0	0	17	16
362560	0	0	0	0	0	0	0	0	0	0
362561	0	0	7	10	12	9	0	0	19	19
362562	0	0	0	0	0	0	0	0	0	0
362563	0	0	0	0	0	0	0	0	0	0
362564	0	0	0	0	0	0	0	0	0	0
362566	0	0	1	3	1	3	0	0	2	6
362567	0	0	0	0	0	0	0	0	0	0
362568	0	0	0	0	0	0	0	0	0	0
362569	0	0	0	0	0	0	0	0	0	0
362570	2	2	48	49	10	12	0	0	60	63
362571	0	0	0	0	0	0	0	0	0	0
362572	0	0	0	0	0	0	0	0	0	0

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
362573	0	0	0	0	1	0	0	0	1	0
362574	0	0	0	0	0	0	0	0	0	0
362575	0	0	7	4	1	1	0	0	8	5
362576	1	0	1	2	4	2	0	0	6	4
362577	0	0	0	0	0	0	0	0	0	0
362578	0	1	10	5	6	8	0	0	16	14
362579	0	0	22	15	2	8	0	0	24	23
362580	0	0	0	0	0	0	0	0	0	0
362581	0	0	0	0	0	0	0	0	0	0
362582	0	0	0	0	0	0	0	0	0	0
362583	0	0	0	0	0	0	0	0	0	0
362584	0	0	0	0	0	0	0	0	0	0
362585	0	0	0	0	0	0	0	0	0	0
362587	0	0	1	1	0	0	0	0	1	1
362589	0	0	4	2	19	25	0	0	23	27
362590	0	0	0	0	0	0	0	0	0	0
362591	0	0	0	0	0	0	0	0	0	0
362592	0	0	1	6	18	15	0	0	19	21
362593	0	0	0	0	0	0	0	0	0	0
362594	0	0	2	5	6	5	0	0	8	10
362595	0	0	0	0	1	0	0	0	1	0
362596	0	0	17	6	2	2	0	0	19	8
362597	0	0	0	0	0	0	0	0	0	0
362598	25	34	10	10	23	29	0	0	58	73
362599	0	0	0	0	0	0	0	0	0	0
362600	0	0	13	21	8	6	0	0	21	27
362602	0	0	0	0	0	0	0	0	0	0
362603	0	0	0	0	0	0	0	0	0	0
362604	0	0	0	0	0	0	0	0	0	0
362607	0	0	8	7	1	1	0	0	9	8
362608	0	0	13	8	19	15	0	0	32	23
362609	0	0	0	0	0	0	0	0	0	0
362610	1	0	13	6	3	11	0	0	17	17
362611	0	0	0	0	0	0	0	0	0	0
362612	0	0	0	0	0	0	0	0	0	0
362613	0	0	19	12	10	28	0	0	29	40
362614	0	0	2	1	1	1	0	0	3	2
362615	0	0	0	0	0	0	0	0	0	0
362616	0	0	0	0	0	0	0	0	0	0
362617	0	0	0	0	0	0	0	0	0	0
362618	0	0	0	0	0	0	0	0	0	0
362619	0	0	0	0	0	0	0	0	0	0
362620	0	0	0	0	0	0	0	0	0	0
362621	0	0	0	0	0	0	0	0	0	0
362622	0	0	0	0	0	0	0	0	0	0
362623	0	0	0	0	0	0	0	0	0	0

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
362624	0	0	0	0	0	0	0	0	0	0
362625	1	0	12	10	5	7	0	0	18	17
362626	0	0	0	0	0	0	0	0	0	0
362627	0	0	4	6	0	1	0	0	4	7
362628	0	0	0	0	0	0	0	0	0	0
362629	1	1	0	0	0	0	0	0	1	1
362630	0	0	0	1	0	0	0	0	0	1
362631	0	0	0	0	0	0	0	0	0	0
362632	0	0	0	0	0	0	0	0	0	0
362633	0	0	0	0	0	0	0	0	0	0
362634	12	0	8	10	13	14	0	0	33	24
362635	0	0	0	0	0	0	0	0	0	0
362636	0	0	0	0	0	0	0	0	0	0
362637	0	0	0	0	0	0	0	0	0	0
362638	0	0	0	0	0	0	0	0	0	0
362639	0	0	0	0	0	0	0	0	0	0
362640	0	0	0	0	0	0	0	0	0	0
362641	0	0	0	0	0	0	0	0	0	0
362642	0	0	2	0	0	1	0	0	2	1
362643	0	0	2	4	7	5	0	0	9	9
362644	0	0	3	4	0	0	0	0	3	4
362645	3	7	0	0	0	0	0	0	3	7
362646	0	1	0	0	0	0	0	0	0	1
362647	0	0	0	0	0	0	0	0	0	0
362648	0	0	9	12	9	3	0	0	18	15
362649	2	3	7	6	0	0	0	0	9	9
362650	0	0	0	0	0	0	0	0	0	0
362651	0	0	0	0	0	0	0	0	0	0
362652	0	0	0	0	0	0	0	0	0	0
362653	0	0	5	4	2	3	0	0	7	7
362654	0	0	0	0	0	0	0	0	0	0
362655	0	0	0	0	0	0	0	0	0	0
362656	0	0	31	27	32	29	0	0	63	56
362657	0	0	19	21	5	3	0	0	24	24
362658	0	0	6	5	6	9	0	0	12	14
362659	0	0	0	0	0	0	0	0	0	0
362660	0	0	2	0	6	9	0	0	8	9
362661	0	0	0	0	0	0	0	0	0	0
362662	0	0	0	0	0	0	0	0	0	0
362663	0	0	0	0	0	0	0	0	0	0
362664	0	0	0	0	0	0	0	0	0	0
362665	0	0	0	0	0	0	0	0	0	0
362666	0	0	0	0	0	0	0	0	0	0
362667	0	1	0	0	0	0	0	0	0	1
362668	0	0	0	1	0	0	0	0	0	1
362669	0	0	0	0	1	1	0	0	1	1

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
362670	0	0	1	0	0	2	0	0	1	2
362671	1	0	1	4	4	5	0	0	6	9
362672	0	0	0	0	0	0	0	0	0	0
362673	3	0	0	0	0	0	0	0	3	0
362674	0	0	0	0	0	0	0	0	0	0
362675	0	0	0	0	0	0	0	0	0	0
362676	0	0	0	0	0	0	0	0	0	0
362677	0	0	5	8	0	0	0	0	5	8
362678	0	0	0	0	0	0	0	0	0	0
362679	0	0	0	0	0	0	0	0	0	0
362680	0	0	0	0	0	0	0	0	0	0
362681	0	0	0	0	0	0	0	0	0	0
362682	0	0	0	0	0	0	0	0	0	0
362683#	0	0	0	0	0	0	0	0	0	0
362684#	0	0	0	0	0	0	0	0	0	0
362685#	0	0	0	0	0	0	0	0	0	0
362686#	0	0	0	0	0	0	0	0	0	0
362687#	0	18	0	3	0	11	0	0	0	32
362688#	0	0	0	0	0	0	0	0	0	0
362689#	0	0	0	1	0	2	0	0	0	3
362690#	0	0	0	0	0	0	0	0	0	0
362691#	0	0	0	0	0	0	0	0	0	0
363300	0	0	0	0	14	9	0	0	14	9
363303	0	0	0	0	3	2	0	0	3	2
363304	0	0	0	0	3	3	0	0	3	3
363501	0	0	0	0	0	0	0	0	0	0
363504	0	0	0	0	0	0	0	0	0	0
363507^	0	0	0	0	0	0	0	0	0	0
363508^	0	0	0	0	0	0	0	0	0	0
363509	0	3	2	6	10	11	0	0	12	20
363510	0	0	0	0	0	0	0	0	0	0
364000	0	0	0	0	0	0	0	0	0	0
365604#	0	5	0	0	0	0	0	0	0	5
OH Total	**113**	**141**	**572**	**533**	**641**	**639**	**0**	**1**	**1326**	**1314**
Network Total	**165**	**216**	**1068**	**1054**	**1119**	**1112**	**1**	**2**	**2353**	**2384**

ESRD Network 9
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										

Source of Information: Facility Survey (HCFA 2744) and Network SIMS Database
Date of Preparation: August 2007
This table cannot be compared to the HCFA Facility Survey because the HCFA Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities. This table includes 7 Veterans Affairs Facility patients for 2005 and 16 Veterans Affairs Facility patients for 2006.
Provider not operational in 2005
^ Provider not operational in 2006

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
140010	0	1	2	3	38	33	0	0	40	37
140015	0	0	9	10	3	5	0	0	12	15
140018	0	0	0	0	0	0	0	0	0	0
14002F	0	0	0	0	0	0	0	0	0	0
140030	0	0	2	3	0	0	0	0	2	3
14003F	0	0	0	0	0	0	0	0	0	0
14007F	0	0	3	3	2	1	0	0	5	4
140088	0	0	0	0	0	1	0	0	0	1
140108	1	1	0	1	16	25	0	0	17	27
140117	0	0	0	0	0	0	0	0	0	0
140119	0	0	0	0	3	2	0	0	3	2
140124	0	0	0	0	0	0	0	0	0	0
140148	0	0	0	0	0	0	0	0	0	0
140150	0	0	7	5	12	14	0	0	19	19
140155	0	2	5	9	32	32	0	0	37	43
140213	0	0	0	0	0	0	0	0	0	0
140276	0	0	12	12	3	8	0	0	15	20
142500	0	0	0	0	0	0	0	0	0	0
142501	0	0	0	0	0	0	0	0	0	0
142502	162	196	23	23	5	4	0	0	190	223
142503	0	0	5	3	5	6	0	0	10	9
142504	0	0	8	6	7	6	0	0	15	12
142505	0	0	11	14	0	0	0	0	11	14
142506	0	0	0	0	0	0	0	0	0	0
142507	0	0	0	0	0	1	0	0	0	1
142508	0	0	0	0	0	0	0	0	0	0
142509	0	0	6	1	3	7	0	0	9	8
142511	0	0	0	0	0	0	0	0	0	0
142514	1	0	0	0	5	5	0	0	6	5
142515	0	0	4	7	4	3	0	0	8	10
142516	1	0	0	0	0	0	0	0	1	0
142517	0	0	15	8	9	8	0	0	24	16
142518	1	1	17	17	3	0	0	0	21	18
142519	0	0	0	0	0	0	0	0	0	0
142520	0	0	0	0	0	0	0	0	0	0
142521	0	0	0	0	0	0	0	0	0	0
142522	0	0	0	0	0	0	0	0	0	0
142523	0	0	0	0	0	0	0	0	0	0
142524	0	0	0	0	0	0	0	0	0	0
142525	0	0	0	0	0	0	0	0	0	0
142526	0	0	1	1	6	5	0	0	7	6
142527	0	0	0	1	11	9	0	0	11	10
142528	0	0	0	0	0	0	0	0	0	0
142529	0	0	0	1	0	0	0	0	0	1
142530	0	0	1	0	0	0	0	0	1	0
142531	0	0	0	0	0	0	0	0	0	0

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
142533	0	0	9	6	14	13	0	0	23	19
142534	0	0	0	0	1	0	0	0	1	0
142535	0	0	0	0	0	1	0	0	0	1
142536	0	0	10	6	11	8	0	0	21	14
142537	0	0	0	0	2	3	0	0	2	3
142538	0	0	0	0	0	0	0	0	0	0
142539	0	1	11	7	4	1	0	0	15	9
142540	45	69	14	17	2	2	0	0	61	88
142541	5	8	7	10	5	5	0	0	17	23
142542	1	1	4	5	3	3	0	0	8	9
142543	0	0	9	7	11	8	0	0	20	15
142544	0	0	0	0	0	0	0	0	0	0
142545	0	1	20	15	24	10	0	0	44	26
142546	0	1	0	0	10	7	0	0	10	8
142547	0	0	0	0	0	0	0	0	0	0
142548	0	0	0	0	0	0	0	0	0	0
142549	1	0	2	1	6	5	0	0	9	6
142550	0	0	0	0	0	0	0	0	0	0
142551	0	0	0	0	0	0	0	0	0	0
142552	0	0	0	0	0	1	0	0	0	1
142553	0	0	0	0	0	0	0	0	0	0
142554	0	0	4	1	0	0	0	0	4	1
142555	0	0	6	2	5	3	0	0	11	5
142558	0	0	8	9	17	16	0	0	25	25
142559	0	0	1	3	6	5	0	0	7	8
142560	3	11	5	4	52	45	0	0	60	60
142561	0	0	0	4	0	0	0	0	0	4
142562	0	0	28	21	40	40	0	0	68	61
142563	0	0	0	0	0	0	0	0	0	0
142564	0	0	0	0	0	0	0	0	0	0
142565	0	0	1	0	0	0	0	0	1	0
142566	0	0	0	0	0	0	0	0	0	0
142567	0	0	5	3	4	3	0	0	9	6
142568	2	5	1	1	12	7	0	0	15	13
142569	0	0	0	0	0	0	0	0	0	0
142570	0	0	0	0	3	2	0	0	3	2
142571	0	0	0	0	0	0	0	0	0	0
142572	0	0	0	0	0	0	0	0	0	0
142573	0	0	5	3	0	0	0	0	5	3
142574	0	0	0	0	0	0	0	0	0	0
142575	0	0	0	0	0	0	0	0	0	0
142576	0	0	0	0	0	0	0	0	0	0
142577	0	0	0	0	0	0	0	0	0	0
142578	0	0	0	0	0	0	0	0	0	0
142579	0	0	8	11	2	3	0	0	10	14
142580	0	0	7	8	15	21	0	0	22	29

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
142581	0	0	0	0	0	0	0	0	0	0
142582	0	0	0	0	0	0	0	0	0	0
142583	0	0	1	0	0	0	0	0	1	0
142584	0	0	0	0	0	0	0	0	0	0
142585	0	0	0	0	0	0	0	0	0	0
142586	0	0	21	15	17	28	0	0	38	43
142587	0	0	0	0	0	0	0	0	0	0
142588	0	0	5	2	0	1	0	0	5	3
142589	0	0	0	0	0	0	0	0	0	0
142590	0	0	0	0	0	0	0	0	0	0
142591	0	0	0	0	0	0	0	0	0	0
142592	0	0	0	0	0	0	0	0	0	0
142593	1	0	1	2	3	3	0	0	5	5
142594	0	0	3	4	31	30	0	0	34	34
142595	0	0	0	0	0	0	0	0	0	0
142596	0	0	0	0	0	0	0	0	0	0
142597	1	1	9	8	19	19	0	0	29	28
142598	0	0	2	0	1	0	0	0	3	0
142599	0	0	2	4	1	0	0	0	3	4
142600	0	0	0	1	3	3	0	0	3	4
142601	0	0	15	14	4	2	0	0	19	16
142602	0	0	0	0	0	0	0	0	0	0
142603	0	0	0	0	0	0	0	0	0	0
142604	0	0	1	3	14	9	0	0	15	12
142605	0	0	0	0	0	0	0	0	0	0
142606	0	0	14	15	13	15	0	0	27	30
142607	0	0	0	0	0	0	0	0	0	0
142608	0	0	0	0	1	0	0	0	1	0
142609	1	0	6	3	11	10	0	0	18	13
142610	0	0	4	3	12	11	0	0	16	14
142611	0	0	0	0	0	0	0	0	0	0
142612	1	0	7	4	3	1	0	0	11	5
142613	2	2	3	4	10	3	0	0	15	9
142614	2	5	1	2	6	3	0	0	9	10
142615	0	0	0	0	0	0	0	0	0	0
142616	0	0	2	0	2	0	0	0	4	0
142617	0	0	0	0	0	0	0	0	0	0
142618	0	0	3	4	0	0	0	0	3	4
142619	0	0	2	3	4	5	0	0	6	8
142620	0	0	0	0	0	0	0	0	0	0
142621	0	0	0	0	0	0	0	0	0	0
142622	0	0	0	0	0	0	0	0	0	0
142623^	0	0	0	0	0	0	0	0	0	0
142624	63	0	0	0	0	0	0	0	63	0
142625	0	0	0	1	0	0	0	0	0	1
142626	0	0	2	0	4	5	0	0	6	5

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
142627	0	0	1	0	1	2	0	0	2	2
142628	0	0	2	0	1	0	0	0	3	0
142630	0	0	0	0	0	0	0	0	0	0
142631	0	0	0	0	0	0	0	0	0	0
142632	0	0	5	1	6	8	0	0	11	9
142633	0	0	2	1	2	5	0	0	4	6
142634	0	0	2	2	4	5	0	0	6	7
142635	0	1	0	0	0	0	0	0	0	1
142636	0	0	0	0	0	0	0	0	0	0
142637	0	0	0	2	2	4	0	0	2	6
142638	0	1	0	0	0	0	0	0	0	1
142639	0	0	0	0	0	1	0	0	0	1
142641	0	0	0	0	0	0	0	0	0	0
142642	0	0	0	0	0	0	0	0	0	0
142643	0	0	0	0	0	0	0	0	0	0
142644	0	0	3	2	0	1	0	0	3	3
142645	0	0	0	0	0	0	0	0	0	0
142646	0	1	0	0	0	0	0	0	0	1
142647	0	0	0	0	0	0	0	0	0	0
142649	0	0	0	0	0	0	0	0	0	0
142650	0	0	1	0	0	0	0	0	1	0
142651	0	0	0	0	0	0	0	0	0	0
142652	0	0	8	5	4	10	0	0	12	15
142653	0	0	0	0	0	0	0	0	0	0
142654	0	0	0	0	0	0	0	0	0	0
142655	0	2	0	0	0	0	0	0	0	2
142656	0	0	7	6	6	4	0	0	13	10
142657^	0	0	0	0	0	0	0	0	0	0
142658	0	0	0	0	0	0	0	0	0	0
142659	0	0	24	32	4	4	0	0	28	36
142660	0	0	0	0	0	0	0	1	0	1
142661	0	0	2	0	0	0	0	0	2	0
142662	0	0	1	2	0	0	0	0	1	2
142663	0	0	0	0	0	1	0	0	0	1
142664	0	0	0	3	2	1	0	0	2	4
142665	0	0	0	0	0	0	0	0	0	0
142666	0	0	0	0	0	0	0	0	0	0
142667	0	0	0	7	0	0	0	0	0	7
142668	0	0	0	0	0	0	0	0	0	0
142669	0	0	0	0	1	0	0	0	1	0
142670	0	0	1	1	0	0	0	0	1	1
142671	0	0	0	0	0	2	0	0	0	2
142672#	0	0	0	0	0	0	0	0	0	0
142673#	0	0	0	1	0	0	0	0	0	1
142675#	0	0	0	0	0	0	0	0	0	0
142676#	0	174	0	0	0	0	0	0	0	174

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2005 and December 31, 2006

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Provider										
142677#	0	0	0	0	0	0	0	0	0	0
142678#	0	0	0	0	0	1	0	0	0	1
143509	0	0	0	0	0	0	0	0	0	0
143516	0	0	2	1	21	24	0	0	23	25
143521	0	0	13	17	51	47	0	0	64	64
143523	0	1	0	0	0	2	0	0	0	3
143524	1	5	5	1	34	46	0	0	40	52
143525	0	0	0	0	0	0	0	0	0	0
143526	0	0	0	0	0	0	0	0	0	0
143527	0	0	0	0	0	1	0	0	0	1
143528	0	0	0	0	0	0	0	0	0	0
143529	0	0	0	0	0	0	0	0	0	0
IL0041^	0	0	0	0	0	0	0	0	0	0
IL0043^	0	0	0	0	0	0	0	0	0	0
IL Total	**295**	**491**	**479**	**448**	**714**	**704**	**0**	**1**	**1488**	**1644**
Network Total	**295**	**491**	**479**	**448**	**714**	**704**	**0**	**1**	**1488**	**1644**

Source of Information: Facility Survey (HCFA 2744) and Network SIMS Database
Date of Preparation: August 2007
This table cannot be compared to the HCFA Facility Survey because the HCFA Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities. This table includes 5 Veterans Affairs Facility patients for 2005 and 4 Veterans Affairs Facility patients for 2006.
Provider not operational in 2005
^ Provider not operational in 2006

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
150003	84	0	1	0	85	0	127	0
15003F	62	67		0	62	67	65	74
150042	100	0	0	0	100	0	100	0
150049	60	0	0	0	60	0	65	0
150056	0	0	0	0	0	0	0	0
150089	153	138	0	0	153	138	174	156
152500	204	162	3	0	207	162	263	205
152501	80	81	0	0	80	81	80	81
152502	96	91	0	0	96	91	96	91
152503	64	52	0	0	64	52	71	59
152504	84	92	0	0	84	92	84	92
152507	38	35	0	0	38	35	38	35
152508	96	97	0	0	96	97	96	97
152509	80	89	0	0	80	89	86	101
152510	85	76	0	0	85	76	85	81
152511	40	41	0	0	40	41	40	41
152512	103	102	0	0	103	102	103	102
152514	30	31	0	0	30	31	30	31
152515	53	66	0	0	53	66	84	99
152516	76	79	0	0	76	79	103	104
152517	46	54	0	0	46	54	46	54
152518	37	41	0	0	37	41	37	42
152520	134	143	0	0	134	143	218	228
152521	192	191	1	1	193	192	204	211
152522	140	127	0	0	140	127	155	145
152523	62	55	0	0	62	55	62	55
152524	64	63	0	0	64	63	64	63
152525	102	113	0	0	102	113	128	135
152526	89	93	0	0	89	93	122	127
152527	75	71	0	0	75	71	82	86
152529	33	37	0	0	33	37	33	38
152530	109	112	0	0	109	112	109	114
152531	47	52	0	0	47	52	48	52
152532	0	0	0	0	0	0	34	37
152533	24	24	0	0	24	24	24	24
152534	50	51	0	0	50	51	50	51
152535	47	46	0	0	47	46	47	46
152536	86	96	0	0	86	96	86	96
152537	84	84	0	0	84	84	84	84
152538	41	32	0	0	41	32	41	32
152539	46	49	0	0	46	49	46	49
152541	93	98	0	0	93	98	118	116
152542	134	134	0	0	134	134	134	134
152543	100	95	0	0	100	95	103	100
152544	1	0			1	0	1	0

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
152545	22	23	0	0	22	23	22	23
152546	58	62	0	0	58	62	70	80
152547	146	155	0	0	146	155	146	155
152548	34	32	0	0	34	32	34	32
152549	69	68	0	0	69	68	69	68
152550	50	50	0	0	50	50	50	50
152551	38	34	0	0	38	34	38	34
152552	62	71	0	0	62	71	62	71
152553	28	29	0	0	28	29	28	29
152554	59	63	0	0	59	63	59	63
152555	19	29	0	0	19	29	19	29
152556	42	53	0	0	42	53	42	53
152558	68	78	0	0	68	78	77	91
152559	20	19	0	0	20	19	20	19
152560	69	66	0	0	69	66	69	66
152561	48	52	0	0	48	52	48	52
152562	60	72	0	0	60	72	60	73
152563	1	0	0	0	1	0	16	15
152564	58	63	0	0	58	63	68	69
152565	79	84	0	0	79	84	89	91
152566	33	36	0	0	33	36	33	36
152567	40	41	0	0	40	41	40	42
152568	24	29	0	0	24	29	24	29
152569	113	113	0	0	113	113	173	159
152570	36	28	0	0	36	28	39	31
152571	131	117	0	0	131	117	131	119
152572	60	74	0	0	60	74	60	74
152573	22	28	0	0	22	28	22	28
152574	24	27	0	0	24	27	24	27
152575	21	28	0	0	21	28	21	28
152576	48	47	0	0	48	47	48	48
152577	29	27	0	0	29	27	29	27
152579	61	66	0	0	61	66	69	78
152580	63	66	0	0	63	66	63	66
152581	49	65	0	0	49	65	50	70
152583	31	36	0	0	31	36	31	36
152584	16	17	0	0	16	17	16	17
152585	66	66	0	0	66	66	66	66
152586	41	36	0	0	41	36	41	36
152587	14	18	0	0	14	18	15	18
152589	23	28	0	0	23	28	23	28
152590	10	17	0	0	10	17	10	17
152591#	0	37	0	0	0	37	0	37
152592#	0	106	0	0	0	106	0	106
152593#	0	68	0	0	0	68	0	68

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	**2006**	**2005**	**2006**	**2005**	**2006**	**2005**	**2006**
Provider								
152594#	0	64	0	0	0	64	0	64
152595#	0	0	0	0	0	0	0	9
152597#	0	0	0	0	0	0	0	8
152598#	0	26	0	0	0	26	0	26
152599#	0	13	0	0	0	13	0	13
152600#	0	9	0	0	0	9	0	9
152601#	0	105	0	0	0	105	0	142
152602#	0	23	0	0	0	23	0	23
153509	9	0	0	0	9	0	9	0
153510	156	159	0	0	156	159	252	264
153511	32	30	0	0	32	30	32	30
153512	22	0	0	0	22	0	22	0
153514	45	39	0	0	45	39	45	39
153515	62	64	0	0	62	64	62	64
153516	27	0	0	0	27	0	27	0
153518#	0	23	0	0	0	23	0	23
153519#	0	7	0	0	0	7	0	9
153520#	0	18	0	0	0	18	0	18
IN Total	**5762**	**6064**	**5**	**1**	**5767**	**6065**	**6429**	**6763**
180017	36	54	0	0	36	54	36	54
180035	40	43	0	0	40	43	40	43
180040	0	0	0	0	0	0	0	0
18005F	25	23	0	0	25	23	25	23
180093	65	78	0	0	65	78	69	80
182501	181	175	0	1	181	176	203	208
182502	54	57	0	0	54	57	62	66
182503	110	108	0	0	110	108	110	108
182504	102	110	0	0	102	110	120	131
182505	89	91	0	1	89	92	101	108
182507	47	44	0	0	47	44	49	45
182508	46	57	0	0	46	57	55	63
182509	44	39	0	0	44	39	44	39
182512	58	58	0	0	58	58	58	58
182513	55	63	0	0	55	63	55	63
182514	68	64	0	0	68	64	68	64
182516	81	85	0	0	81	85	90	92
182517	60	64	0	0	60	64	63	68
182518	54	65	0	0	54	65	54	65
182519	53	54	0	0	53	54	60	63
182520	55	60	0	0	55	60	58	61
182521	91	94	0	0	91	94	91	94
182523	68	75	0	0	68	75	68	75
182524	97	89	0	1	97	90	107	95
182526	49	51	0	0	49	51	49	51

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
182527	51	56	0	0	51	56	51	56
182529	131	133	0	0	131	133	185	186
182530	61	58	0	0	61	58	61	58
182532	50	50	0	0	50	50	52	54
182533	51	44	0	0	51	44	52	44
182534	102	97	0	0	102	97	133	125
182535	40	47	0	0	40	47	40	47
182536	46	49	0	0	46	49	49	54
182537	93	90	0	0	93	90	93	90
182538	40	56	0	0	40	56	41	57
182539	25	19	0	0	25	19	25	19
182540	56	58	0	0	56	58	57	60
182541	61	56	0	0	61	56	61	61
182542	97	103	0	0	97	103	97	103
182543	69	68	0	0	69	68	69	68
182544	67	66	0	0	67	66	67	66
182547	93	90	0	0	93	90	108	110
182548	13	12	0	0	13	12	13	12
182549	48	52	0	0	48	52	48	52
182550	41	37	0	0	41	37	41	37
182551	30	21	0	0	30	21	30	21
182552	74	75	0	0	74	75	107	105
182553	37	39	0	0	37	39	37	39
182555	54	53	0	0	54	53	54	53
182556	32	43	0	0	32	43	32	43
182557	0	0	0	0	0	0	33	29
182558	61	59	0	0	61	59	61	59
182559	57	47	0	0	57	47	57	47
182560	26	32	0	0	26	32	26	32
182561	18	26	0	0	18	26	18	26
182562	29	32	0	0	29	32	29	32
182563	55	63	0	0	55	63	55	63
182564	33	34	0	0	33	34	44	47
182565	41	41	0	0	41	41	41	41
182566	23	22	0	0	23	22	24	22
182567	78	81	0	0	78	81	79	82
182568	35	24	0	0	35	24	35	24
182569	0	0	0	0	0	0	70	64
182570	73	78	0	0	73	78	73	78
182571	16	23	0	0	16	23	17	23
182572	20	19	0	0	20	19	20	19
182573	15	17	0	0	15	17	15	17
182574	19	19	0	0	19	19	19	19
182575	18	21	0	0	18	21	18	21
182576#	0	9	0	0	0	9	0	9

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	**2006**	**2005**	**2006**	**2005**	**2006**	**2005**	**2006**
Provider								
182577#	0	25	0	0	0	25	0	29
182578#	0	15	0	0	0	15	0	15
182579#	0	6	0	0	0	6	0	6
182580#	0	13	0	0	0	13	0	13
183502	47	46	0	0	47	46	47	46
KY Total	**3754**	**3925**	**0**	**3**	**3754**	**3928**	**4119**	**4300**
360003	25	21	0	0	25	21	25	21
360009	65	62	0	0	65	62	87	82
360015	58	57	0	0	58	57	58	57
360024	102	106	0	0	102	106	102	106
360037	60	59	0	0	60	59	60	59
36003F	14	13	0	0	14	13	16	16
360048	0	2	0	0	0	2	0	2
36004F	72	56	0	0	72	56	73	59
360051	74	13	0	0	74	13	74	13
360053	99	92	0	0	99	92	100	92
360064	0	0			0	0	0	0
360066^	0	0		0	0	0	0	0
360068	9	10	0	0	9	10	9	10
36007F	36	36	0	0	36	36	37	39
360084	24	25	0	0	24	25	24	25
360085	0	0	0	0	0	0	0	0
360095	51	50	0	0	51	50	55	55
360099	18	15	0	0	18	15	18	15
360112	22	22	0	0	22	22	22	22
360123	54	50	0	0	54	50	54	50
360134	72	84	0	0	72	84	72	84
360137	54	51	0	0	54	51	116	104
360141	0	0	0	0	0	0	41	35
360163	100	84	0	0	100	84	100	84
360180	6	5	0	0	6	5	6	5
360211	48	44	0	0	48	44	48	44
360229	7	5	0	0	7	5	14	11
362500	300	306	0	0	300	306	300	306
362501	65	52	0	0	65	52	65	52
362502	155	160	0	0	155	160	155	160
362503	108	101	0	0	108	101	108	101
362504	108	109	0	0	108	109	140	144
362505	143	150	0	0	143	150	143	150
362506	20	0	0	0	20	0	20	0
362508	69	80	0	0	69	80	94	101
362509	120	115	0	0	121	115	135	129
362510	59	42	0	0	59	42	59	42
362512	137	166	0	0	137	166	157	186

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
362514	22	22	0	0	22	22	26	23
362516	54	53	0	0	54	53	58	59
362517	143	138	0	0	143	138	143	138
362518	94	99	0	0	94	99	125	134
362519	81	84	0	0	81	84	81	84
362520	48	59	0	0	48	59	64	70
362521	90	88	0	0	90	88	90	89
362522	107	104	0	0	107	104	107	104
362523	71	73	0	0	71	73	71	73
362524	121	121	0	0	121	121	121	121
362525	1	0	0	0	1	0	51	50
362526	0	0	0	0	0	0	20	15
362528	75	81	0	0	75	81	75	81
362529	0	0	0	0	0	0	22	16
362530	53	68	0	0	53	68	53	68
362531	76	73	0	0	76	73	76	73
362533	0	0	0	0	0	0	45	31
362534	26	24	0	0	26	24	26	24
362535	32	36	0	0	32	36	32	36
362536	0	0	0	0	0	0	14	12
362537	60	68	0	0	60	68	60	68
362539	47	54	0	0	47	54	49	56
362541	0	0	0	0	0	0	57	90
362542	0	0	0	0	0	0	52	0
362543	113	125	0	0	113	125	148	162
362545	37	33	0	0	37	33	37	33
362547	76	71	0	0	76	71	110	101
362548	41	43	0	0	41	43	41	43
362549	85	77	0	0	85	77	93	84
362550	37	30	0	0	37	30	41	33
362551	54	60	0	0	54	60	54	60
362552	49	52	0	0	49	52	52	57
362553	258	257	0	0	258	257	258	257
362554	74	80	0	0	74	80	80	88
362555	47	56	0	0	47	56	48	56
362556	0	0	0	0	0	0	31	27
362557	42	44	0	0	42	44	42	44
362558	110	97	0	0	110	97	110	97
362559	80	88	0	0	80	88	97	104
362560	56	56	0	0	56	56	56	56
362561	43	48	0	0	43	48	62	67
362562	56	68	0	0	56	68	56	68
362563	31	34	0	0	31	34	31	34
362564	19	27	0	0	19	27	19	27
362566	38	37	0	0	38	37	40	43

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
362567	111	120	0	0	111	120	111	120
362568	114	112	0	0	114	112	114	112
362569	239	238	0	0	239	238	239	238
362570	0	0	0	0	0	0	60	63
362571	33	18	0	0	33	18	33	18
362572	116	93	0	0	116	93	116	93
362573	12	0	0	0	12	0	13	0
362574	124	128	0	0	124	128	124	128
362575	53	47	0	0	53	47	61	52
362576	84	84	0	0	84	84	90	88
362577	200	206	0	0	200	206	200	206
362578	0	0	0	0	0	0	16	14
362579	83	75	0	0	83	75	107	98
362580	60	59	0	0	60	59	60	59
362581	78	70	0	0	78	70	78	70
362582	214	210	0	0	214	210	214	210
362583	52	52	0	0	52	52	52	52
362584	73	74	0	0	73	74	73	74
362585	100	91	0	0	100	91	100	91
362587	73	62	0	0	73	62	74	63
362589	106	84	0	0	106	84	129	111
362590	79	76	0	0	79	76	79	76
362591	117	117	0	0	117	117	117	117
362592	74	87	0	0	74	87	93	108
362593	128	126	0	0	128	126	128	126
362594	61	53	0	0	61	53	69	63
362595	195	204	0	0	195	204	196	204
362596	22	16	0	0	22	16	41	24
362597	38	32	0	0	38	32	38	32
362598	113	109	0	0	113	109	171	182
362599	40	47	0	0	40	47	40	47
362600	126	115	0	0	126	115	147	142
362602	72	77	0	0	72	77	72	77
362603	50	56	0	0	50	56	50	56
362604	118	113	0	0	118	113	118	113
362607	144	139	0	0	144	139	153	147
362608	0	0	0	0	0	0	32	23
362609	44	37	0	0	44	37	44	37
362610	58	59	0	0	58	59	75	76
362611	120	119	0	0	120	119	120	119
362612	139	143	0	0	139	143	139	143
362613	67	59	0	0	67	59	96	99
362614	29	35	0	0	29	35	32	37
362615	67	75	0	0	67	75	67	75
362616	33	33	0	0	33	33	33	33

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
362617	36	34	0	0	36	34	36	34
362618	60	59	0	0	60	59	60	59
362619	110	116	0	0	110	116	110	116
362620	118	126	0	0	118	126	118	126
362621	61	62	0	0	61	62	61	62
362622	49	47	0	0	49	47	49	47
362623	59	66	0	0	59	66	59	66
362624	76	71	0	0	76	71	76	71
362625	49	39	0	0	49	39	67	56
362626	39	42	0	0	39	42	39	42
362627	114	133	0	0	114	133	118	140
362628	86	93	0	0	86	93	86	93
362629	54	68	0	0	54	68	55	69
362630	43	54	0	0	43	54	43	55
362631	68	65	0	0	68	65	68	65
362632	23	17	0	0	23	17	23	17
362633	53	60	0	0	53	60	53	60
362634	0	0	0	0	0	0	33	24
362635	96	105	0	0	96	105	96	105
362636	71	79	0	0	71	79	71	79
362637	58	57	0	0	58	57	58	57
362638	23	22	0	0	23	22	23	22
362639	36	30	0	0	36	30	36	30
362640	52	51	0	0	52	51	52	51
362641	69	72	0	0	69	72	69	72
362642	47	35	0	0	47	35	49	36
362643	64	62	0	0	64	62	73	71
362644	48	55	0	0	48	55	51	59
362645	17	35	0	0	17	35	20	42
362646	70	70	0	0	70	70	70	71
362647	48	68	0	0	48	68	48	68
362648	90	89	0	0	90	89	108	104
362649	72	67	0	0	72	67	81	76
362650	48	66	0	0	48	66	48	66
362651	43	42	0	0	43	42	43	42
362652	35	39	0	0	35	39	35	39
362653	91	96	0	0	91	96	98	103
362654	34	40	0	0	34	40	34	40
362655	44	41	0	0	44	41	44	41
362656	69	74	0	0	69	74	132	130
362657	82	92	0	0	82	92	106	116
362658	0	0	0	0	0	0	12	14
362659	32	35	0	0	32	35	32	35
362660	0	0	0	0	0	0	8	9
362661	34	49	0	0	34	49	34	49

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	**2006**	**2005**	**2006**	**2005**	**2006**	**2005**	**2006**
Provider								
362662	46	42	0	0	46	42	46	42
362663	18	20	0	0	18	20	18	20
362664	19	30	0	0	19	30	19	30
362665	22	27	0	0	22	27	22	27
362666	42	49	0	0	42	49	42	49
362667	27	22	0	0	27	22	27	23
362668	34	45	0	0	34	45	34	46
362669	54	70	0	0	54	70	55	71
362670	22	28	0	0	22	28	23	30
362671	22	23	0	0	22	23	28	32
362672	28	37	0	0	28	37	28	37
362673	20	23	0	0	20	23	23	23
362674	22	22	0	0	22	22	22	22
362675	21	25	0	0	21	25	21	25
362676	7	4	0	0	7	4	7	4
362677	74	85	0	0	74	85	79	93
362678	60	81	0	0	60	81	60	81
362679	10	45	0	0	10	45	10	45
362680	9	24	0	0	9	24	9	24
362681	12	30	0	0	12	30	12	30
362682	2	30	0	0	2	30	2	30
362683#	0	21	0	0	0	21	0	21
362684#	0	27	0	0	0	27	0	27
362685#	0	22	0	0	0	22	0	22
362686#	0	32	0	0	0	32	0	32
362687#	0	0	0	0	0	0	0	32
362688#	0	38	0	0	0	38	0	38
362689#	0	0	0	0	0	0	0	3
362690#	0	13	0	0	0	13	0	13
362691#	0	10	0	0	0	10	0	10
363300	14	13	0	0	14	13	28	22
363303	2	3	0	0	2	3	5	5
363304	7	13	0	0	7	13	10	16
363501	90	94	0	0	90	94	90	94
363504	41	45	0	0	41	45	41	45
363507^	0	0	0	0	0	0	0	0
363508^	0	0		0	0	0	0	0
363509	89	89	0	0	89	89	101	109
363510	51	47	0	0	51	47	51	47
364000	3	6	0	0	3	6	3	6
365604#	0	3	0	0	0	3	0	8
OH Total	**12099**	**12482**	**0**	**0**	**12100**	**12482**	**13426**	**13796**

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
Network Total	**21615**	**22471**	**5**	**4**	**21621**	**22475**	**23974**	**24859**

Source of Information: Facility Survey (HCFA 2744) and Network SIMS Database
*Total from Table #3 plus total from Table #4 (for last column of report year)
Date of Preparation: August 2007
This table cannot be compared to the HCFA Facility Survey because the HCFA Facility Survey is limited to only Medicare approved facilities. This table includes 209 Veterans Affairs Facility patients for 2005 and 195 Veterans Affairs Facility patients for 2006.
Provider not operational in 2005
^ Provider not operational in 2006

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
140010	0	0	0	1	0	1	40	38
140015	72	87	0	0	72	87	84	102
140018	64	63	0	0	64	63	64	63
14002F	26	0	0		26	0	26	0
140030	61	62	0	0	61	62	63	65
14003F	1	20		0	1	20	1	20
14007F	63	74			64	75	69	79
140088	138	135	0	0	138	135	138	136
140108	95	97	0	0	95	97	112	124
140117	70	64	0	0	70	64	70	64
140119	7	5	0	0	7	5	10	7
140124	100	91	0	0	100	91	100	91
140148	5	3	0	0	5	3	5	3
140150	140	136	0	0	140	136	159	155
140155	115	125	0	0	115	125	152	168
140213	93	92	0	0	93	92	93	92
140276	151	149	0	0	151	149	166	169
142500	50	58	0	0	50	58	50	58
142501	111	112	0	0	111	112	111	112
142502	106	112	0	0	107	113	297	336
142503	104	103	0	0	104	103	114	112
142504	159	161	0	0	159	161	174	173
142505	67	77	0	0	67	77	78	91
142506	125	120	0	0	125	120	125	120
142507	138	131	0	0	138	131	138	132
142508	182	192	0	0	182	192	182	192
142509	91	82	0	0	91	82	100	90
142511	53	49	0	0	53	49	53	49
142514	100	96	0	0	100	96	106	101
142515	96	99	0	0	96	99	104	109
142516	70	96	0	0	70	96	71	96
142517	105	118	0	0	105	118	129	134
142518	173	156	1	1	174	157	195	175
142519	179	178	0	0	179	178	179	178
142520	84	88	0	0	84	88	84	88
142521	70	69	0	0	70	69	70	69
142522	83	112	0	0	83	112	83	112
142523	52	46	0	0	52	46	52	46
142524	132	125	0	0	132	125	132	125
142525	99	83	0	0	99	83	99	83
142526	152	126	0	0	152	126	159	132
142527	112	128	0	0	112	128	123	138
142528	104	115	0	0	104	115	104	115
142529	98	103	0	0	98	103	98	104
142530	221	222	0	0	221	222	222	222

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
142531	56	59	0	0	56	59	56	59
142533	146	148	0	0	146	148	169	167
142534	108	107	0	0	108	107	109	107
142535	61	61	0	0	61	61	61	62
142536	172	160	0	0	172	160	193	174
142537	84	81	0	0	84	81	86	84
142538	163	143	0	0	163	143	163	143
142539	107	111	0	0	107	111	122	120
142540	123	111	0	0	123	111	184	199
142541	60	60	0	0	60	60	77	83
142542	65	68	0	0	65	68	73	77
142543	82	83	0	0	82	83	102	98
142544	82	77	0	0	82	77	82	77
142545	139	153	0	0	139	153	183	179
142546	39	47	0	0	39	47	49	55
142547	69	77	0	0	69	77	69	77
142548	101	94	0	0	101	94	101	94
142549	78	77	0	0	78	77	87	83
142550	89	91	0	0	89	91	89	91
142551	90	96	0	0	90	96	90	96
142552	69	55	0	0	69	55	69	56
142553	67	75	0	0	67	75	67	75
142554	61	61	0	0	61	61	65	62
142555	84	91	1	1	85	92	96	97
142558	100	87	0	0	100	87	125	112
142559	65	71	0	1	65	72	72	80
142560	0	6	0	0	0	6	60	66
142561	73	65	0	0	73	65	73	69
142562	85	83	0	0	85	83	153	144
142563	85	78	0	0	85	78	85	78
142564	53	59	0	0	53	59	53	59
142565	33	33	0	0	33	33	34	33
142566	78	79	0	0	78	79	78	79
142567	0	0	0	0	0	0	9	6
142568	132	142	1	1	133	143	148	156
142569	106	102	0	0	106	102	106	102
142570	33	53	0	0	33	53	36	55
142571	42	42	0	0	42	42	42	42
142572	83	70	0	0	83	70	83	70
142573	49	61	0	0	49	61	54	64
142574	127	117	0	0	127	117	127	117
142575	92	77	0	0	92	77	92	77
142576	47	50	0	0	47	50	47	50
142577	95	90	0	0	95	90	95	90
142578	22	21	0	0	22	21	22	21

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
142579	49	47	0	0	49	47	59	61
142580	55	57	0	0	55	57	77	86
142581	38	45	0	0	38	45	38	45
142582	40	28	0	0	40	28	40	28
142583	49	52	0	0	49	52	50	52
142584	60	68	0	0	60	68	60	68
142585	35	59	0	0	35	59	35	59
142586	91	96	0	0	91	96	129	139
142587	28	34	0	0	28	34	28	34
142588	117	130	0	0	117	130	122	133
142589	15	21	0	0	15	21	15	21
142590	72	70	0	0	72	70	72	70
142591	18	16	0	0	18	16	18	16
142592	14	18	0	0	14	18	14	18
142593	0	0	0	0	0	0	5	5
142594	0	0	0	0	0	0	34	34
142595	29	32	0	0	29	32	29	32
142596	23	27	0	0	23	27	23	27
142597	215	218	0	0	215	218	244	246
142598	74	68	0	0	74	68	77	68
142599	50	46	0	0	50	46	53	50
142600	68	66	0	0	68	66	71	70
142601	127	136	0	0	127	136	146	152
142602	83	69	0	0	83	69	83	69
142603	38	35	0	0	38	35	38	35
142604	14	10	0	0	14	10	29	22
142605	86	99	0	0	86	99	86	99
142606	0	0	0	1	0	1	27	31
142607	71	71	0	0	71	71	71	71
142608	37	42	0	0	37	42	38	42
142609	51	47	0	0	51	47	69	60
142610	0	0	0	0	0	0	16	14
142611	36	36	0	0	36	36	36	36
142612	114	114	0	0	114	114	125	119
142613	62	62	0	0	62	62	77	71
142614	68	61	0	0	68	61	77	71
142615	38	34	0	0	38	34	38	34
142616	93	81	0	0	93	81	97	81
142617	73	85	0	0	73	85	73	85
142618	50	53	0	0	50	53	53	57
142619	53	61	0	0	53	61	59	69
142620	17	23	0	0	17	23	17	23
142621	61	72	0	0	61	72	61	72
142622	56	65	0	0	56	65	56	65
142623^	0	0	0	0	0	0	0	0

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	2006	2005	2006	2005	2006	2005	2006
Provider								
142624	28	17	0	0	28	17	91	17
142625	86	89	0	0	86	89	86	90
142626	0	0		0	0	0	6	5
142627	44	41	0	0	44	41	46	43
142628	53	58	0	0	53	58	56	58
142630	53	55	0	0	53	55	53	55
142631	87	98	0	0	87	98	87	98
142632	56	67	0	0	56	67	67	76
142633	36	44	0	0	36	44	40	50
142634	45	62	0	0	46	62	52	69
142635	88	85	0	0	88	85	88	86
142636	24	27	0	0	24	27	24	27
142637	22	23	0	0	22	23	24	29
142638	60	50	0	0	60	50	60	51
142639	38	49	0	0	38	49	38	50
142641	75	74	0	0	75	74	75	74
142642	43	49	0	0	43	49	43	49
142643	24	25	0	0	24	25	24	25
142644	50	56	0	0	50	56	53	59
142645	19	14	0	0	19	14	19	14
142646	43	72	0	0	43	72	43	73
142647	102	102	0	0	102	102	102	102
142649	36	52	0	0	36	52	36	52
142650	30	42	0	0	30	42	31	42
142651	24	23	0	0	24	23	24	23
142652	0	0	0	0	0	0	12	15
142653	24	28	0	0	24	28	24	28
142654	24	28	0	0	24	28	24	28
142655	20	28	0	0	20	28	20	30
142656	0	0	0	0	0	0	13	10
142657^	0	0		0	0	0	0	0
142658	12	10	0	0	12	10	12	10
142659	1	0	0	0	1	0	29	36
142660	32	55	0	0	32	55	32	56
142661	33	44	0	0	33	44	35	44
142662	25	34	0	0	25	34	26	36
142663	30	45	0	0	30	45	30	46
142664	45	42	0	0	46	43	48	47
142665	59	72	0	0	59	72	59	72
142666	13	30	0	0	13	30	13	30
142667	15	57	0	0	15	57	15	64
142668	17	54	0	0	17	54	17	54
142669	15	40	0	0	15	40	16	40
142670	60	66	0	0	60	66	61	67
142671	17	33	0	0	17	33	17	35

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2005 and December 31, 2006
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2005	**2006**	**2005**	**2006**	**2005**	**2006**	**2005**	**2006**
Provider								
142672#	0	25	0	0	0	25	0	25
142673#	0	15	0	0	0	15	0	16
142675#	0	45	0	0	0	45	0	45
142676#	0	5	0	0	0	5	0	179
142677#	0	1	0	0	0	1	0	1
142678#	0	1	0	0	0	1	0	2
143509	27	23	0	0	27	23	27	23
143516	107	114	0	0	107	114	130	139
143521	96	88	0	0	96	88	160	152
143523	108	110	1	0	109	110	109	113
143524	7	0	1	3	8	3	48	55
143525	46	51	0	0	46	51	46	51
143526	22	20	0	0	22	20	22	20
143527	157	165	0	0	157	165	157	166
143528	24	31	0	0	24	31	24	31
143529	19	21	0	0	19	21	19	21
IL0041^	0	0		0	0	0	0	0
IL0043^	0	0		0	0	0	0	0
IL Total	**12501**	**13041**	**5**	**9**	**12510**	**13053**	**13998**	**14697**
Network Total	**12501**	**13041**	**5**	**9**	**12510**	**13053**	**13998**	**14697**

Source of Information: Facility Survey (HCFA 2744) and Network SIMS Database
*Total from Table #3 plus total from Table #4 (for last column of report year)
Date of Preparation: August 2007
This table cannot be compared to the HCFA Facility Survey because the HCFA Facility Survey is limited to only Medicare approved facilities. This table includes 91 Veterans Affairs Facility patients for 2005 and 95 Veterans Affairs Facility patients for 2006.
Provider not operational in 2005
^ Provider not operational in 2006

Renal Transplant by Transplant Center

Number of transplants performed by transplant center calendar year 2005 and calendar year 2006

	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
Transplant Center	**2005**	**2006**	**2005**	**2006**
150056	146	189	0	0
153510	167	66	0	0
IN Total	**313**	**255**		
180040	97	89	97	0
180067	65	54	66	0
180088	7	6		
KY Total	**169**	**149**		
360003	57	59	0	0
360015	32	43	81	0
360048	78	83	0	183
360051	23	35	72	78
360064	0	0		
360085	256	277	0	0
360137	80	89	361	366
360163	62	53	126	158
360180	161	151	686	703
363300	12	18	11	0
363303	0	1	0	0
OH Total	**761**	**809**		
NETWORK TOTAL:	**1,243**	**1,213**		

Source of information: Network SIMS Database/HCFA-2744
Date of Preparation: August 2007
* These numbers are not added to State or Network totals because some patients may be placed on more than one waiting list. The numbers are only accurate for each center.
# Provider not operational in 2005
^ Provider not operational in 2006

Renal Transplant by Transplant Center

Number of transplants performed by transplant center calendar year 2005 and calendar year 2006

	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
Transplant Center	**2005**	**2006**	**2005**	**2006**
140067	49	45	143	0
140088	95	85	0	0
140119	157	142	0	0
140148	39	38	0	233
140150	120	101	319	0
140276	56	71	0	606
140281	267	258	614	677
143300	19	25	0	27
IL Total	**802**	**765**		
NETWORK TOTAL:	**802**	**765**		

Source of information: Network SIMS Database/HCFA-2744
Date of Preparation: August 2007
* These numbers are not added to State or Network totals because some patients may be placed on more than one waiting list. The numbers are only accurate for each center.
# Provider not operational in 2005
^ Provider not operational in 2006

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2006

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
00-04	2	2	0	4
05-09	2	0	7	9
10-14	3	10	5	18
15-19	17	6	8	31
20-24	12	22	15	49
25-29	25	20	16	61
30-34	35	16	19	70
35-39	58	15	22	95
40-44	66	26	25	117
45-49	78	29	30	137
50-54	81	26	28	135
55-59	105	34	43	182
60-64	84	22	23	129
65-69	71	18	17	106
70-74	33	10	11	54
75-79	12	1	1	14
80-84	1	0	0	1
>=85	0	0	0	0
Missing	0	0	0	0
Total	**685**	**257**	**270**	**1212**
Gender				
Female	256	107	97	460
Male	429	150	173	752
Missing	0	0	0	0
Total	**685**	**257**	**270**	**1212**
Race				
American Indian/Al	3	0	0	3
Asian	6	2	1	9
Black or African Am	193	45	31	269
More than one race s	0	2	2	4
Native Hawaiian or	1	0	0	1
White	480	208	236	924
Missing	2	0	0	2
Total	**685**	**257**	**270**	**1212**
Primary Diagnosis				
Cystic Kidney	49	23	30	102
Diabetes	229	50	64	343
Glomerulonephritis	97	51	55	203
Hypertension	137	37	18	192
Other	99	48	54	201
Other Urologic	16	6	7	29
Missing	2	0	1	3
Unknown	56	42	41	139
Total	**685**	**257**	**270**	**1212**

Source of information: Network SIMS Database
Date of Preparation: August 2007
Race: The categories are from the HCFA-2728 Form.
Diagnosis: Categories are from the HCFA-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table includes 0 patients receiving treatment at VA facilities.

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2006

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
00-04	3	3	0	6
05-09	2	1	0	3
10-14	7	2	2	11
15-19	16	10	4	30
20-24	8	11	3	22
25-29	12	19	9	40
30-34	28	10	7	45
35-39	30	21	10	61
40-44	37	28	10	75
45-49	51	23	14	88
50-54	66	27	17	110
55-59	64	26	11	101
60-64	53	24	17	94
65-69	39	17	6	62
70-74	10	9	3	22
75-79	7	2	0	9
80-84	0	0	1	1
>=85	0	0	0	0
Missing	0	0	0	0
Total	**433**	**233**	**114**	**780**
Gender				
Female	164	93	43	300
Male	269	140	71	480
Missing	0	0	0	0
Total	**433**	**233**	**114**	**780**
Race				
American Indian/Al	0	0	0	0
Asian	18	5	3	26
Black or African Am	171	56	30	257
More than one race s	0	0	2	2
Native Hawaiian or	1	1	1	3
White	236	157	75	468
Missing	7	14	3	24
Total	**433**	**233**	**114**	**780**
Primary Diagnosis				
Cystic Kidney	20	15	11	46
Diabetes	137	37	25	199
Glomerulonephritis	78	55	29	162
Hypertension	96	45	24	165
Other	60	41	12	113
Other Urologic	8	1	3	12
Missing	6	12	3	21
Unknown	28	27	7	62
Total	**433**	**233**	**114**	**780**

Source of information: Network SIMS Database
Date of Preparation: August 2007
Race: The categories are from the HCFA-2728 Form.
Diagnosis: Categories are from the HCFA-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table includes 0 patients receiving treatment at VA facilities.

ESRD Network 9
Table #7

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2006

Age Group	IN	KY	OH	Other	Total
00-04	0	0	2	0	2
05-09	0	0	0	0	0
10-14	0	0	1	0	1
15-19	0	1	2	1	4
20-24	3	2	9	1	15
25-29	4	4	11	2	21
30-34	10	11	15	3	39
35-39	13	6	49	1	69
40-44	30	24	56	8	118
45-49	56	45	123	13	237
50-54	106	63	175	11	355
55-59	125	84	314	18	541
60-64	155	112	294	35	596
65-69	170	149	399	33	751
70-74	208	154	505	42	909
75-79	261	145	530	38	974
80-84	240	127	513	37	917
>=85	167	85	421	33	706
Missing	0	0	0	0	0
Total	**1548**	**1012**	**3419**	**276**	**6255**
Gender					
Female	704	487	1572	119	2882
Male	844	525	1847	157	3373
Missing	0	0	0	0	0
Total	**1548**	**1012**	**3419**	**276**	**6255**
Race					
American Indian/Al	0	0	3	0	3
Asian	7	4	15	1	27
Black or African Am	315	160	912	49	1436
More than one race s	3	1	5	1	10
Native Hawaiian or	0	0	5	1	6
White	1219	846	2478	223	4766
Missing	4	1	1	1	7
Total	**1548**	**1012**	**3419**	**276**	**6255**
Primary Diagnosis					
Cystic Kidney	20	14	52	3	89
Diabetes	666	457	1682	112	2917
Glomerulonephritis	84	62	191	17	354
Hypertension	436	256	927	74	1693
Other	165	115	345	31	656
Other Urologic	33	10	60	2	105
Missing	2	3	0	0	5
Unknown	142	95	162	37	436
Total	**1548**	**1012**	**3419**	**276**	**6255**
Primary Cause of Death					
Cardiac	630	433	1382	104	2549
Gastro Intestinal	15	7	29	2	53

Infection	173	101	378	27	679
Liver Disease	18	5	22	5	50
Vascular	104	47	160	16	327
Missing	10	6	39	4	59
Other	416	199	770	64	1449
Unknown	182	214	639	54	1089
Total	**1548**	**1012**	**3419**	**276**	**6255**

Source of information: Network SIMS Database
Date of Preparation: August 2007
Race: The categories are from the HCFA-2728 Form.
Diagnosis: Categories are from the HCFA-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the HCFA Facility Survey because the HCFA Facility Survey is limited to those deaths reported by only Medicare-approved facilities.
This table includes 42 patients receiving treatment at VA facilities.

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2006

Age Group	IL	Other	Total
00-04	0	0	0
05-09	0	0	0
10-14	0	1	1
15-19	1	0	1
20-24	4	1	5
25-29	11	2	13
30-34	22	0	22
35-39	43	2	45
40-44	57	4	61
45-49	105	4	109
50-54	141	8	149
55-59	215	6	221
60-64	283	16	299
65-69	366	13	379
70-74	402	10	412
75-79	496	30	526
80-84	449	24	473
>=85	397	19	416
Missing	0	0	0
Total	**2992**	**140**	**3132**
Gender			
Female	1403	67	1470
Male	1589	73	1662
Missing	0	0	0
Total	**2992**	**140**	**3132**
Race			
American Indian/Al	3	0	3
Asian	59	1	60
Black or African Am	953	38	991
More than one race s	6	1	7
Native Hawaiian or	6	1	7
White	1958	96	2054
Missing	7	3	10
Total	**2992**	**140**	**3132**
Primary Diagnosis			
Cystic Kidney	41	0	41
Diabetes	1181	63	1244
Glomerulonephritis	148	8	156
Hypertension	1054	35	1089
Other	259	10	269
Other Urologic	35	3	38
Missing	5	4	9
Unknown	269	17	286
Total	**2992**	**140**	**3132**
Primary Cause of Death			
Cardiac	1090	42	1132
Gastro Intestinal	27	2	29

Infection	321	11	332
Liver Disease	18	2	20
Vascular	129	4	133
Missing	28	2	30
Other	535	25	560
Unknown	844	52	896
Total	**2992**	**140**	**3132**

Source of information: Network SIMS Database
Date of Preparation: August 2007
Race: The categories are from the HCFA-2728 Form.
Diagnosis: Categories are from the HCFA-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the HCFA Facility Survey because the HCFA Facility Survey is limited to those deaths reported by only Medicare-approved facilities.
This table includes 11 patients receiving treatment at VA facilities.

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

INDIANA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
150003	0	0	0	0	Y
15003F	22	0	1	1	N
150042	0	0	0	0	N
150049	0	0	0	0	N
150056	0	0	0	0	N
150089	52	0	0	0	Y
152500	82	0	0	0	N
152501	29	6	6	2	N
152502	29	0	7	1	N
152503	24	0	5	0	N
152504	20	0	0	0	Y
152507	7	0	1	0	N
152508	31	0	0	0	Y
152509	31	0	0	0	N
152510	32	0	0	0	N
152511	8	0	2	0	N
152512	40	0	5	1	Y
152514	6	0	0	0	N
152515	37	0	7	0	N
152516	28	0	0	0	N
152517	19	0	6	0	N
152518	13	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

INDIANA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
152540	70	0	0	0	N
152541	78	0	10	0	N
152542	39	0	12	1	N
152543	67	0	0	0	N
152544	28	0	0	0	N
152545	32	0	20	0	N
152546	39	10	0	0	N
152547	19	0	0	0	N
152548	20	0	0	0	N
152549	40	0	0	0	N
152550	13	0	0	0	N
152551	17	0	0	0	N
152552	16	0	0	0	N
152553	29	0	2	0	N
152554	15	0	0	0	N
152555	23	0	0	0	N
152556	19	0	0	0	N
152557	26	0	0	0	N
152558	17	0	0	0	N
152559	38	0	0	0	N
152560	46	0	0	0	N
152561	30	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

INDIANA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
152567	4	0	2	0	N
152568	9	0	2	0	N
152569	63	2	13	0	N
152570	11	0	4	0	Y
152571	31	1	8	1	N
152572	21	0	0	0	N
152573	8	0	0	0	N
152574	3	0	0	0	N
152575	7	0	0	0	N
152576	6	0	0	0	N
152577	6	0	0	0	N
152579	17	0	0	0	N
152580	23	0	6	0	N
152581	19	1	8	1	N
152583	8	0	0	0	N
152584	1	0	0	0	N
152585	16	0	0	0	N
152586	8	0	0	0	N
152587	3	0	0	0	N
152588	12	0	0	0	N
152589	5	0	2	0	N
152590	5	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

INDIANA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
152591	7	0	0	0	N
152592	13	6	0	0	N
152593	31	0	0	0	N
152594	13	0	1	1	N
152595	3	0	0	0	N
152597	2	0	0	0	N
152598	4	0	0	0	N
152599	3	0	0	0	N
152600	0	0	0	0	N
152601	39	0	10	1	Y
152602	3	0	0	0	N
153509	0	0	0	0	N
153510	133	2	49	17	Y
153511	10	0	0	0	N
153512	0	0	0	0	N
153514	10	0	0	0	N
153515	27	0	0	0	N
153516	0	0	0	0	N
153517	0	0	0	0	N
153518	5	0	0	0	Y
153519	0	0	0	0	N
153520	3	0	1	1	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

State Total	**2,052**	**35**	**261**	**43**

KENTUCKY

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
180017	18	0	6	0	N
180035	5	0	0	0	N
180040	0	0	0	0	N
18005F	1	0	1	0	N
180067	0	0	0	0	N
180088	0	0	0	0	N
180093	32	2	2	2	N
182501	114	0	0	0	Y
182502	34	1	3	1	N
182503	41	0	0	0	Y
182504	40	0	8	1	N
182505	41	0	0	0	N
182507	18	0	0	0	N
182508	20	0	1	0	N
182509	9	0	0	0	N
182512	22	0	10	0	N
182513	17	0	2	0	N
182514	22	0	0	0	N
182516	33	0	9	1	N
182517	22	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

KENTUCKY

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
182518	20	0	3	1	N
182519	26	0	4	0	N
182520	18	3	10	1	N
182521	36	0	0	0	N
182523	19	0	0	0	N
182524	33	0	1	0	N
182526	17	0	0	0	N
182527	18	0	0	0	N
182529	46	0	0	0	Y
182530	22	0	0	0	N
182532	18	0	0	0	N
182533	12	0	0	0	N
182534	40	0	0	0	Y
182535	16	0	1	0	N
182536	17	0	1	1	N
182537	46	2	5	1	N
182538	15	0	0	0	N
182539	6	0	0	0	N
182540	19	0	0	0	N
182541	11	0	2	0	Y
182542	23	0	2	0	N
182543	24	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

KENTUCKY

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
182544	18	0	0	0	N
182547	31	0	5	1	Y
182548	2	0	0	0	N
182549	20	0	4	0	N
182550	10	0	0	0	N
182551	5	0	0	0	N
182552	28	0	6	0	N
182553	5	0	0	0	N
182555	18	0	0	0	N
182556	16	0	0	0	N
182557	17	0	5	2	N
182558	26	0	0	0	N
182559	14	0	1	1	N
182560	10	0	1	0	N
182561	4	0	0	0	N
182562	11	0	0	0	N
182563	22	1	6	0	N
182564	13	0	0	0	N
182565	16	0	0	0	N
182566	5	0	0	0	N
182567	29	0	0	0	Y
182568	6	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

KENTUCKY

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	DURING THE SURVEY PERIOD: PATIENTS EMPLOYED FULL-TIME OR PART-TIME	DURING THE SURVEY PERIOD: PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
182569	18	0	0	0	N
182570	26	4	2	1	N
182571	8	0	0	0	N
182572	4	0	0	0	N
182573	11	0	0	0	N
182574	4	0	1	0	N
182575	6	0	0	0	N
182576	2	0	0	0	N
182577	11	0	1	0	N
182578	4	0	0	0	N
182579	1	0	0	0	N
182580	4	0	0	0	N
183502	14	0	0	0	N
State Total	**1,430**	**13**	**103**	**14**	

OHIO

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

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
360003	10	0	0	0	N
360009	22	0	0	0	N
360015	18	0	0	0	Y
360024	35	0	5	5	N
360037	25	0	0	2	N
36003F	2	0	1	0	N
360048	2	0	0	0	N
36004F	12	0	0	0	N
360051	6	0	0	0	N
360053	28	0	0	0	N
360068	3	0	0	0	N
36007F	11	0	0	0	N
360084	6	0	3	0	N
360095	14	0	4	0	N
360099	5	0	2	2	N
360112	9	0	0	0	N
360123	8	0	4	0	N
360134	27	0	0	0	Y
360137	57	1	20	8	N
360141	11	0	1	0	N
360163	16	6	0	0	Y
360180	3	0	1	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
360211	13	0	0	0	N
360229	3	0	3	0	N
362500	121	3	28	3	Y
362501	25	0	0	0	Y
362502	61	1	17	1	N
362503	40	0	0	0	Y
362504	71	2	20	1	Y
362505	34	0	15	2	Y
362506	0	0	0	0	Y
362508	29	0	0	0	N
362509	50	0	5	0	N
362510	15	0	0	0	N
362512	58	0	11	0	N
362514	10	0	0	0	N
362516	23	0	0	0	N
362517	43	9	8	0	Y
362518	31	0	0	0	Y
362519	20	0	11	0	N
362520	28	0	0	2	N
362521	35	0	13	0	Y
362522	19	0	0	0	Y
362523	19	0	2	0	Y

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
362524	34	3	12	6	Y
362525	13	0	3	0	N
362526	7	0	3	0	N
362528	23	1	4	1	N
362529	6	0	4	0	N
362530	31	1	7	0	Y
362531	26	0	3	0	Y
362533	13	0	13	1	N
362534	3	0	0	0	N
362535	10	0	2	0	N
362536	3	0	0	0	N
362537	18	0	6	1	N
362539	20	0	0	0	Y
362541	23	0	0	0	N
362542	0	0	0	0	N
362543	60	0	14	0	N
362545	7	0	1	0	N
362547	21	0	0	0	N
362548	13	0	0	0	N
362549	18	0	5	0	Y
362550	10	0	0	0	N
362551	10	0	0	0	Y

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
362552	23	0	0	0	N
362553	74	1	22	0	Y
362554	22	0	3	0	N
362555	15	0	2	0	N
362556	7	0	0	0	N
362557	7	0	1	0	N
362558	20	0	3	0	Y
362559	34	0	2	0	N
362560	25	0	3	0	N
362561	16	0	2	0	N
362562	14	0	0	0	Y
362563	11	0	0	0	N
362564	8	0	0	0	N
362566	13	0	1	0	Y
362567	68	0	12	0	N
362568	26	0	0	0	N
362569	83	0	10	3	Y
362570	21	0	11	1	N
362571	1	0	0	0	N
362572	23	1	7	0	Y
362573	0	0	0	0	N
362574	43	1	11	1	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
362575	19	0	0	0	N
362576	32	1	8	1	N
362577	59	2	23	5	Y
362578	8	0	6	0	N
362579	25	0	3	1	N
362580	18	0	0	0	Y
362581	15	0	4	0	Y
362582	50	2	20	3	N
362583	9	0	1	0	N
362584	13	1	4	1	N
362585	30	0	6	3	Y
362587	19	0	0	0	N
362589	33	0	4	1	Y
362590	26	1	7	2	Y
362591	50	0	0	0	Y
362592	38	5	7	2	Y
362593	46	0	4	0	Y
362594	16	0	0	0	N
362595	67	0	10	3	Y
362596	5	0	0	0	N
362597	9	0	0	0	Y
362598	55	1	10	2	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
362599	14	0	4	0	N
362600	46	1	5	0	N
362602	15	0	9	1	N
362603	13	3	5	0	Y
362604	31	1	8	0	N
362607	44	1	7	3	N
362608	13	0	6	0	N
362609	8	0	4	0	N
362610	18	0	5	1	N
362611	27	0	2	0	N
362612	33	2	6	2	Y
362613	32	3	18	0	Y
362614	12	0	0	0	N
362615	22	0	7	1	N
362616	13	0	0	0	N
362617	13	0	0	0	Y
362618	18	0	5	0	N
362619	27	0	9	0	N
362620	19	0	7	1	Y
362621	33	0	4	1	Y
362622	10	0	1	0	N
362623	12	0	0	0	Y

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
362624	19	2	4	0	N
362625	29	0	0	0	N
362626	15	0	0	0	N
362627	64	0	15	1	Y
362628	16	0	0	0	N
362629	28	0	14	2	Y
362630	12	0	7	0	N
362631	21	0	0	0	N
362632	1	0	0	0	N
362633	12	0	1	0	N
362634	7	0	5	0	N
362635	34	0	0	0	Y
362636	18	0	1	2	Y
362637	19	0	0	0	N
362638	5	0	0	0	N
362639	7	0	0	0	N
362640	15	0	6	0	N
362641	12	1	6	0	N
362642	14	0	0	0	N
362643	21	0	0	0	N
362644	19	0	2	0	N
362645	13	1	0	1	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
362646	14	0	0	0	Y
362647	22	0	0	0	N
362648	21	0	4	0	Y
362649	29	0	7	0	Y
362650	27	0	3	1	N
362651	6	0	0	0	N
362652	10	0	0	0	N
362653	35	2	7	0	N
362654	14	0	4	0	N
362655	14	0	2	0	N
362656	39	0	8	0	N
362657	28	0	0	0	N
362658	7	0	0	0	N
362659	7	0	0	0	N
362660	2	0	0	0	N
362661	19	0	0	0	N
362662	22	0	2	1	N
362663	9	0	0	0	N
362664	11	0	0	1	N
362665	4	0	0	0	N
362666	10	0	0	0	N
362667	4	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
362668	9	0	0	0	N
362669	19	0	3	0	N
362670	6	0	2	0	N
362671	8	0	0	0	N
362672	8	0	0	0	N
362673	6	0	0	0	N
362674	7	0	1	0	N
362675	7	0	1	0	N
362676	2	0	0	0	N
362677	25	0	0	0	N
362678	19	0	6	0	Y
362679	9	0	1	0	Y
362680	7	0	0	0	N
362681	21	0	2	0	N
362682	5	0	2	0	N
362683	5	0	0	0	N
362684	1	0	0	0	N
362685	3	0	0	0	N
362686	8	0	5	0	Y
362687	8	0	4	0	N
362688	9	0	0	0	N
362689	2	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 9

OHIO

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
362690	2	0	0	0	N
362691	3	0	0	0	N
363300	7	0	0	0	N
363304	6	0	2	0	N
363501	13	0	6	0	N
363504	9	0	0	0	N
363509	30	1	7	0	Y
363510	13	0	0	0	N
364000	0	0	0	0	N
365604	1	0	0	0	N
State Total	**4,149**	**61**	**710**	**83**	
Network Total	**7,631**	**109**	**1,074**	**140**	
Grand Total	**7,631**	**109**	**1,074**	**140**	

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

8/22/2007

NETWORK 10

ILLINOIS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
140010	7	0	5	1	N
140015	20	0	6	0	Y
140018	30	0	8	1	N
14002F	0	0	0	0	N
140030	17	0	2	1	Y
14003F	5	0	0	0	N
140067	0	0	0	0	N
14007F	10	0	0	0	N
140088	54	1	9	1	Y
140108	28	0	28	0	Y
140117	7	0	5	0	N
140119	2	0	0	0	N
140124	57	0	0	0	N
140148	1	0	0	0	N
140150	51	0	12	1	N
140155	53	0	0	0	N
140213	29	0	0	0	N
140276	59	0	0	0	N
140281	0	0	0	0	N
142500	14	0	0	0	N
142501	40	0	16	1	Y
142502	71	0	24	1	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 10

ILLINOIS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	DURING THE SURVEY PERIOD: PATIENTS EMPLOYED FULL-TIME OR PART-TIME	DURING THE SURVEY PERIOD: PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
142503	16	0	0	0	N
142504	65	0	0	0	N
142505	48	6	19	2	Y
142506	67	0	0	0	N
142507	24	3	20	1	N
142508	82	0	0	0	N
142509	21	0	0	0	N
142511	21	1	8	1	N
142514	37	0	10	3	N
142515	33	0	9	2	Y
142516	47	0	0	0	N
142517	51	0	14	1	Y
142518	35	0	28	0	N
142519	57	0	0	0	N
142520	17	0	7	1	N
142521	13	0	0	0	N
142522	31	0	0	0	N
142523	21	0	4	1	N
142524	46	0	0	0	N
142525	19	0	0	2	N
142526	36	0	7	0	N
142527	40	1	9	1	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 10

ILLINOIS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
142528	42	0	0	0	N
142529	56	0	9	3	N
142530	84	0	0	0	N
142531	30	0	6	2	N
142533	47	0	0	0	Y
142534	36	0	0	0	N
142535	20	0	8	0	N
142536	65	0	7	0	N
142537	39	0	0	0	N
142538	48	1	9	0	Y
142539	40	0	16	1	N
142540	70	0	40	5	N
142541	25	0	3	1	Y
142542	28	0	5	1	N
142543	28	0	0	0	N
142544	28	0	7	3	N
142545	57	0	15	1	N
142546	17	0	0	0	N
142547	32	0	0	0	N
142548	32	0	9	0	N
142549	30	0	0	0	Y
142550	14	1	11	1	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 10

ILLINOIS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
142551	14	0	11	0	N
142552	13	0	8	0	N
142553	20	3	4	2	N
142554	15	0	4	0	N
142555	30	0	5	0	N
142558	35	0	0	0	N
142559	18	0	7	0	N
142560	36	0	20	0	N
142561	29	0	0	0	N
142562	42	0	12	2	N
142563	17	0	3	1	Y
142564	11	0	0	0	N
142565	3	0	0	0	N
142566	38	0	0	0	N
142567	2	0	0	0	N
142568	55	0	14	2	Y
142569	23	0	0	0	N
142570	13	0	0	0	Y
142571	10	0	3	0	Y
142572	28	0	0	0	N
142573	16	0	0	0	N
142574	39	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 10

ILLINOIS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
142575	21	0	0	0	N
142576	10	0	1	0	N
142577	30	0	0	0	N
142578	3	0	0	0	N
142579	15	0	6	1	N
142580	22	0	7	1	N
142581	12	0	1	1	N
142582	5	0	1	0	N
142583	11	0	0	0	N
142584	21	0	2	1	N
142585	11	1	2	0	N
142586	48	0	5	0	N
142587	8	0	2	0	N
142588	52	1	16	1	N
142589	5	0	0	0	N
142590	22	0	3	0	N
142591	2	0	1	0	N
142592	5	0	2	0	N
142593	1	0	0	0	N
142594	12	0	7	7	N
142595	3	0	0	0	N
142596	4	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 10

ILLINOIS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
142597	107	0	29	1	Y
142598	11	0	0	0	N
142599	18	0	4	0	N
142600	18	1	4	2	N
142601	55	1	8	9	N
142602	17	0	0	0	Y
142603	11	0	0	0	N
142604	4	0	0	0	N
142605	29	0	0	0	N
142606	7	0	0	0	N
142607	29	0	19	1	Y
142608	12	0	0	0	N
142609	12	0	0	0	Y
142610	7	0	4	0	N
142611	11	0	0	0	N
142612	34	0	15	1	N
142613	18	1	10	1	N
142614	15	1	12	2	Y
142615	11	0	1	0	N
142616	22	0	0	0	Y
142617	26	0	0	0	Y
142618	5	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 10

ILLINOIS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
142619	17	0	0	0	N
142620	0	0	0	0	N
142621	17	0	0	0	N
142622	15	0	0	0	Y
142624	1	0	0	0	N
142625	27	0	5	0	N
142626	1	0	0	0	N
142627	11	0	4	0	N
142628	10	0	4	0	N
142630	20	0	8	1	N
142631	38	0	2	2	N
142632	15	0	10	0	N
142633	9	0	9	1	Y
142634	20	0	4	0	N
142635	30	0	0	0	N
142636	3	0	3	0	N
142637	7	0	0	0	N
142638	16	0	2	0	Y
142639	12	0	3	0	N
142641	25	0	0	0	N
142642	14	0	0	0	Y
142643	6	0	5	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 10

ILLINOIS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
142644	17	0	0	0	N
142645	2	0	0	0	N
142646	34	0	0	0	Y
142647	35	0	8	0	Y
142649	21	0	10	2	N
142650	8	0	0	0	N
142651	4	0	0	0	N
142652	6	0	3	1	N
142653	10	0	0	0	N
142654	8	0	4	0	N
142655	6	0	1	1	N
142656	3	0	1	0	N
142658	1	0	0	0	N
142659	22	0	0	0	N
142660	18	1	6	1	N
142661	11	0	0	0	N
142662	9	0	1	1	N
142663	5	0	0	0	N
142664	13	2	5	1	N
142665	21	0	0	0	Y
142666	7	0	1	0	N
142667	15	0	0	0	Y

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 10

ILLINOIS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD: PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
142668	12	0	1	0	N
142669	9	0	6	1	N
142670	28	0	0	0	N
142671	6	0	0	0	N
142672	3	0	0	0	N
142673	2	0	0	0	N
142675	9	0	4	0	N
142676	39	0	0	0	N
142677	0	0	0	0	N
142678	0	0	0	0	Y
143300	0	0	0	0	N
143509	5	0	2	0	N
143516	44	1	18	1	Y
143521	47	0	12	4	Y
143523	43	0	9	1	Y
143524	25	0	0	0	N
143525	11	0	1	0	Y
143526	6	0	1	0	N
143527	60	7	7	1	Y
143528	9	6	1	0	N
143529	5	0	2	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2006

NETWORK 10				
State Total	**4,512**	**40**	**811**	**95**
Network Total	**4,512**	**40**	**811**	**95**
Grand Total	**4,512**	**40**	**811**	**95**