2. INTRODUCTION

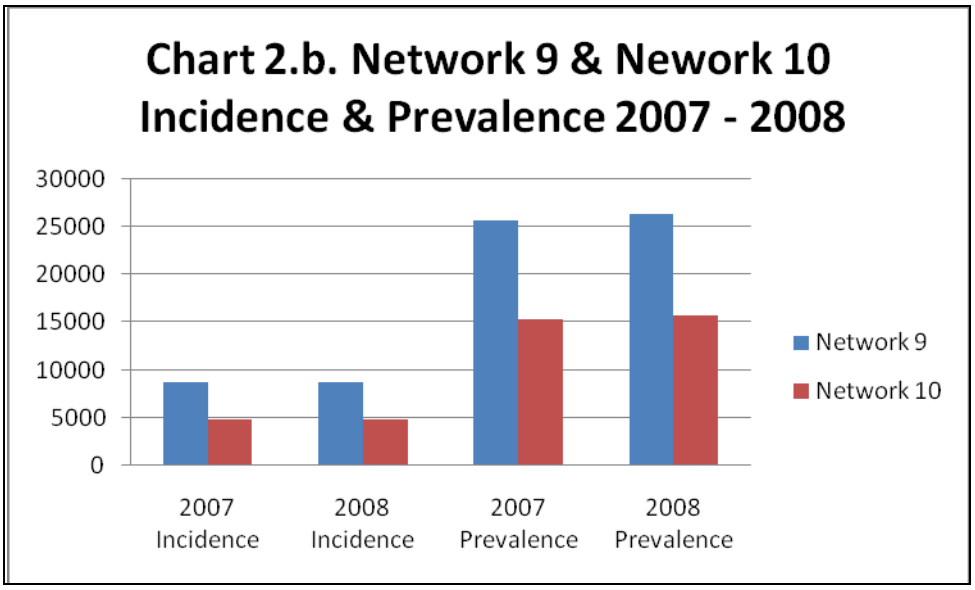
A. Network Description

The Renal Network, Inc., is an independent, not-for-profit organization that holds contracts with the Centers for Medicare and Medicaid Services (CMS) for ESRD Network 9 and ESRD Network 10. 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.)*

Incidence was flat between 2007 and 2008; prevalence increased slightly in both network areas, as illustrated in charts 2.a and 2.b.

Chart 2.a. Comparison of ESRD Incidence & Prevalence - 2007 & 2008*

Incidence	**2008**	**2007**	**Percentage Change**
Network 9	8,672	8,658	0%
Network 10	4,863	4870	0%
Prevalence	**2008**	**2007**	**Percentage Change**
Network 9	26,268	25,571	2%
Network 10	15,659	15,268	1%
**SIMS Database*			



2.b Incidence & Prevalence Comparison

About one-half of the population of Illinois 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 live in urban areas. Indianapolis is the state capital and the largest city in Indiana, with a population of over 1,000,000. Other urban areas are Fort Wayne, Gary, Evansville and South Bend.

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

About three-quarters of the population of Ohio live in urban areas. Urban centers include Cleveland, Columbus (the state capital), Cincinnati, Toledo, Akron, Dayton, and Youngstown. Demographic characteristics for each state are illustrated in Chart 2.c.

Chart 2.c. 2008 General Population – Age, Race & Ethnicity Information*

	Illinois	Indiana	Kentucky	Ohio
Population	12,783,049	6,301,687	4,205,648	11,463,403
State Rank	6th	14th	25th	7th
White	71%	85.8%	89.2%	84%
Black	15%	8.7%	7.6%	12%
Other	14%	5.5%	3.2%	4%
Hispanic	14.7%	4.7%	2%	2.3%
Under 18	25.1%	25%	23.9%	24.2%
18 - 64	62.9%	62.6%	63.3%	62.4%
65 & Over	12%	12.4%	12.8%	13.4%
Male	49%	49%	49%	49%
Female	51%	51%	51%	51%

**2005 – 2007 American Community Three-Year Estimates*
U.S. Census Bureau, American Fact Finder, Illinois, Indiana, Kentucky & Ohio

A comparison of the general population to the dialysis population shows that the dialysis community is consistently overrepresented for each state in the areas of race (African American) and in the population ages 65 and older, as displayed in charts 2.d, 2.e., 2.f, and 2.g.

Chart 2.d – Indiana Total Population vs. Dialysis Population

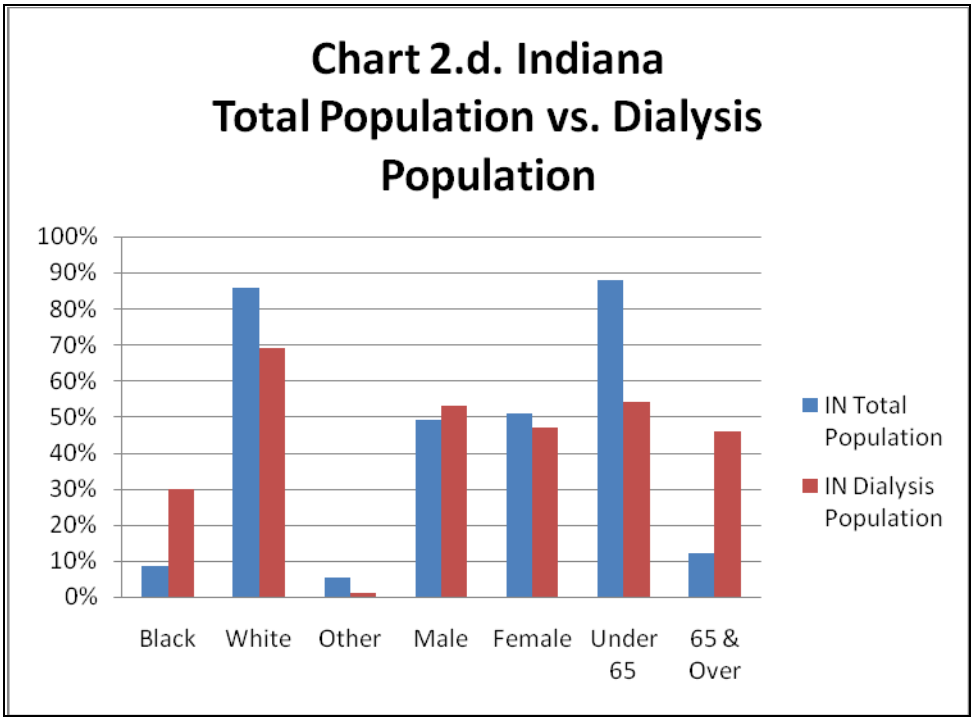


Chart 2.e. – Ohio Total Population vs. Dialysis Population

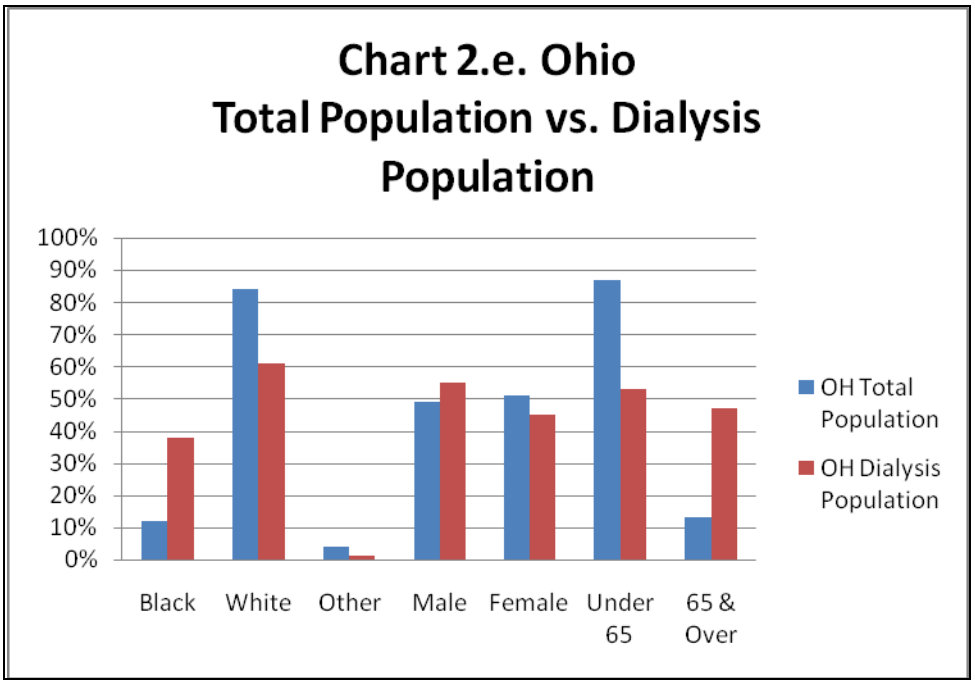


Chart 2.f – Kentucky Total Population vs. Dialysis Population

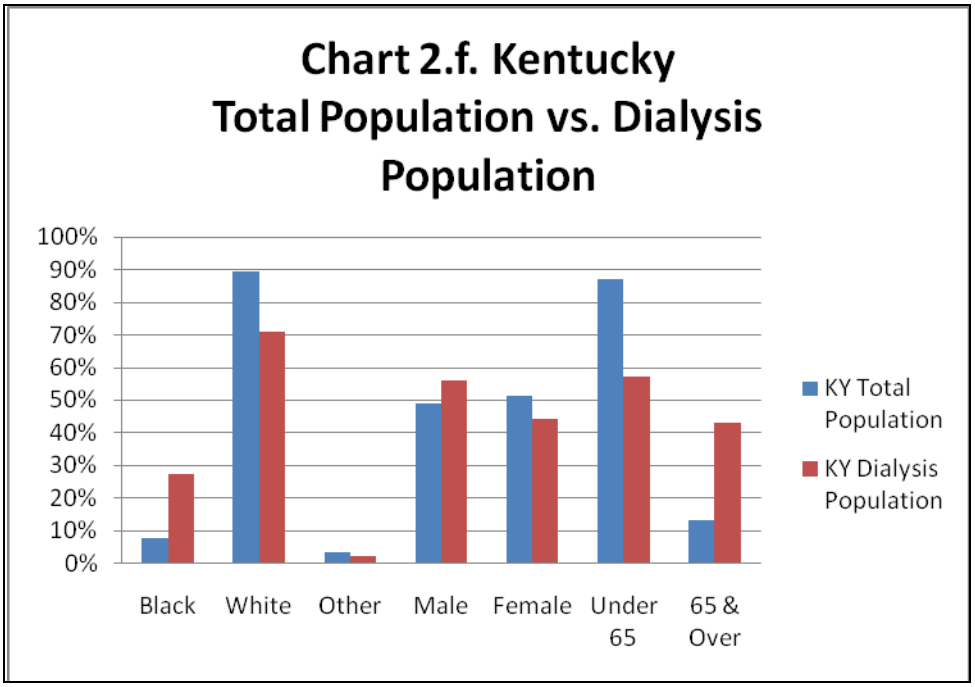
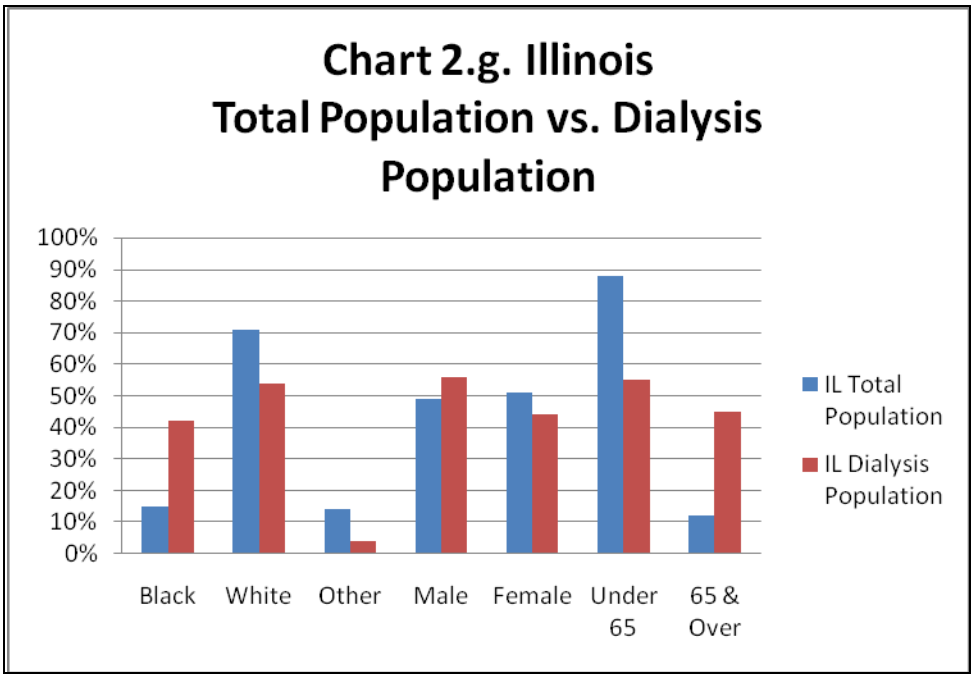


Chart 2.g – Illinois Total Population vs. Dialysis Population



B. Network Structure

1. Staffing.

The Renal Network employs a total of 20 staff members; 16 are full-time employees and four are a part-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 Pediatric Renal Group, the Nominating Committee and the Midwest Chronic Kidney Disease Coalition.

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

Raynel Wilson, 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.

Cynthia Miller, R.N., C.P.H.Q., 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.

Jesse Grant, MSW, LCSW, Patient Services Coordinator: Conducts intake for patient complaints and grievances and assists in their resolution.

Arlene Weinberg, MA, LSW, Patient Services Coordinator: Conducts intake for patient complaints and grievances and assists in their resolution

Katherine Stark, Patient Services Operational Coordinator: Provides support to the Patient Services Department in tracking complaints and grievances, plus secretarial support.

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

Christina Harper, Information Management Coordinator: 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.

Deborah Laker, Information Management Coordinator: responsible for tracking patients for Network 9 facilities.

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

Roianne Johnson, Data Specialist: Responsible for tracking patients for Network 10 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, plus the membership of the Board of Trustees, the Medical Review Board (MRB) and the Patient Leadership Committee (PLC). The Network 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 Network Council meets once annually.

During 2008, the following occurred:

- The annual meeting of the Network Council was held on March 19 in downtown Chicago. 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, the Midwest CKD Coalition activities, and updated on the activities of the Network (MRB). The nominating process for open positions to the MRB and the BOT ended at the conclusion of the Network Council meeting. Representatives from CROWNWeb attended the meeting and exhibited at a booth featuring CROWNWeb information

- The 2008 slates for membership on the Board of Trustees and MRB were mailed in October for the 2008 election after the nominating process was completed. (Nominations were accepted from January through March 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, 2009 and end on December 31, 2011.

- 2007 data were presented and the 2007 Annual Report was distributed to facility representatives and posted to the Network Web site (www.therenalnetwork.org).

Board of Trustees: The Board of Trustees is the chief governing body of The Renal Network, Inc. The Board of Trustees holds the CMS contracts for ESRD Network 9 and ESRD Network 10, and is ultimately responsible for meeting contract deliverables and oversight of the administration of the Network budget.
The Board of Trustees is composed of 21 members and an ex-officio immediate Past President.

2008 Board of Trustee Positions by Category	
6 Renal Physicians	1 At-Large Physician
Up to 4 ESRD Patients	1 At-Large Member
1 Social Worker	1 Nurse
1 Dietitian	1 Administrator
1 Legal Representative	1 Technician
1 Financial Representative	Past President
MRB Chairperson	Strategic Planning Chairperson
2008 Board of Trustees Meeting Schedule	
January 30 (Webex)	March 19
August 27	November 12 (Webex)
2008 Board of Trustees Membership	
President	George R. Aronoff, MD
Vice President	C. Craig Stafford, MD
Treasurer & At-Large Member	Chester A. Amedia, Jr., MD
Secretary	Benjamin Pflederer, MD
Past President	Jay B. Wish, MD
Strategic Planning Chair	Emil Paganini, MD
MRB Chair	Peter B. DeOreo, MD
Administrator	Keith Mentz
Dietitian	Linda Ulerich, RD, LD
ESRD Patients	William “Dirk” Combs Evernard “Bill” Davis Barbara Gronefeld
Financial Representative	Daniel DeFalco, CPA
Legal Representative	Joseph Scodro
Nurse	Kathy Olson, RN
Physician At-Large	Gordon McLennan, MD
Renal Physicians	Paul Crawford, MD Stephen Korbet, MD Richard Hamburger, MD
Social Worker	Bonnie Orlins, MSW
Technician	Mark Parks, CHT

During 2008, the Board of Trustees accomplished the following:

- The Board ensured that the CMS contract deliverables are met and contract obligations were maintained. In concert with the MRB, the Board approved the Quality Improvement Work Plan (QIWP) outlining Network initiatives to meet CMS goals.

- The Board approved the Internal Quality Improvement Plan and the Task Manager-Internal Quality Improvement program to monitor Network work efforts.

- 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 MRB, the Vascular Access Advisory Panel, the Pediatric Renal Group, the PLC, the Nominating Committee, the Finance Committee, the Audit Committee, and the Strategic Planning Committee.

- The Board oversaw the CROWNWeb preparation efforts made by Network 9 and Network 10.

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

- The Board approved the slates for election to the MRB and the BOT. Annually, one-third of all elected positions come due for election per Network election bylaws. Terms of office are three years in length, with a term limit imposed after three consecutive terms in an elected position. In response to these requirements, 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 Network Council facility representatives for voting. The election was final and results were announced by year-end.

Medical Review Board (MRB): The MRB 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 is composed of 28 members by category. Additional appointed members serve in an ad hoc capacity.

2008 MRB Positions by Category	
10 Renal Physicians	2 Physicians At-Large
1 Pediatric Renal Physician	2 ESRD Dietitians
Up to 4 ESRD Patients	2 ESRD Nurses
1 Transplant Physician	2 ESRD Social Workers
2 ESRD Facility Administrators	2 ESRD Technicians
2008 MRB Meeting Schedule	
March 19	May 14
July 24 (Webex)	October 22
2008 MRB Membership	
Chairperson	Peter B. DeOreo, MD
Board of Trustees President	George R. Aronoff, MD
Ad Hoc Members	Jay B. Wish, MD Ashwini Sehgal, MD
ESRD Dietitian	Elisabeth Fry, RD, LD Karen Becher, RD
ESRD Facility Administrator	Katherine Valasquez, RN Francine JnBaptiste, RN
ESRD Nurse	Steve Adley, BSN Cindy Campbell, RN
ESRD Patients	Lorraine Edmond Martinlow Spaulding Evaret “Ed” Lesser
ESRD Social Workers	Teri Brown, PhD, MSW Craig Fisher, MSW, PhD
ESRD Technicians	Dennis Muter, CHT Jennifer Messer, CHT
Nephrology Fellow	Amy Wilson, MD
Pediatric Renal Physician	Deepa Chand, MD
Physicians At-Large	Timothy Pflederer, MD Louis Thibodeaux, MD
Renal Physician	Andrew O’Connor, DO Prabir Roy-Chaudhury, MD Joytin Chandarana, MD Maria Sobrero, MD

	Orly Kohn, MD Marcia Silver, MD Larry Klein, DO Paul Shin, MD Richard D'Mello, MD Edgar Lerma, MD
Transplant Physician	Rosemary Ouseph, MD
Statistical Consultant	Michael Brier, PhD

During 2008, the Medical Review Board:

- Oversaw the development of the Quality Improvement Work Plan, which outlines quality activities of the Network.

- 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.

- Reviewed and updated the Clinical Performance Measures (CPM) Plan for the Network. Outcomes were reviewed as data became available. Quality improvement activities and interventions were developed as necessary.

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

- Oversaw the development of templates designed to help dialysis facilities comply with the newly released Conditions for Coverage (CfC). Templates were developed for adequacy of dialysis nutritional status, mineral metabolism and renal bone disease, anemia management, vascular access, medical injuries and medical errors identification, and infection control. These were posted to the Network Web site for easy access.

- Oversaw the development and dissemination of a hemoglobin calculator. This tool provides a mathematical model help facilities set targets for hemoglbin, to stay above 10 and below 13 percent, in line with newly released guidelines for use of erythropoietin stimulating agents (ESA). The tool was provided to dialysis facilities to assist with anemia control.

- Oversaw the distribution of the Facility Specific Lab Data Reports that included hemodialysis adequacy and anemia management. The facility reports detailed the fourth quarter 2007 data collection outcomes and were distributed to facility medical directors, administrators, and nurse managers. The facility reports were mailed to approximately 680 dialysis programs during April 2008. The facility feedback reports will continue with the 2008 4th quarter lab data collection with CMS approval during the spring of 2009.

- 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 standardized mortality rate (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 25 and 26. 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 and provided input regarding grievances, patient complaints and facility concerns filed with the Network and reviewed the trends and areas of concern.

- Recommended that all facilities receive a trend letter identifying the number and type of complaints and grievances filed with the Network from their facilities.

- Contributed articles for Network publications on the topics of non-adherence, pay-for-performance, professionalism and withdrawal from dialysis.

Patient Leadership Committee (PLC): The purpose of the PLC is to identify and address ESRD patient needs and concerns through the development of educational projects and activities.

2008 PLC Meeting Schedule	
March 14	June 7
July 25	November 2

2008 PLC Membership		
Teri Browne	Diana Belton	Audrey Chengelis
Celia Chretien	William "Dirk" Combs	James Dineen
Lorraine Edmond	Craig Fisher	Barb Gronefeld
Eric Gronefeld	Karen Habercoss	Sonia Juhasz
Helen Kurtz	Kathy Kirk-Franklin	Evaret Lesser
Ellen Newman	Janet Schueller	Fonda Setters
Martinlow Spaulding	Guy Tibbles	Lynn Winslow

During 2008, the PLC accomplished the following:

- Reviewed and provided input on the development of a handout entitled “How to Start a Support Group.”

- Provided input for the development of a motivational interviewing tool for staff members to encourage their patients to consider changing their current access to an AV fistula.

- Reviewed and provided input on a poster for patients that described the importance of keeping fistula access sites uncovered.

- Participated in the development of the draft of the Fistula Patient Coach Handbook.

- Reviewed and provided input for changes to the Robert Felter Memorial Award which annually honors two patients in the Network.

- Provided input for the trends letter to facilities regarding complaints and grievances for their facilities.

- Contributed articles for the patient newsletter on the topics of patient empowerment, volunteerism, and independence and provided suggestions on increasing awareness of the newsletter.

- Reviewed the trends of beneficiary complaints, facility concerns, admission barriers and involuntary discharges and provided insight and suggestions regarding some of the issues presented.

- Provided input for educational topics for the social worker email topics.

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 MRB and implemented by the Quality Improvement Department of The Renal Network, Inc. Quality is defined by the Institute of Medicine (IOM) 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. 2008 Fourth Quarter Lab Data Collection
B. Network 9/10 CPM Goals
C. CMS National CPM Project
D. Fistula First Initiatives
E. Network Special Projects/Studies
F. Focused Quality Assurance Activities

A. 2008 Fourth Quarter Lab Data Collection.

The Fourth Quarter Lab Data Collection contributes to a consistent clinical database to assess patient outcomes and support improvement activities at Network 9/10 and facilities. The fourth quarter 2008 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 2008 (October, November and December), Network 9 had approximately 99.1% of hemodialysis facilities and 100% of peritoneal dialysis

facilities voluntarily participating in the lab data collection. Network 10 had approximately 98% of hemodialysis and 91.6% of peritoneal dialysis facilities voluntarily participating.

The goals of the project were to:

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

The Renal Network maintains a process to collect, analyze, and provide data feedback reports to facilities. In the fourth quarter of 2008, hemodialysis and peritoneal dialysis facilities were asked to voluntarily submit lab data via Excel spreadsheets. Feedback reports describing the data collected will be prepared by ESRD Network 11 and distributed in spring 2009. 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 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 can include:

- Facility specific data collection and/or action plans
- 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 staff nurses in the Quality Improvement Department, through routine announcements and mailings.

This data is used when developing the CPM Workplan for the coming year. It is also used when calculating facility profiles in the Facility Intervention Profiling System which is detailed in section E., Focused Intervention Activities.

The facility feedback reports will continue with the 2009 Fourth Quarter Lab Data Collection, pending CMS approval.

B. Network 9/10 CPM Goals.

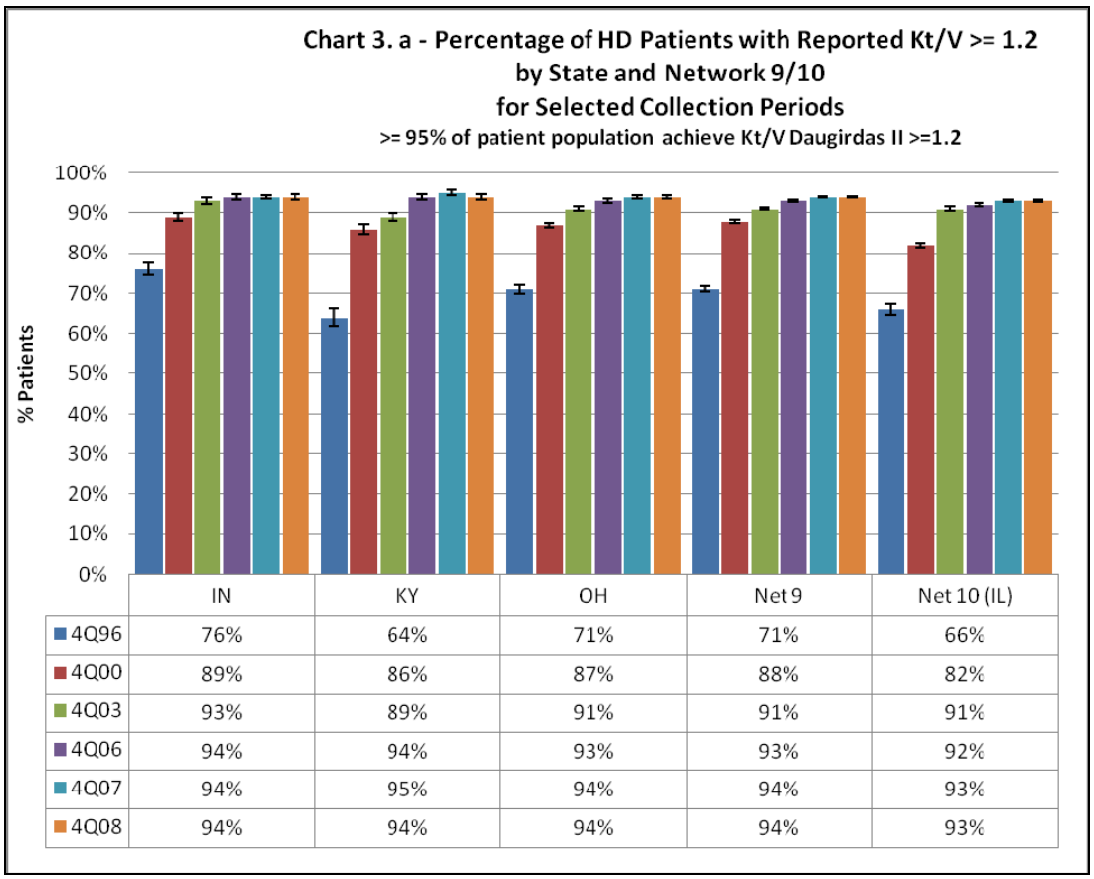
In 2008, Network 9/10 Clinical Performance goals and resources for adequacy of dialysis, anemia management, and vascular access were available on the Network 9/10 Web site, www.therenalnetwork.org.

Adequacy of Dialysis Goals 2008 – Hemodialysis (Charts 3.a and 3.b)

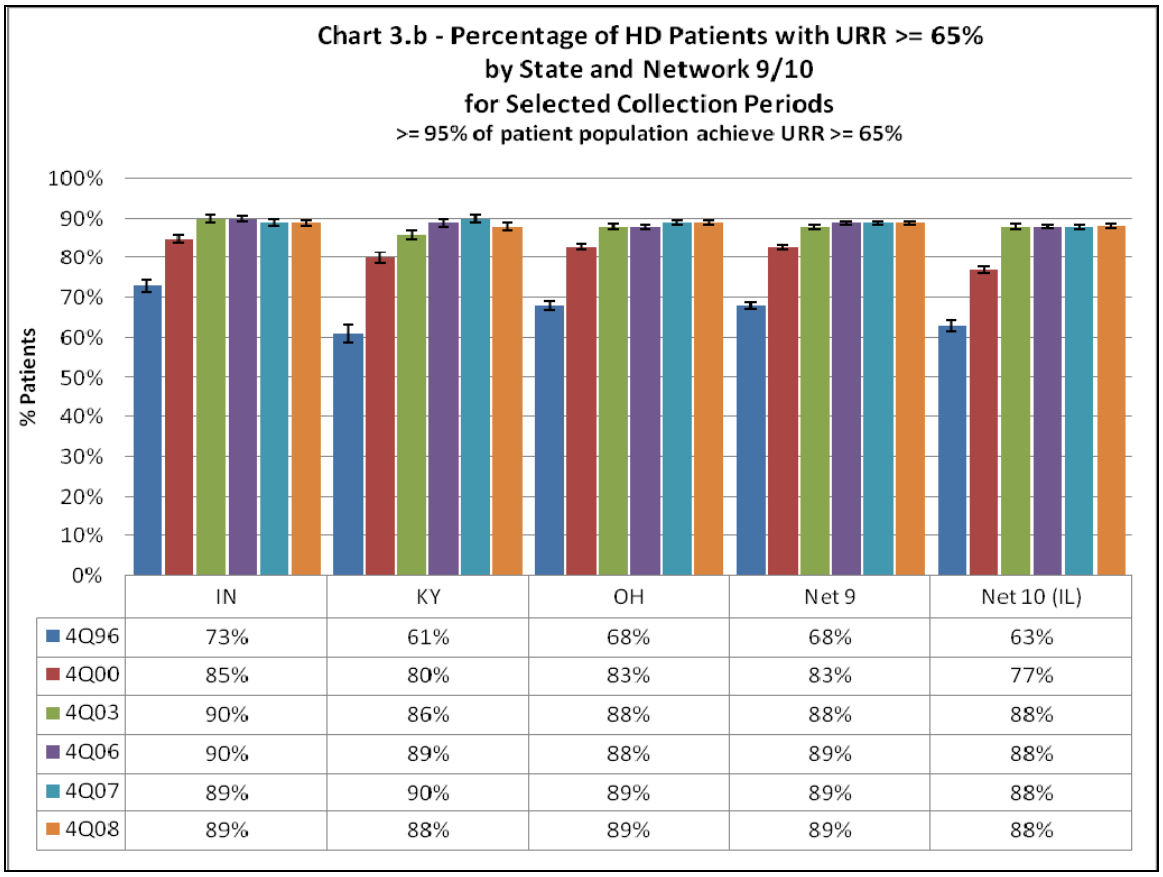
All patients measured for adequacy every month.

≥ 95% of patient population achieve Kt/V $_{\text{Daugirdas II}}$ ≥1.2

≥ 95% of patient population achieve URR ≥65%



	IN	KY	OH	Net 9	Net 10 (IL)
4Q96	76%	64%	71%	71%	66%
4Q00	89%	86%	87%	88%	82%
4Q03	93%	89%	91%	91%	91%
4Q06	94%	94%	93%	93%	92%
4Q07	94%	95%	94%	94%	93%
4Q08	94%	94%	94%	94%	93%



	IN	KY	OH	Net 9	Net 10 (IL)
4Q96	73%	61%	68%	68%	63%
4Q00	85%	80%	83%	83%	77%
4Q03	90%	86%	88%	88%	88%
4Q06	90%	89%	88%	89%	88%
4Q07	89%	90%	89%	89%	88%
4Q08	89%	88%	89%	89%	88%

Adequacy of Dialysis Goals 2008 - Peritoneal Dialysis (revised May 2007)

All patients measured for adequacy every four months.
85% or more PD patients achieve at least a weekly Kt/V of ≥1.7

Anemia Management Goals 2008 - Hemodialysis & Peritoneal Dialysis (Charts 3.c, 3.d, and 3.e)

All hemodialysis patients measured every month
All peritoneal dialysis patients measured at every PD clinic visit

Due to FDA advisories released in 2007 as well as new K-DOQI and CMS guidelines to avoid targeting hemoglobin over 12 g/dL, Network 9/10 has revised its anemia management goals. In past years, dialysis facilities were reviewed based on the percent of patients that had a hemoglobin measurement above 11.0 g/dL.

New reporting standards for anemia now present the percentage of patients below 10 g/dL, above 12 g/dL and within the range of 10-12 g/dL.

Members of the Network's Medical Review Board determined expected hemoglobin rates based on facility size and population mean hemoglobin of 11.0g/dL using a statistical technique and actual Network hemoglobin data (see Table of Expected Hemoglobin Rates). This analysis provides a report of what we should realistically expect to see each month in the three hemoglobin ranges.

The analysis could be used as a performance measure or a quality improvement tool by identifying what areas need to improve.

The Medical Review Board recommends that facilities track their monthly mean hemoglobin to ensure that this average is moving to the recommended target range. Failure of the mean hemoglobin to fall below 12 g/dL should prompt a review of the facility anemia management protocol. Further, facilities should compare the observed percentage of patients in each of the three monitoring ranges to the expected percentage. It is likely that a facility will initially be out of range in several categories when making these comparisons as they are based on a population mean hemoglobin of 11.0 g/dL.

Facility goals should be to maximize the percent of patients within 10-12 g/dL while minimizing the percent of patients above 12.0 g/dL and below 10.0 g/dL. Periodic adjustment of the facility anemia management protocol will help realize these goals over many months.

POSITION STATEMENT

Medical Review Board (MRB) ESRD Networks 9 and 10
Statement on the use of ESAs
in CKD patients requiring dialysis.

We believe that the recently published trials[1,2] and the K/DOQI revised Anemia guidelines (http://www.kidney.org/news/newsroom/newsitem.cfm?id=380) make the use of a percent cutoff above a hemoglobin of 11 gm/dL misleading and not in the best interest of patient care. The Renal Network will no longer use this goal as a quality indicator for dialysis units.

Facilities should analyze the monthly hemoglobin results. Review not only the percent above 11, but also the percent in the range 11 to 12 (for our Network, about 35%) and the percent in the range over 12. They should look at the average (mean) hemoglobin over time and review the EPO dosing rules.

This analysis should reveal the intention of the protocol. If the average hemoglobin is over 12, and there is a stable or increasing population of patients over 12, then the intention of the protocol (or target) is greater than 12. It is more important to address the systematic issue of the dosing protocol or rules than it is to react to individual patient's excursions over 12.

The trials do not show an increased risk of death or cardiovascular morbidity for chronic kidney disease patients *treated by dialysis* randomized to high hemoglobin targets. However, no study of CKD or ESRD patients published thus far shows a cardiovascular or mortality benefit to *any* group from a hemoglobin over 13 gm/dL.

Since the question of harm is unsettled, in the absence of benefit, the "risk to benefit ratio" favors conservative hemoglobin targets. K/DOQI made a recommendation that the target range *generally* be between 11 and 12 gm/dL, but made a guideline that the target should not exceed 13 gm/dL.
Historically, despite a gradual increase in the average hemoglobin, the variation around that average (standard deviation) has been consistent. The result is an increasing number of patients with higher hemoglobins as the mean hemoglobin rises.

The purpose of clinical practice guidelines is to advise practitioners making decisions about individual patients. The goal of quality improvement organizations like the Renal Network is to advise medical directors and facilities making decisions about systems of care for populations of patients.
Wolfe et al[3] analyzed hemoglobin and SMR data in the CMS database for 5600 dialysis facilities between 1999 and 2002. At the facility level, there was a significantly lower SMR for those facilities with a high percentage of patients with hemoglobins over 11 gm/dL and a reduction in SMR for those facilities with a large improvement in the percentage of patients over 11 gm/dL. There does appear to be slightly higher mortality risk (unpublished analysis) in facilities with a high percentage of patients over 13, however the risk under 11 is greater than the risk over 13.

The MRB recommends that facilities pay attention to patients in both ranges of hemoglobin. The risk in the studies comes from the "target" or "intended" hemoglobin NOT the achieved or "as treated" hemoglobin.

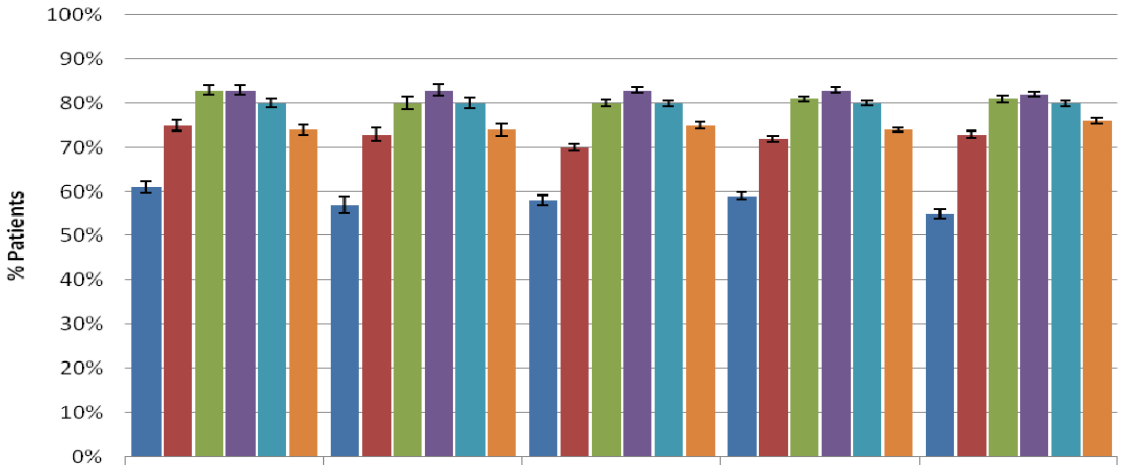
The Renal Network is able to help facilities analyze their hemoglobin data, define frequency distributions and reference values of facilities of similar size.

1. Singh AK, Szczech L, Tank KL, et al. Correction of anemia with epoetin alfa in chronic kidney disease. New England Journal of Medicine. 2006; 355:2085-2098

2.Drueke TB, Locatelli F, Clyne N, et al. Normalization of hemoglobin level in patients with chronic kidney disease and anemia. New England Journal of Medicine 2006; 355:2071-2084

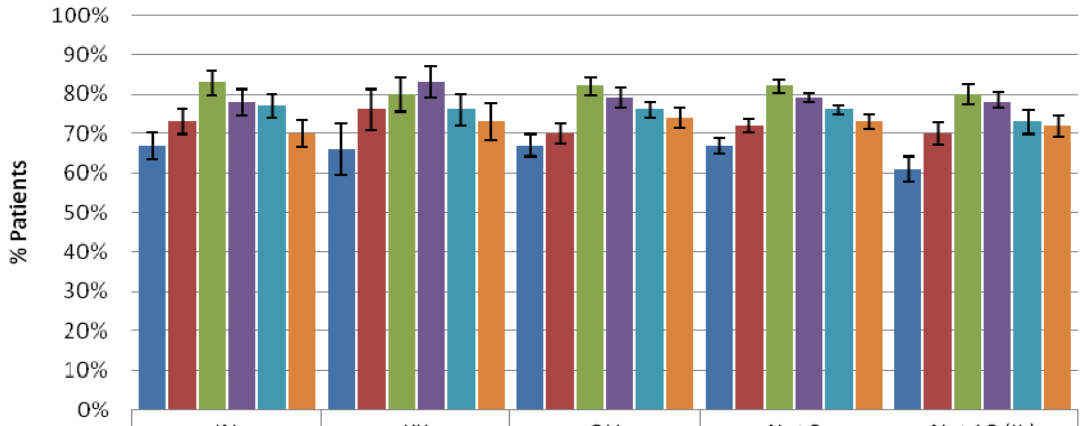
3. Wolfe RA, Hulbert-Shearon TE, Ashby VB et al. Improvements in Dialysis Patient Mortality Are Associated With Improvements in Urea Reduction Ratio and Hematocrit, 1999-2002. American Journal of Kidney Diseases, Vol 45, No 1 (January), 2005:127-135.

Chart 3.c - Percentage of HD Patients with HGB >= 11 gm/dL by State and Network 9/10 for Selected Collection Period

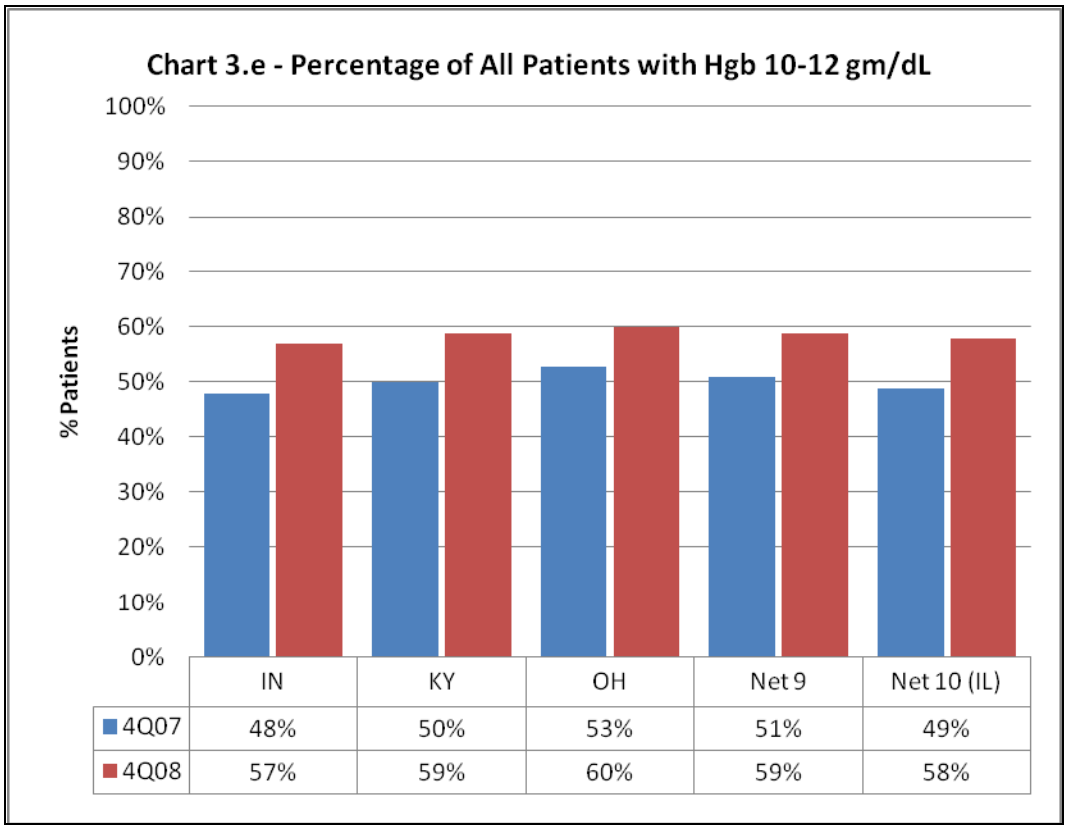


	IN	KY	OH	Net 9	Net 10 (IL)
4Q98	61%	57%	58%	59%	55%
4Q00	75%	73%	70%	72%	73%
4Q03	83%	80%	80%	81%	81%
4Q06	83%	83%	83%	83%	82%
4Q07	80%	80%	80%	80%	80%
4Q08	74%	74%	75%	74%	76%

Chart 3.d - Percentage of PD Patients with HGB >= 11 gm/dL by State and Network 9/10 for Selected Collection Period



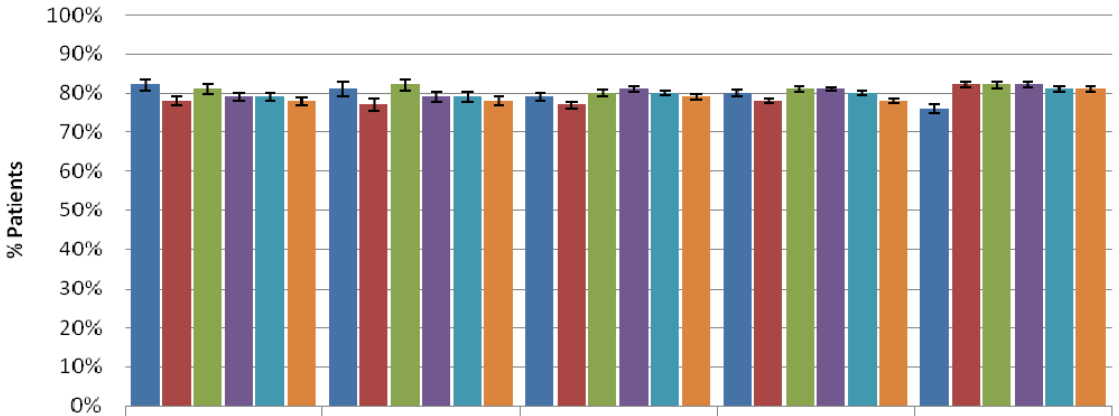
	IN	KY	OH	Net 9	Net 10 (IL)
S-D98	67%	66%	67%	67%	61%
4Q00	73%	76%	70%	72%	70%
4Q03	83%	80%	82%	82%	80%
4Q06	78%	83%	79%	79%	78%
4Q07	77%	76%	76%	76%	73%
4Q08	70%	73%	74%	73%	72%



Albumin Goals 2008 – Hemodialysis & Peritoneal Dialysis (Charts 3.f and 3.g)

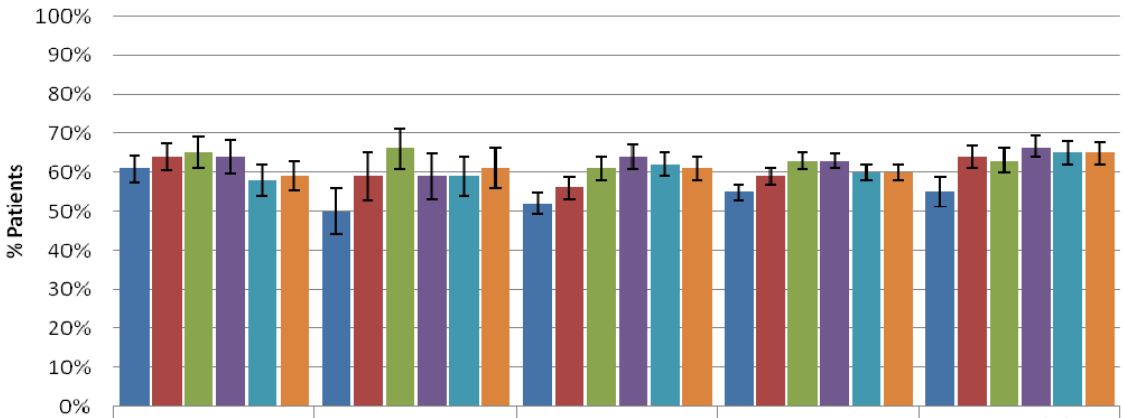
Albumins will be measured monthly on all hemodialysis and peritoneal dialysis patients.

Chart 3.f - Percentage of HD Patients with Average Albumin >= 3.5 gm/dL by State and Network 9/10 for Selected Collection Period



	IN	KY	OH	Net 9	Net 10 (IL)
4Q96	82%	81%	79%	80%	76%
4Q00	78%	77%	77%	78%	82%
4Q03	81%	82%	80%	81%	82%
4Q06	79%	79%	81%	81%	82%
4Q07	79%	79%	80%	80%	81%
4Q08	78%	78%	79%	78%	81%

Chart 3.g - Percentage of PD Patients with Average Albumin >= 3.5 gm/dL by State and Network 9/10 for Selected Collection Period



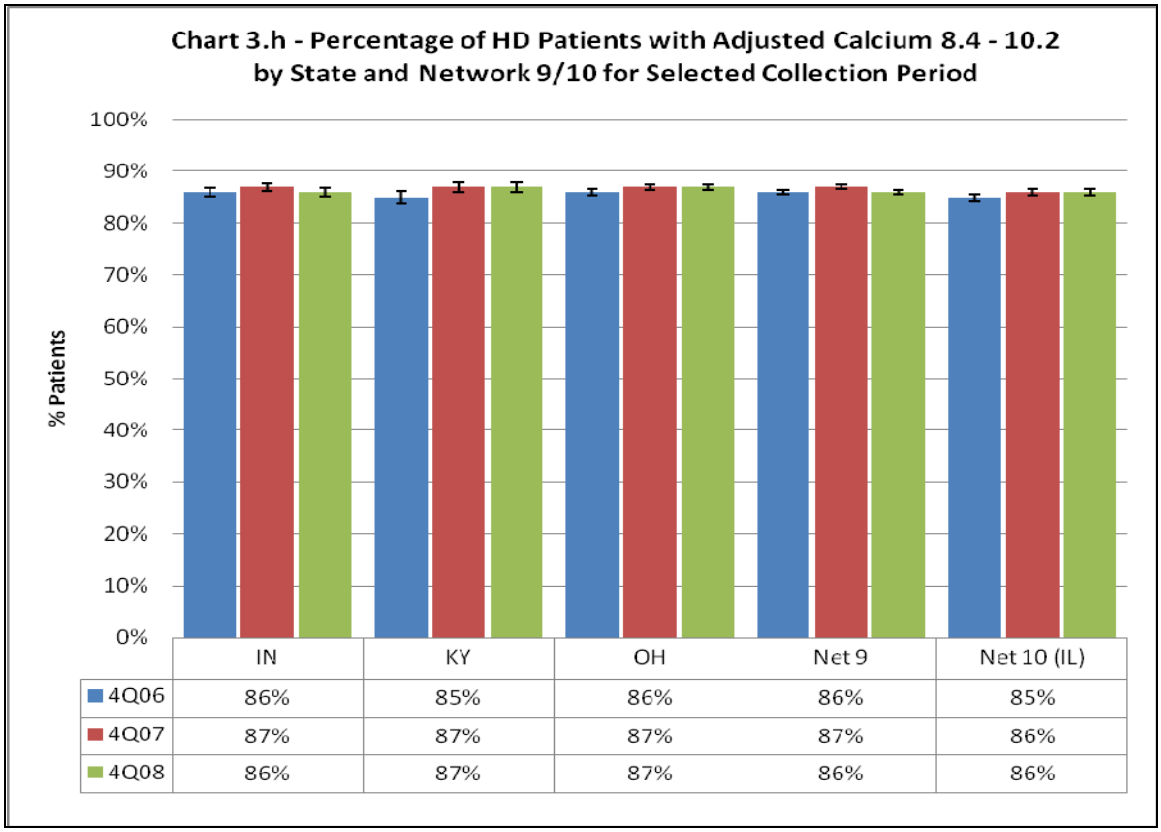
	IN	KY	OH	Net 9	Net 10 (IL)
4Q96	61%	50%	52%	55%	55%
4Q00	64%	59%	56%	59%	64%
4Q03	65%	66%	61%	63%	63%
4Q06	64%	59%	64%	63%	66%
4Q07	58%	59%	62%	60%	65%
4Q08	59%	61%	61%	60%	65%

Mineral Metabolism Goals 2008 – Hemodialysis & Peritoneal Dialysis (Charts 3.h - 3.k)

All patients will be measured for calcium and phosphorus every month

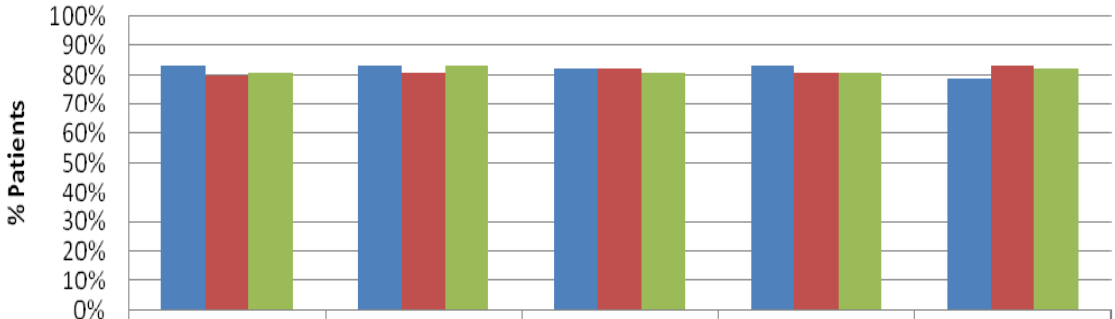
≥75% of patients will have a Ca/PO Product of <55 mg_2/dL_2

All patients will be measured for "intact" PTH quarterly (K/DOQI range 150-300 pg/mL)



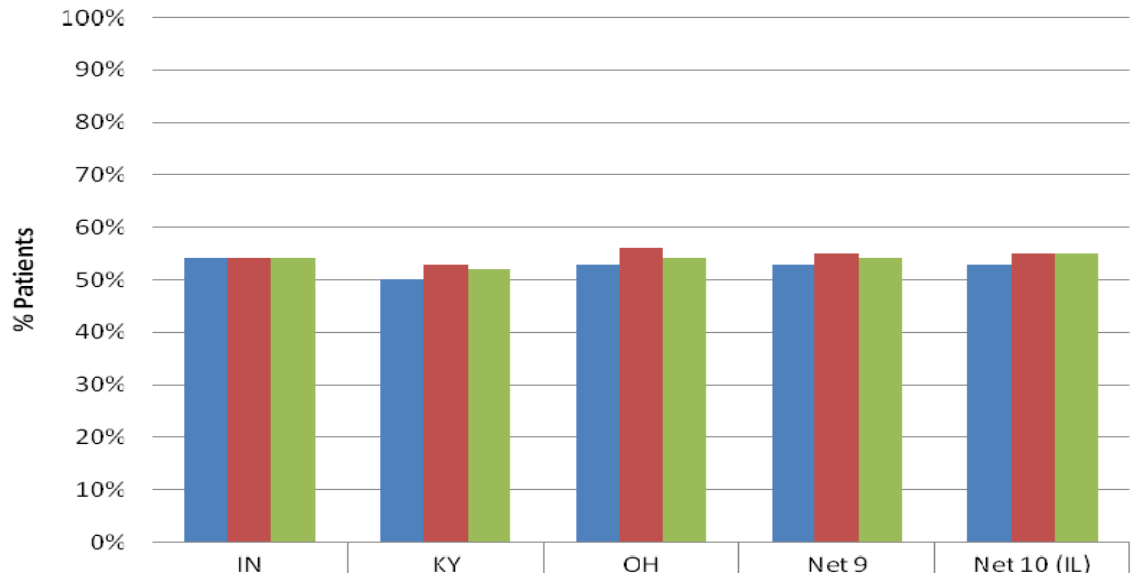
	IN	KY	OH	Net 9	Net 10 (IL)
4Q06	86%	85%	86%	86%	85%
4Q07	87%	87%	87%	87%	86%
4Q08	86%	87%	87%	86%	86%

Chart 3.i. Percentage of PD Patients with Adjusted Calcium 8.4 - 10.2 by State and Network 9/10 for Selected Collection Period

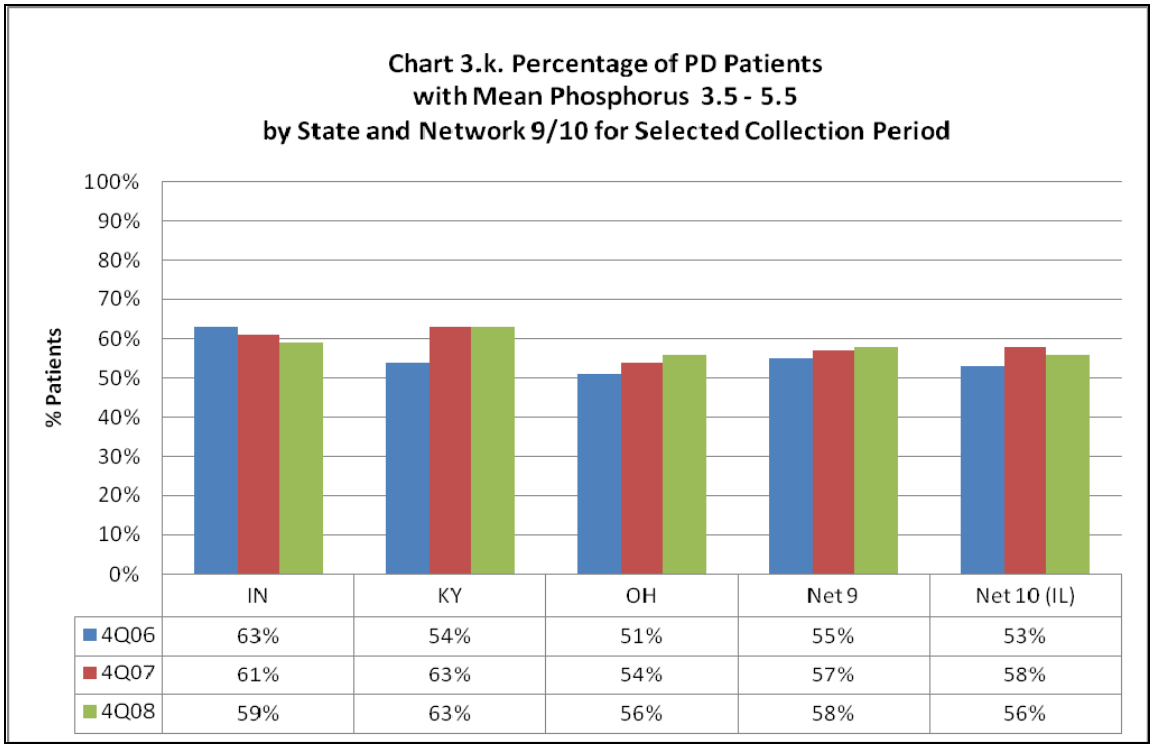


	IN	KY	OH	Net 9	Net 10 (IL)
4Q06	83%	83%	82%	83%	79%
4Q07	80%	81%	82%	81%	83%
4Q08	81%	83%	81%	81%	82%

Chart 3.j - Percentage of HD Patients with Mean Phosphorus 3.5 - 5.5 by State and Network 9/10 for Selected Collection Period



	IN	KY	OH	Net 9	Net 10 (IL)
4Q06	54%	50%	53%	53%	53%
4Q07	54%	53%	56%	55%	55%
4Q08	54%	52%	54%	54%	55%



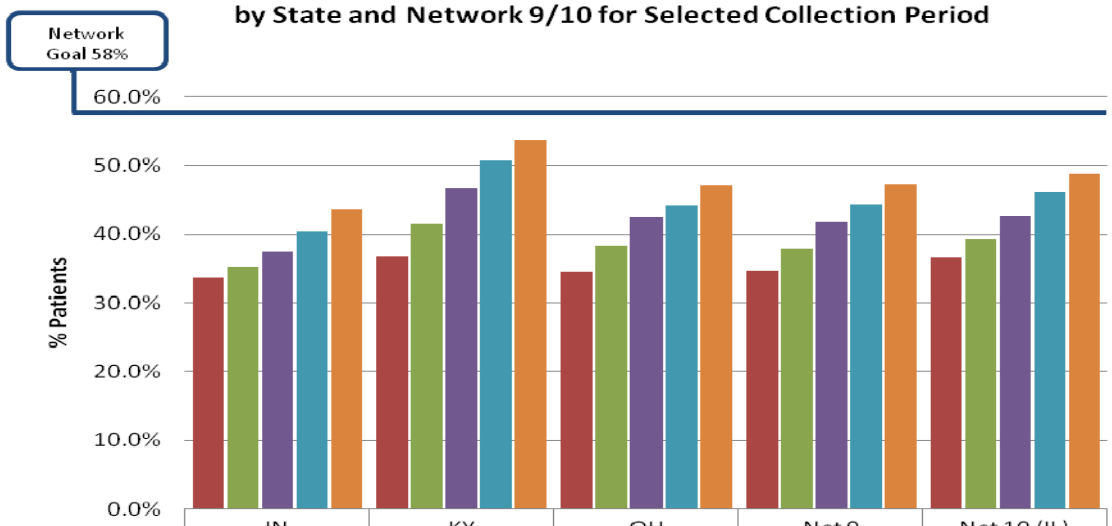
	IN	KY	OH	Net 9	Net 10 (IL)
4Q06	63%	54%	51%	55%	53%
4Q07	61%	63%	54%	57%	58%
4Q08	59%	63%	56%	58%	56%

Hemodialysis Vascular Access Goals 2008 (Charts 3.l and 3.m)

≥ 58% prevalent patient population fistula rate

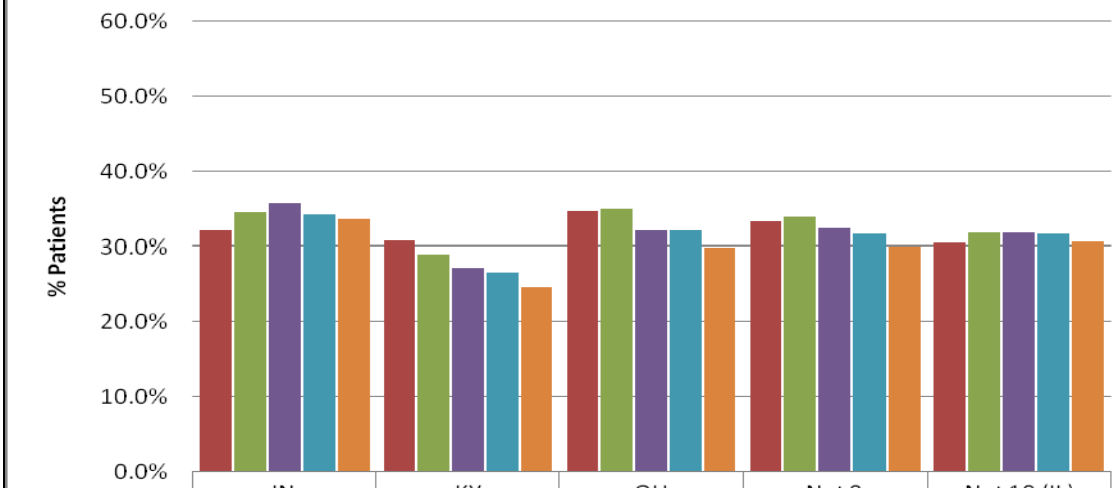
≤ 10% prevalent patient population catheter rate

Chart 3.l - Percentage of Prevalent Patients Using a Fistula by State and Network 9/10 for Selected Collection Period



	IN	KY	OH	Net 9	Net 10 (IL)
DEC 2004	33.7%	36.8%	34.6%	34.7%	36.6%
DEC 2005	35.3%	41.6%	38.2%	38.0%	39.3%
DEC 2006	37.5%	46.8%	42.6%	41.9%	42.7%
DEC 2007	40.5%	50.7%	44.2%	44.3%	46.1%
DEC 2008	43.6%	53.8%	47.2%	47.3%	48.9%

Chart 3.m - Percentage of Prevalent Patients Using a Catheter by State and Network 9/10 for Selected Collection Period



	IN	KY	OH	Net 9	Net 10 (IL)
DEC 2004	32.1%	30.8%	34.7%	33.3%	30.5%
DEC 2005	34.5%	29.1%	35.0%	33.9%	31.9%
DEC 2006	35.7%	27.3%	32.2%	32.4%	31.9%
DEC 2007	34.3%	26.6%	32.1%	31.7%	31.7%
DEC 2008	33.7%	24.7%	29.9%	30.1%	30.7%

C. CMS National CPM Project.

All 18 Networks participated in the national Clinical Performance Measures (CPM) project. Random samples of adult in-center hemodialysis and adult peritoneal dialysis patients were drawn.

The adult in-center hemodialysis sample had sufficient size to be representative of each Network. Network 9 had an adult in-center hemodialysis patient sample size of 501 with 484 collection forms being accepted for analysis (96.6%) and Network 10 had an adult in-center hemodialysis patient sample size of 492 with 477 collection forms being accepted for analysis (97.0%).

The adult peritoneal dialysis sample size was used for national rates only. Network 9 had an adult peritoneal dialysis patient sample size of 115 with 113 collection forms being accepted for analysis (98.3%) and Network 10 had an adult peritoneal dialysis patient sample size of 48 with 44 collection forms being accepted for analysis (91.7%).

Data was collected on all pediatric in-center hemodialysis and pediatric peritoneal dialysis patients in the nation and used for national rates only. There were 693 pediatric in-center hemodialysis collection forms analyzed and 731 pediatric peritoneal dialysis collection forms analyzed nationally for this project.

A random reliability sample of patients from the original national sample was obtained as a component of the 2008 national CPM project. The random reliability sample had a sufficient size to be representative of the initial sample. The records identified in the reliability sample were re-abstracted by Network staff.

Network 9 had 21 in the adult in-center hemodialysis, 10 in the adult peritoneal dialysis, two in the pediatric in-center hemodialysis, and one in the pediatric peritoneal dialysis reliability sample.

Network 10 had 16 in the adult in-center hemodialysis, five in the adult peritoneal dialysis, one in the pediatric in-center hemodialysis, and two in the pediatric peritoneal dialysis reliability sample.

Chart 3.n displays how Network 9 and Network 10 ranked for clinical outcomes among the other 16 Networks in the U.S. for the past four years.

Chart 3.n
National Ranking for Network 9/10
4Q04-4Q07
Data for Adult (≥18 years) In-center Hemodialysis Patients
Source: Annual Report, ESRD Clinical Performance Measures Project, CMS,
December 2005, 2006, 2007, & 2008.

Clinical Characteristic	Network 9				Network 10			
	4Q04	4Q05	4Q06	4Q07	4Q04	4Q05	4Q06	4Q07
Percentage Patients with Average:								
URR ≥ 65%	1	9	3	8	5	12	11	16
Kt/V ≥ 1.2	1	7	4	1	8	13	11	14
Percentage Prevalent Patients:								
AV Fistula	11	11	8	17	11	7	12	9
Catheter (low rate)	16	15	11	15	16	17	14	15
Albumin ≥3.5 gm/dL	11	12	15	16	7	5	1	6
Albumin ≥4.0 gm/dL	9	16	12	13	8	9	3	13
Hgb ≥ 11gm/dL	10	15	9	14	10	4	16	11
Ferritin ≥100 ng/mL	1	11	7	2	3	11	2	2
TSAT ≥ 20%	8	15	10	10	12	9	10	10
% patients receiving ESA with: HGB value 11-12 gm/dL	18	12	1	12	11	15	15	10
% patients prescribed IV Iron	3	7	3	4	4	3	1	3
Ranking scale=#1 best, #18 worst								

Chart 3.o 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.o National Clinical Performance Measures Project
Network Random Samples,
4Q07 – HD & Oct07-Mar08 – 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	484	100	477	100	8730	100	113	100	44	100	1472	100
Male	275	57	261	55	4806	55	61	54	21	48	750	51
Female	209	43	216	45	3924	45	52	46	23	52	722	49
Race												
AI/AN	1	0	0	0	152	2	0	0	1	2	13	1
AS/PI	5	1	11	2	416	5	2	2	1	2	93	6
Black	161	33	210	44	3121	36	23	20	10	23	376	26
White	316	65	256	54	5036	58	88	78	32	73	989	67
Oth/Unk	1	0	0	0	<11	<11	0	0	0	0	<11	<11
Ethnicity												
Hispanic	17	4	59	12	1271	15	0	0	6	14	197	13
Non-Hispanic	467	96	418	88	7459	85	113	100	38	86	1275	87
Age												
18 – 49	93	19	95	20	1893	22	33	29	15	34	517	35
50 – 59	99	20	106	22	1765	20	24	21	9	20	357	24
60 – 64	60	12	56	12	1085	12	12	11	6	14	166	11
65 – 69	68	14	46	10	1061	12	14	12	7	16	149	10
70 – 79	111	23	105	22	1831	21	23	20	7	16	204	14
80+	53	11	69	14	1095	13	7	6	0	0	79	5
Primary Diag.												
DM	211	44	207	43	3872	44	46	41	15	34	511	35
HTN	120	25	161	34	2297	26	16	14	14	32	329	22
GN	49	10	33	7	835	10	17	15	6	14	244	17
Other/Unk	104	21	76	16	1726	20	34	30	9	20	388	26
Duration - years												
< 0.5	61	13	71	15	979	11	12	11	6	14	180	12
0.5 – 0.9	51	11	65	14	1045	12	14	12	6	14	216	15
1.0– 1.9	99	20	73	15	1601	18	31	27	10	23	339	23
2.0+	261	54	265	56	5049	58	55	49	22	50	727	49

*CMS 2008 Annual Report, ESRD Clinical Performance Measures Project, December 2008.
May not add up to 100% or totals due to rounding or missing data elements.

Charts 3.p to 3.v compare and rank the 18 Networks and the U.S. in regards to several quality indicators that were collected during the 2008 National CPM project.

Change – Charts 3.p – 3.v

Chart 3.n - Percent of adult in-center hemodialysis patients receiving dialysis with a mean spKt/V >= 1.2 by Network

October-December 2007

2008 ESRD CPM Project.

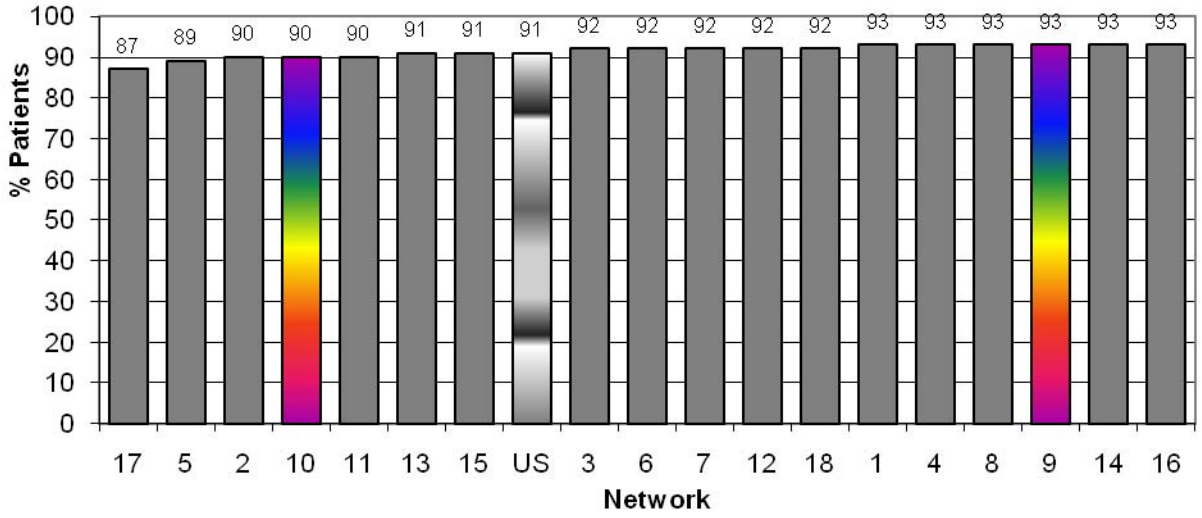


Chart 3.o - Percent of adult in-center hemodialysis patients with mean hemoglobin >= 11 g/dL by Network

October-December 2007

2008 ESRD CPM Project.

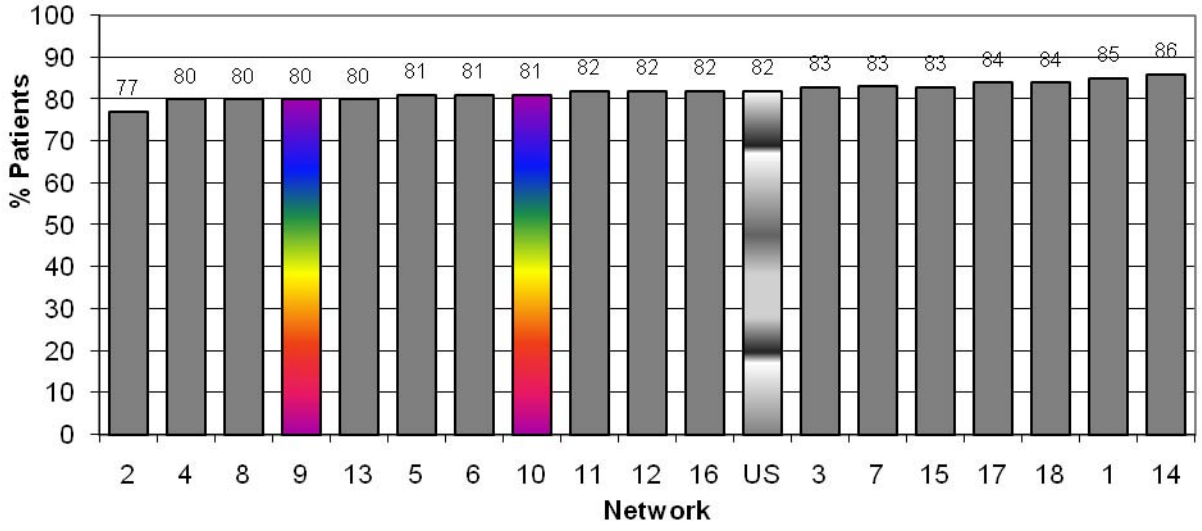


Chart 3.p - Percent of adult in-center hemodialysis patients with mean hemoglobin 10-12 g/dL by Network

October-December 2007
2008 ESRD CPM Project.

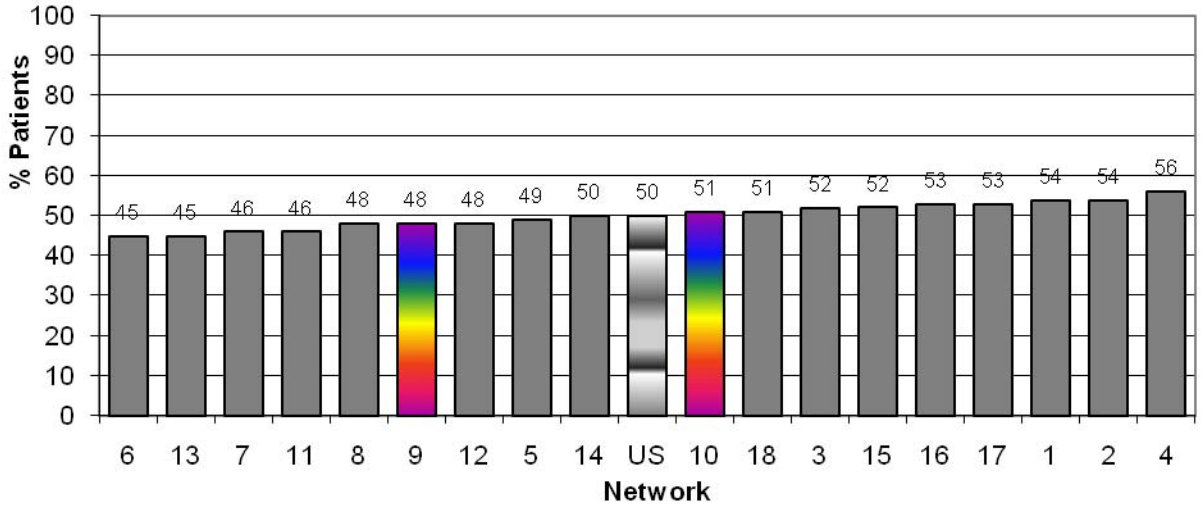
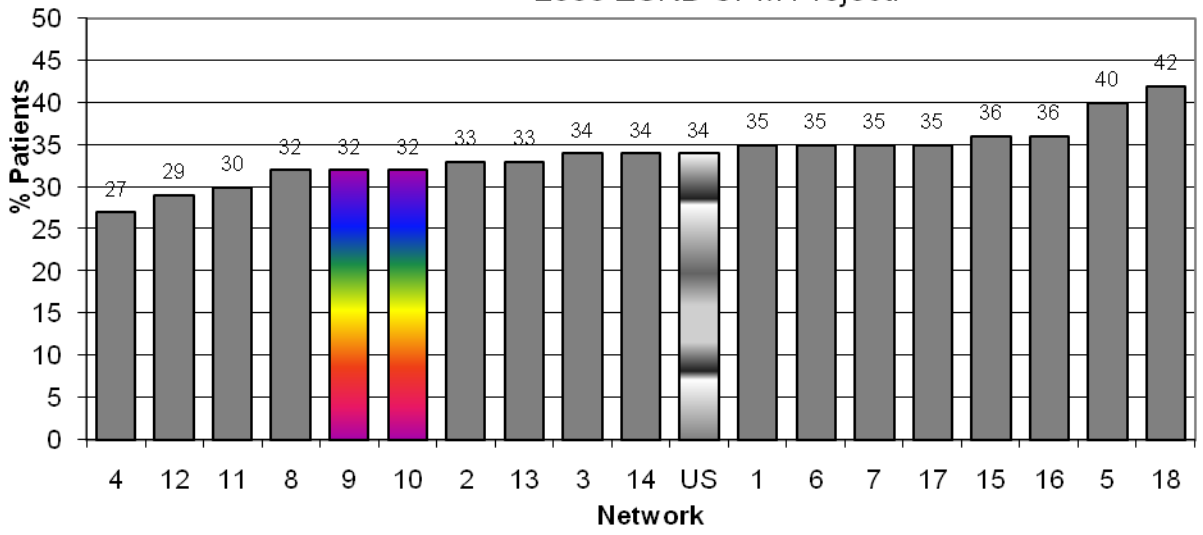


Chart 3.q - Percent of adult in-center hemodialysis patients with mean serum albumin >= 4.0/3.7 (BCG/BCP) by Network

October-December 2007
2008 ESRD CPM Project.



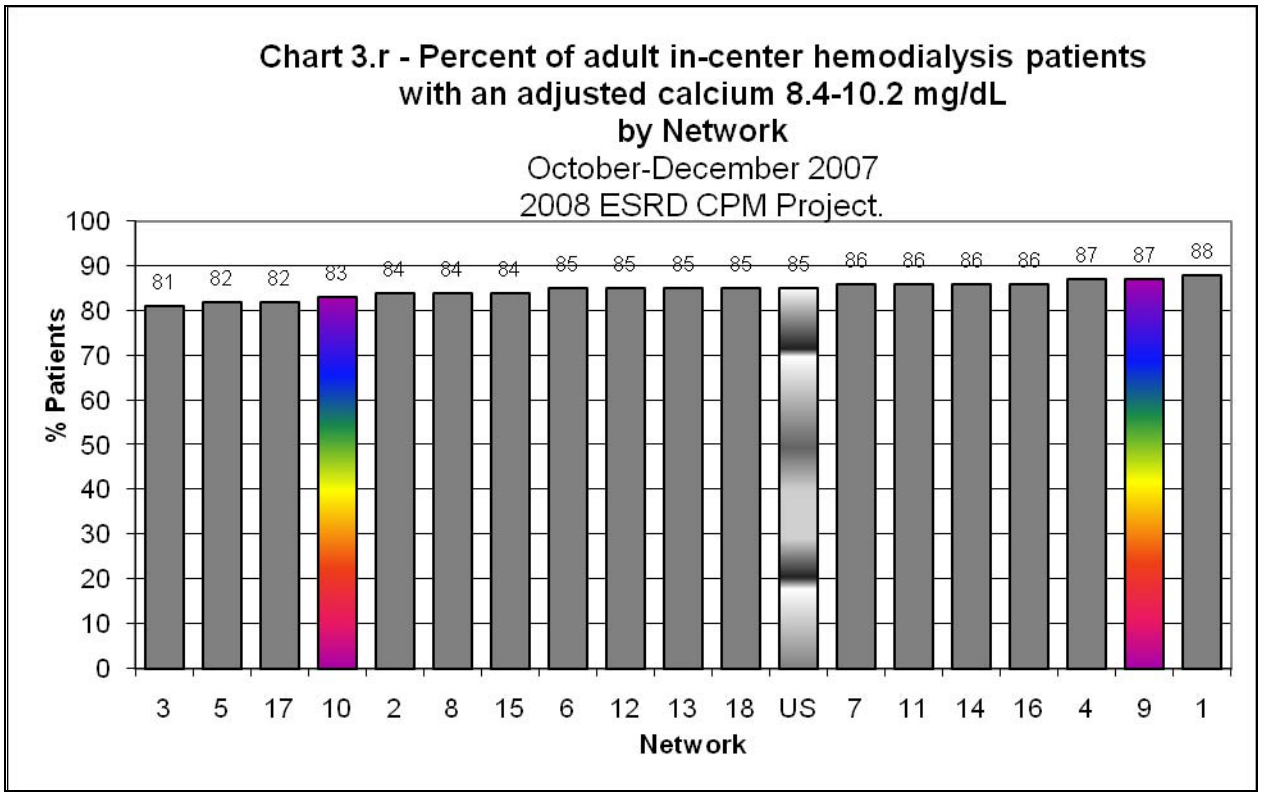


Chart 3.r - Percent of adult in-center hemodialysis patients
with an adjusted calcium 8.4-10.2 mg/dL
by Network
October-December 2007
2008 ESRD CPM Project.
% Patients
100
90
80
70
60
50
40
30
20
10
0
81 82 82 83 84 84 84 85 85 85 85 85 86 86 86 86 87 87 88
3 5 17 10 2 8 15 6 12 13 18 US 7 11 14 16 4 9 1
Network

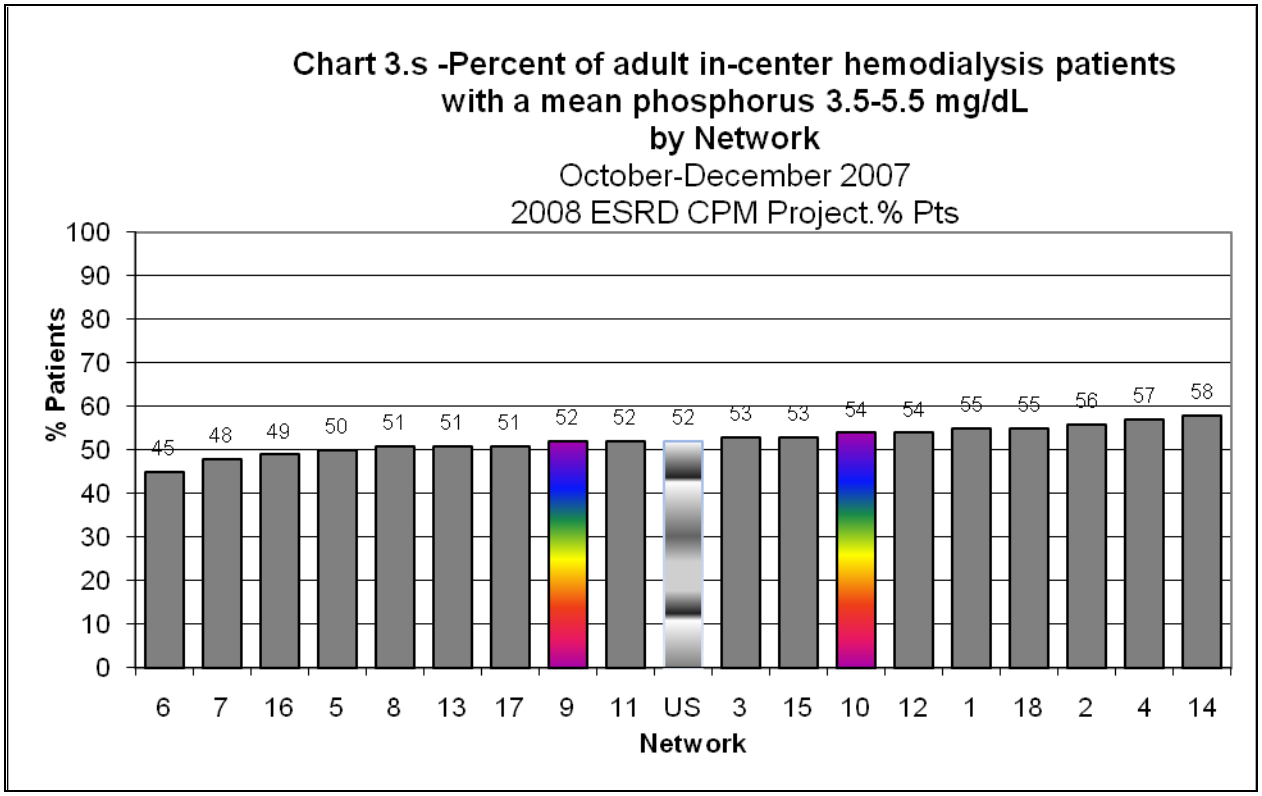


Chart 3.s -Percent of adult in-center hemodialysis patients
with a mean phosphorus 3.5-5.5 mg/dL
by Network
October-December 2007
2008 ESRD CPM Project.% Pts
% Patients
100
90
80
70
60
50
40
30
20
10
0
45 48 49 50 51 51 51 52 52 52 53 53 54 54 55 55 56 57 58
6 7 16 5 8 13 17 9 11 US 3 15 10 12 1 18 2 4 14
Network

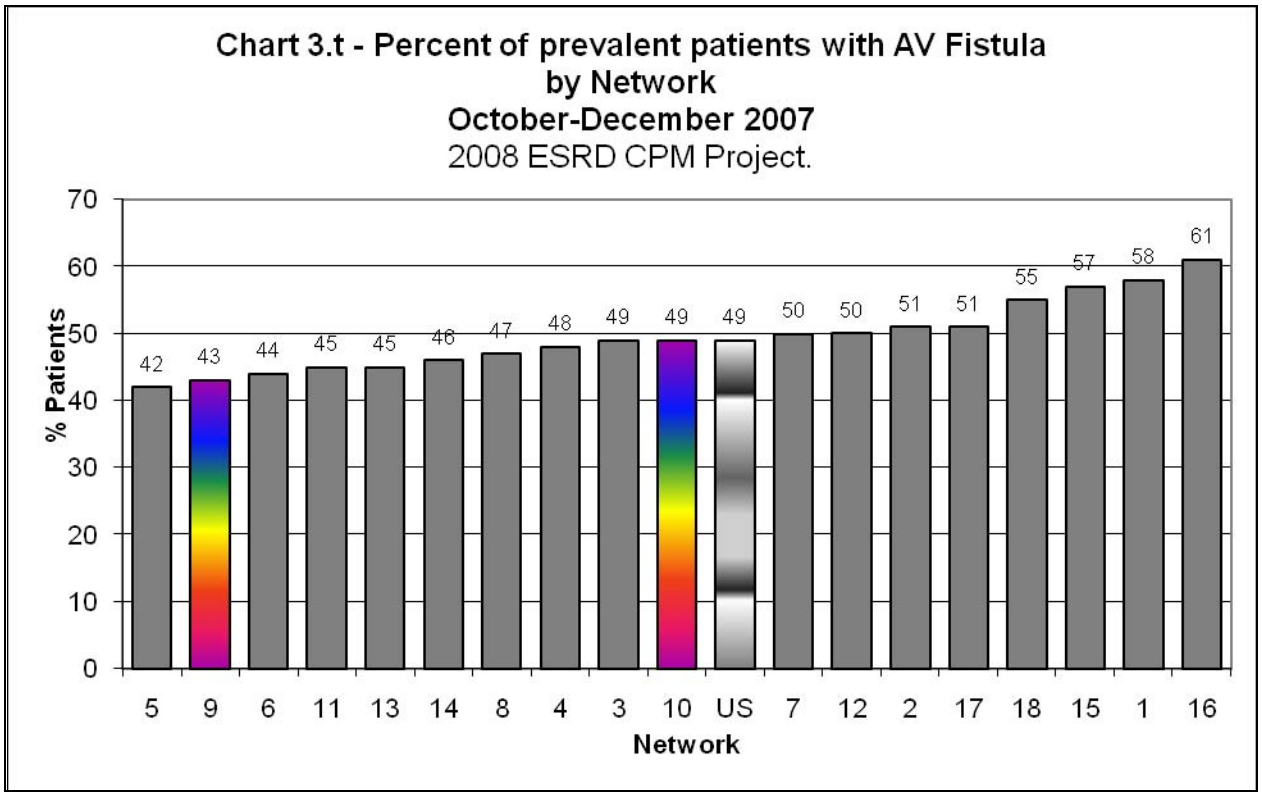


Chart 3.t - Percent of prevalent patients with AV Fistula
by Network
October-December 2007
2008 ESRD CPM Project.
% Patients
70
60
50
40
30
20
10
0
42
43
44
45
45
46
47
48
49
49
49
50
50
51
51
55
57
58
61
5
9
6
11
13
14
8
4
3
10
US
7
12
2
17
18
15
1
16
Network

D. Fistula First (FF) Initiative.

The development of Quality Improvement Projects (QIP) is mandated in the ESRD Network contracts with CMS. The QIPs are developed and directed by the MRB. In 2008, the majority of quality improvement efforts were focused on continuing the Fistula First Initiative.

Background: In 2003, all 18 of 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 spreading the change ideas for improving AV fistulas.

Primary objectives:

- To increase prevalence rate of AVF in Network 9 from 44.8 percent in March 2008 to 48.8 percent in March 2009 (an increase of four percentage points) and increase Network 10 from 46.4 percent in March 2008 to 50.3 percent in March 2009 (an increase of 3.9 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

Progress toward these goals in 2008 is detailed in Chart 3.w.

Chart 3.w
Network 9/10
Fistula First Percentages
Fistula Prevalence As of December 2008

	Network 9		Network 10		K/DOQI Guidelines	CMS 'Stretch' Goal
	Mar'08	Dec'08	Mar'08	Dec'08		
Fistula Prevalence	**44.8%**	**47.3%**	**46.4%**	**49.1%**	**>65%**	**66%**

Actions. Network 9/10 participated on all Fistula First Breakthrough Initiative (FFBI) activities at the national, regional and local level. The Quality Improvement Director has participated as 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.

The national FFBI coalition targeted specific change concepts in 2008. These Change Concepts were identified as important areas to focus on for facility and professional education quality improvement initiatives:

- Change Concept #6: Secondary AVF Placement in Patients with AV Grafts
- Change Concept #7: AVF Placement in Patients with Catheters Where Indicated
- Change Concept #9: Monitoring, Surveillance, and the Failing AVF

Network 9/10 utilized tools and resources from these change concepts from www.fistulsfirst.org for education and technical support.

Nationally, Network 9/10 participated on the FFBI Administrative Core Group and Quality Measurement and Information Workgroup conference calls on January 9, March12, May 7, June 18, July 2, July 16, and August 6. FFBI Coalition meetings and Webex conference calls were attended on February 20 and June 20. Conference calls were held for Quality Improvement Directors (QID) focusing on Fistula First on August 14 and December 1.

At the Network level, for the regional population of Illinois, Indiana, Kentucky and Ohio, improvement was 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 2008. Members of the panel include:

Tim Pflederer, M.D., Chair, Renal Care Associates, Peoria, Illinois
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., Akron Children's Medical Center, Akron, Ohio
Peter DeOreo, M.D., Centers for Dialysis Care, Cleveland, Ohio
Peter Ivanovich, M.D., VA Medical Center Lakeside, Chicago, Illinois
Wendy Jagusch, R.N., Centers for Dialysis Care, Cleveland, Ohio

Richard Keen, M.D., John H. Stroger Hospital of Cook County, Chicago, Illinois
Joseph Leventhal, M.D., Northwestern Memorial, Chicago, Illinois
Gordon McLennan, M.D., Indiana University Medical Center, Indianapolis, Indiana
Rino Munda, M.D., University of Cincinnati, Cincinnati, Ohio
Prabir Roy-Chaudhury, M.D., University of Cincinnati, Cincinnati, Ohio
Mary Showers, R.N., VA Medical Center, Cleveland, Ohio
Marcia Silver, M.D., Metro Health Medical Center, Cleveland, Ohio
Louis Thibodeaux, M.D., General & Vascular Surgical Specialists, 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 twice during 2008, once in May and once in 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 to all hemodialysis programs in March 2008 to show fourth quarter 2007 data, July 2008 to show first quarter 2008 data, September 2008 to show second quarter 2008 data, and January 2009 to show third and fourth quarter 2008 data.

The Network developed another quarterly data report that graphs same population size facilities to each other in their Health Service Area (HSA). Facilities can use this report to compare themselves to other facilities of like size regarding AV fistula rates in their area.

This report enhances the existing quarterly data report that gives facilities the number of fistula patients needed to meet fistula percentage goals based on the total number of patients and the number of patients with a fistula in their facility and the report displaying graphs illustrating quarterly results, as well as progress over time compared to the state, Network and United States where applicable. The report also includes a graph showing catheters ≥90 days, allowing facilities to assess the impact of their long-term catheters.

This report provides the dialysis facilities with a tool which can be used in conjunction with other facility methods of continuous quality improvement (CQI) to identify patients suitable for conversion to a fistula. The FF data report is sent each quarter to facility medical directors, administrators, and nurse managers.

These data also enable the Network to target facilities with poor outcomes for intervention. Facilities with good outcomes are utilized for positive intervention and mentoring.

Communications. Stakeholders were identified as the facility medical director, administrator, nurse manager, vascular access coordinators, nephrologists, patients, vascular access surgeons, and interventional radiologists. Individual databases are continually updated and maintained to enable ongoing communications with these audiences. Information and educational materials regarding the Fistula First Initiative were sent to the various stakeholders by mail and e-mail as appropriate and necessary.

- A notice announcing a WebEx on February 5 and 26, 2008 on the topic of Early Referral to the Vascular Surgeon was sent to all 688 facility medical directors and nurse managers. The Webex conferences were attended by 171 professionals with 73 facilities represented.

- A vascular access surveillance packet containing education, resources and tools was sent to all 688 facility medical directors and nurse managers in March 2008

- A notice announcing a WebEx on May 6 and June 17, 2008 on Changing Patient Culture was sent to all 688 facility medical directors and nurse managers. The Webexes conferences were attended by 156 professionals representing 76 facilities.

- Educational materials, resources and tools related to Fistula First Change Concepts #6 (Secondary AVF Placement in Patients with AV Grafts),
- #7(AVF Placement in Patients with Catheters Where Indicated), and #9 (Monitoring, Surveillance and the Failing AV) were mailed to all 688 facility medical directors and nurse managers and in Network 9/10 in July 2008.

- All 688 facility medical directors and nurse managers were notified by email in September 2008 that the Vascular Access QAPI Template was available on the Web site.

- A total of 249 QIP participants were sent tools and resources specific to their QIP in September 2008.

- Vascular Access Coordinator (VAC) tool kits were sent by email & thumb drive to the Nurse Managers and Vascular Access Coordinators (VAC) at 167 facilities in Network 9/10 participating in the VAC QIP in September 2008.

- A cannulation tool resources reminder including the FFBI cannulation DVD and the Cannulation Workshop Training kit and DVD were sent to 688 facilities with their vascular access data report in September 2008.

- Cannulation Workshop Training kits and DVDs were sent to 35 facility staff who requested them at Learning Sessions in September 2008.

- A notice announcing QAPI/Fistula First Learning Sessions on October 30, 2008 and November 18 and 20, 2008 was sent to all 688 facility medical directors and nurse managers. The Learning Sessions were attended by 229 participants representing 197 facilities.

- 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 the above mentioned materials as they were provided by mail or email. The materials provided to our stakeholders were developed both from Network 9/10 and the national Fistula First Breakthrough Initiative.

- The Network has acted as a community outreach partner by providing information on Fistula First through conference calls quarterly to state surveyor groups and the quality improvement organizations.

Fistula First/Catheter Out Quarterly WebEx Education. A quarterly WebEx conference series that was started in 2007 continued into 2008. Facility representatives with exceptional AVF rates presented at these sessions. These presenters explained their best practice models for specific topics and provided related tools, facility processes, and resources to participants.

Continuing education credits were provided for each Webex and a certificate for individual and facility participation was presented in 2008 for those that attend all four conferences. Each topic was presented twice to maximize participation. Topics and dates are presented in the table below.

- Early Referral to the Vascular Surgeon was held on February and repeated on February 26, reaching 164 participants representing 75 facilities.

- Changing Patient Culture was held on May 6 and repeated on June 17, reaching 156 participants representing 76 facilities.

- In 2007, the series began with the topic Team Approach Using CQI to Improve AVF Rates and reached 174 participants representing 75 facilities. A second Webex conference, How to Engage Your Primary Care Physician, was held on November 13 and repeated on December 11, reaching 134 participants representing 67 facilities.

These Webex conferences were taped and placed on the Web site along with the tools described in the presentations for other facilities to utilize. A DVD with all presentations in the series has been made available providing continuing education credit. Since September 2008, 46 DVDs were sent out upon request and 115 post tests had been completed for continuing education credit.

Barriers to Fistula Collaborative. Twenty-three facilities participated in a quality improvement project designed for rapid cycle identification of barriers to fistula placement and intervention from August 2007 – June 2008. This sample of "sub-standard" facilities (defined by ≥30% catheters and <50% fistulae using data from January 2007) was based on a facility population of 100 patients or more.

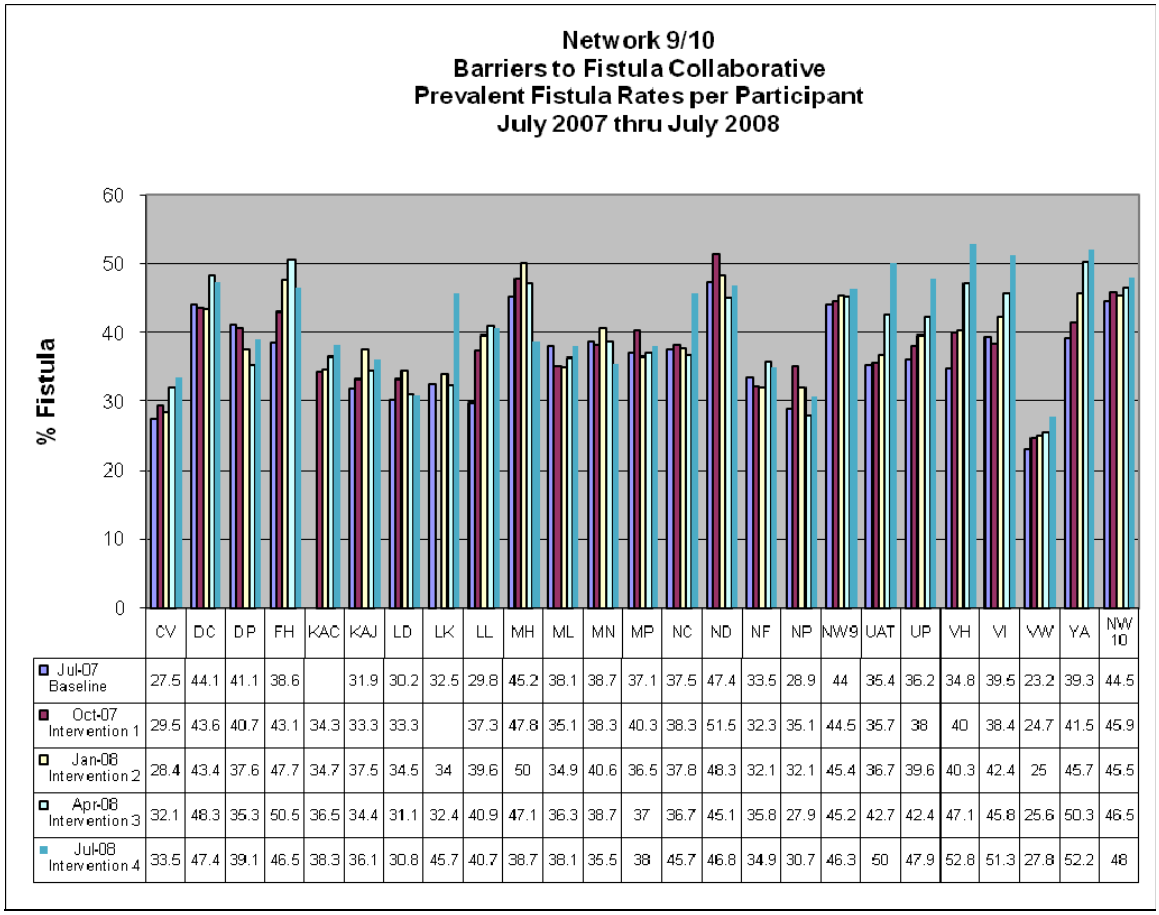
Goals and timeline for this Collaborative were:

- October 2007: 50 percent of the participating facilities would realize a one percentage point increase by first measurement after being identified as a sub-standard facility and being asked to participate.
- January 2008: 60 percent of the facilities would realize a two-percentage point increase by second measurement after the first intervention.
- April 2008: 75 percent would meet a three percentage point increase by third measurement.
- July 2008: 95 percent of the participating facilities would reach the goal of four percentage points at the conclusion of the collaborative.

Final data were analyzed in August 2008 to determine if the collaborative facilities met the fourth quarter, four percentage point fistula increase. Reviewing the data by individual facility showed that 13 out of 23 participating facilities (57%) met the goal of a four percentage point fistula increase from July 2007 to July 2008. This did not meet the goal of 95% of facilities having a four percentage point increase in fistula rate by the fourth quarter of the collaborative.

Chart 3.x displays the individual participating facility outcomes:

Chart 3.x



	CV	DC	DP	FH	KAC	KAJ	LD	LK	LL	MH	ML	MN	MP	NC	ND	NF	NP	NW9	UAT	UP	VH	VI	VW	YA	NW 10
Jul-07 Baseline	27.5	44.1	41.1	38.6		31.9	30.2	32.5	29.8	45.2	38.1	38.7	37.1	37.5	47.4	33.5	28.9	44	35.4	36.2	34.8	39.5	23.2	39.3	44.5
Oct-07 Intervention 1	29.5	43.6	40.7	43.1	34.3	33.3	33.3		37.3	47.8	35.1	38.3	40.3	38.3	51.5	32.3	35.1	44.5	35.7	38	40	38.4	24.7	41.5	45.9
Jan-08 Intervention 2	28.4	43.4	37.6	47.7	34.7	37.5	34.5	34	39.6	50	34.9	40.6	36.5	37.8	48.3	32.1	32.1	45.4	36.7	39.6	40.3	42.4	25	45.7	45.5
Apr-08 Intervention 3	32.1	48.3	35.3	50.5	36.5	34.4	31.1	32.4	40.9	47.1	36.3	38.7	37	36.7	45.1	35.8	27.9	45.2	42.7	42.4	47.1	45.8	25.6	50.3	46.5
Jul-08 Intervention 4	33.5	47.4	39.1	46.5	38.3	36.1	30.8	45.7	40.7	38.7	38.1	35.5	38	45.7	46.8	34.9	30.7	46.3	50	47.9	52.8	51.3	27.8	52.2	48

The 10 facilities that did not meet the goal were contacted by telephone by Network staff as part of a root cause analysis to identify specific barriers to improving their fistula rates. The facility-specific internal barriers affecting outcomes identified in the root cause analysis revealed:

- The lack of a vascular access management program. Telephone conversations with facility nurse managers confirmed the lack of organized, established CQI meetings for vascular access, data collection and analysis initiatives, and structured processes for fistula placement.
- Staff articulated that it is difficult to realize improvement without a physician as an integral part of the vascular access management team.
- Physician leaders do not demonstrate a commitment to improving fistula rates through a lack of team participation and lack of direction to staff.
- There is a higher than expected graft rate (30% vs. 23% for the rest of the Network).
- Physicians do not coordinate/communicate with surgeons to prioritize fistulas as the vascular access of choice.

- Physicians do not coordinate/communicate with surgeons effectively to manage fistula surveillance and maturation.

This information led to the identification of two Network barriers to improving fistula rates:

1. Facility Staff – Lack of knowledge/training/support and leadership for continuous quality improvement (CQI).
2. Physician - Lack of leadership and commitment to Fistula First goals and objectives.

Quality improvement projects were developed to address these barriers and are described in section 3E. The 10 facilities that did not reach goal in the Barriers to Fistula Collaborative were placed into one of the 2008-2009 FF quality improvement projects based on their specific barrier.

Fistula First Quality Award: In 2005, The Renal Network 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.

The goal of this award is to demonstrate performance outcomes above standards in the area of promoting AV fistula and vascular access management related to the FF Initiative. The award criteria were developed using the 11 Change Concepts of the CMS National Fistula First Initiative along with the K-DOQI guidelines.

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.

This performance award is defined by criteria that demonstrate rapid, sustainable improvement defined by a time-specific aim, and quantitative measures to display improvement and identification of process changes that lead to project advancement. Winners are selected based on a voluntary application that describes their processes to place and maintain fistula and decrease catheters, as well as program outcomes. Winners are announced at the annual meeting of the Network Council and are used as mentors for educational activities.

In 2008, in memory of Dr. Richard Breitenfield, a quality champion in Network 9, the title of the award was changed to the "Dr. Richard Breitenfield Quality Award." Three designations of achievement were delineated.

- **Bronze Award: Prevalent AVF 54-59%**
- **Silver Award: Prevalent AVF 60-65%**
- **Gold Award: Prevalent AVF ≥ 66%**

Six facilities filed applications for 2008 Dr. Richard Breitenfield Quality Award. All of the award applicants had outcomes greater than their Network prevalent fistula rate and had put processes into place that helped them achieve superior results. A volunteer panel consisting of members of the MRB and VAAP reviewed the applications and selected three facilities for awards. One facility was chosen for Gold and two facilities were chosen for Silver based on their outcomes and the processes used to achieve them

Listed here are the three winners and the exportable processes that have led to their successes:

1.) Gold Award: Renal Dialysis Center – Trover Health System, Madisonville, Kentucky. This facility has achieved a prevalent fistula rate of 72 percent and maintained a rate of 66 percent or greater since May 2007. This facility was a Silver winner in 2007.

They utilized a multi-disciplinary team approach, being aggressive about tracking catheter patients for removal of catheters.

The medical director and staff were very interested in educating primary care physicians so that timely referral to surgeons, along with expectations for AVF placement and vessel mapping, were done. They educated their chronic kidney disease (CKD) patients and placed AV fistulas in Stage 4 of CKD. The nephrologists and surgeons worked to get AVF placement done during initial hospitalization if not referred early. The surgeons were supportive of these goals and worked with the nephrologists and staff to identify failing grafts for secondary fistula placement.

The facility conducted ongoing cannulation in-services for staff. The facility cannulation protocol provides details that only the most skilled staff will cannulate new AVFs during initial usage.

2.) Silver Award: Fox Valley Dialysis/Tri-Cities Dialysis, Aurora, Illinois. This award was given as a joint award recognizing two sister facilities which used the same tools to improve fistula placement and survival. Under the guidance of the medical director, a team was devoted to the Fistula First concept and the K/DOQI guidelines. The team consisted of nurse managers, dialysis staff, a nurse educator, and surgeons. The Fistula First tools and resources from CMS and NW 9/10 were used. The surgeons, sponsored by the facility, attended Fistula First Learning Sessions in Chicago, Illinois. An emphasis was placed on educating all staff and members of the access care team regarding cannulation, graft to fistula conversion, and monitoring studies. An outline was designed, and followed, stating the goals for their project. These facilities implemented the following processes related to their success:

- Monthly meetings are held to discuss and plan patient accesses.
- Initiated the "button-hole" technique.
- Staff education was done focusing on cannulation techniques.
- "Master Cannulators" were chosen and developed.
- Focused on individual surgeons.
- Patient education was done regarding access types and care.
- Monthly access monitoring and adequacy was incorporated into their quality improvement program.
- Policies were developed for new AVFs with documentation tools.

3.) Silver Award: Provena St. Mary's Dialysis, Kankakee, Illinois. This facility won the silver award in 2007 and has continued to maintain a prevalent fistula rate of 60 to65 percent in 2008. They have improved their incident fistula rates by focusing on CKD education prior to initiation of dialysis.

This facility focused on one access surgeon who was receptive to the initiative. There were monthly communications discussing the patients with catheters or maturing fistulas.

They began a buttonhole and master cannulator program, instilling a sense of ownership in the success of the program through education of both patients and staff. Culture change was achieved through patient education and a patient-centered care model.

E. Network Special Projects/Studies

Quality Improvement Work Plan. During 2008, a Quality Improvement Work Plan (QIWP) was developed with the oversight of the MRB and the Board of Trustees. The QIWP described proposed quality improvement projects for the remainder of 2008 through the end of the contract year in 2009. The purpose of the QIPW was to describe quality improvement projects (QIP) designed to attain Network goals in these areas:

1. Fistula First
2. Catheter Reduction
3. Anemia Control
4. Hemodialysis Adequacy

For each QIP, the following topic areas were defined:

- Project Description/Problem
- Project Design & Methodology
- Start Date
- Stop Date
- Background
- Indicator
- Numerator/Denominator
- Goal
- Root Cause Analysis
- Barriers
- Interventions

Fistula First QIP. The following activities were designed as components of the quality improvement project to attain Fistula First goals.

Vascular Access Program Management. Eighteen dialysis facilities with poor vascular access outcomes and which have communicated that they lack a vascular access management program are participating in an initiative designed to improve facility CQI processes. This project is part of the 2008-2009 Quality Improvement Work Plan (QIWP) for the Fistula First initiative.

Goals and timeline for the Vascular Access Program Management were:

- Network 9: to increase the number of prevalent patients with a fistula by seven patients in each quarter for the duration of the project to attain a four percentage point increase by March 2009, a total of 28 patients.
- Network 10: to increase the number of prevalent patients in Network 10 each quarter for the duration of the project to attain a four percentage point increase by March 2009, a total of 26 patients.

Based on FF Change Concept #1 (Routine CQI Review of Vascular Access**)**, these facilities were instructed in July 2008 on the techniques of CQI and taught how to use a tool that MRB members developed to assist facilities with the collection and analysis of vascular access data. The tool collects patient level data including surgeon and nephrologist identifiers to facilitate the reporting of fistula rates back to these individuals.

The facilities were instructed:

- to convene a vascular access multi-disciplinary team,
- to define a timeline for regular meetings,
- to conduct a facility root cause analysis to identify barriers to fistula placement and usage,
- to consider revise and implement improved policies and procedures,
- to collect data monthly, and,
- to report outcomes to the Network monthly.

Network staff worked with each facility to assist with the implementation of their individual quality improvement projects and provide model policies and procedures. Data was collected from the facilities monthly; Network MRB members worked with medical directors and facility staff which did not reach intervention targets to re-assess their facility barriers and adjust the intervention. Network staff analyzed facility data quarterly and reported to participating facilities on progress made.

Chart 3.y and 3.z displays the results of this project at the end of the year, December 2008 for Network 9 and Network 10.

Chart 3.y

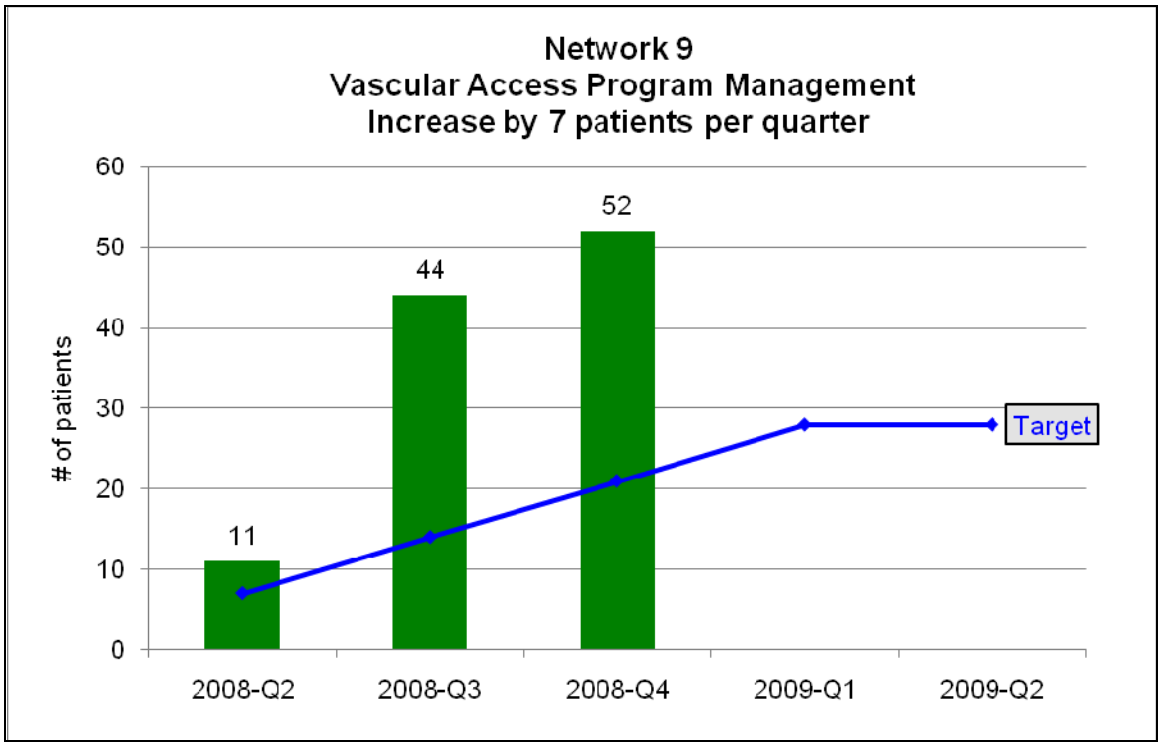
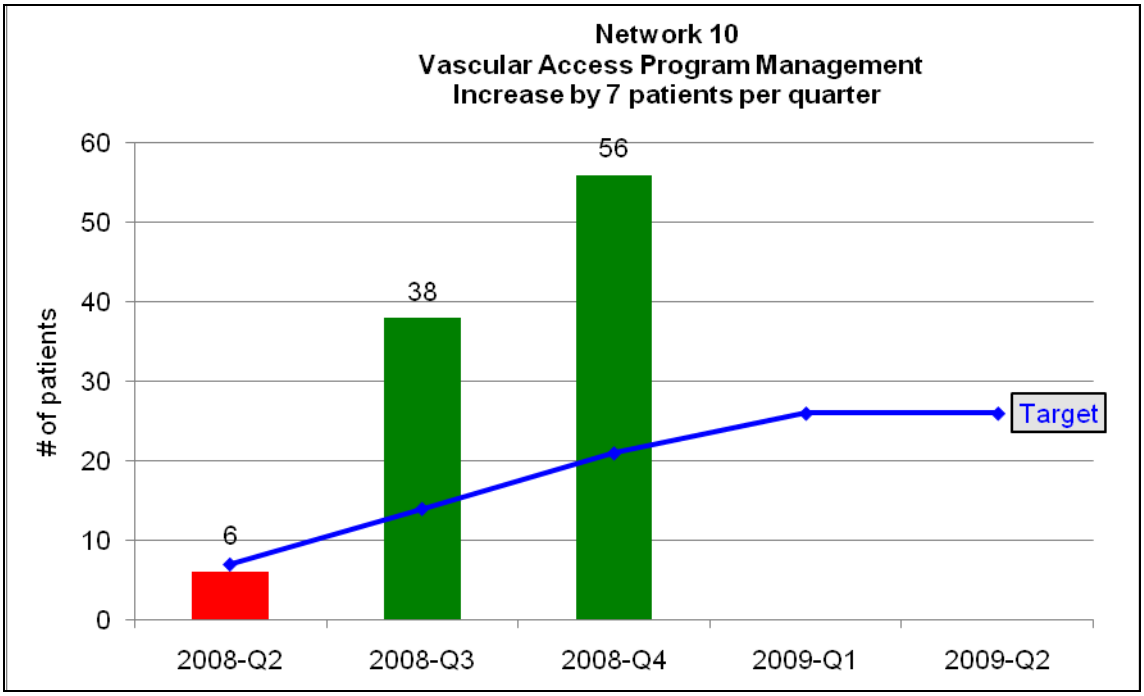


Chart 3.z



Identification of Vascular Access Coordinator (VAC) – Fistula First Change Concept #1 - Routine CQI Review of Vascular Access, describes designating a staff member in the dialysis facility to be responsible for vascular access CQI. In the spring of 2008 Network staff requested that dialysis facilities identify and provide contact information for a designated vascular access

coordinator (VAC). Responses indicated that 44 percent of facilities in Network 9/10 had no position for a VAC.

In March 2008, an analysis comparing fistula rates of facilities with a VAC verses facilities without a VAC revealed that facilities with a designated VAC had prevalent fistula rates five percentage points higher than facilities without a VAC. A total of 167 dialysis facilities without a VAC were instructed to appoint a staff member as VAC and to provide contact information to the Network for this staff member. The newly appointed VAC staff members received a tool kit developed by the Network which contained:

- VAC Role Description
- Vascular Access Algorithms
- Draft Fistula First Action Plans
- Vascular Access Protocols
- Implementation Tracking and Assessment Tools
- Draft Letter for Primary Care Physician
- Frequently Asked Questions and Answers
- Resource Web sites

The newly appointed VAC staff members participated in a project that is part of the 2008-2009 Quality Improvement Work Plan (QIWP) for the Fistula First initiative. They were instructed to perform a root cause analysis using the materials in the tool kit to identify facility barriers to fistula placement and usage and to develop intervention strategies. The VAC completed a project plan analysis to identify their plan to improve prevalent fistula rates; this information was submitted it to the Network. The VACs were invited to attend a learning session or WebEx conference to learn about tools, resources and interventions to assist in improving vascular access outcomes. Sixty nine of the participating facilities were represented at a learning session or WebEx. Finally, the VACs reported their progress quarterly by submitting an updated project plan to Network staff.

Data was collected from the facility monthly and Network MRB worked with medical directors and facility staff that which did not reach intervention targets to re-assess their facility barriers and adjust the intervention. Network staff analyzed facility data quarterly and reported to participating facilities on progress made.

The Vascular Access Coordinator project goal is to increase the number of prevalent patients with a fistula by 74 patients in Network 9 and 37 patients in Network 10 every quarter of the project to make a four percentage point increase by March 2009 (Network 9 goal=295 and Network 10 goal = 148).

Chart 3.aa and 3.bb displays the results of this project at the end of the year, December 2008 for Network 9 and Network 10.

Chart 3.aa

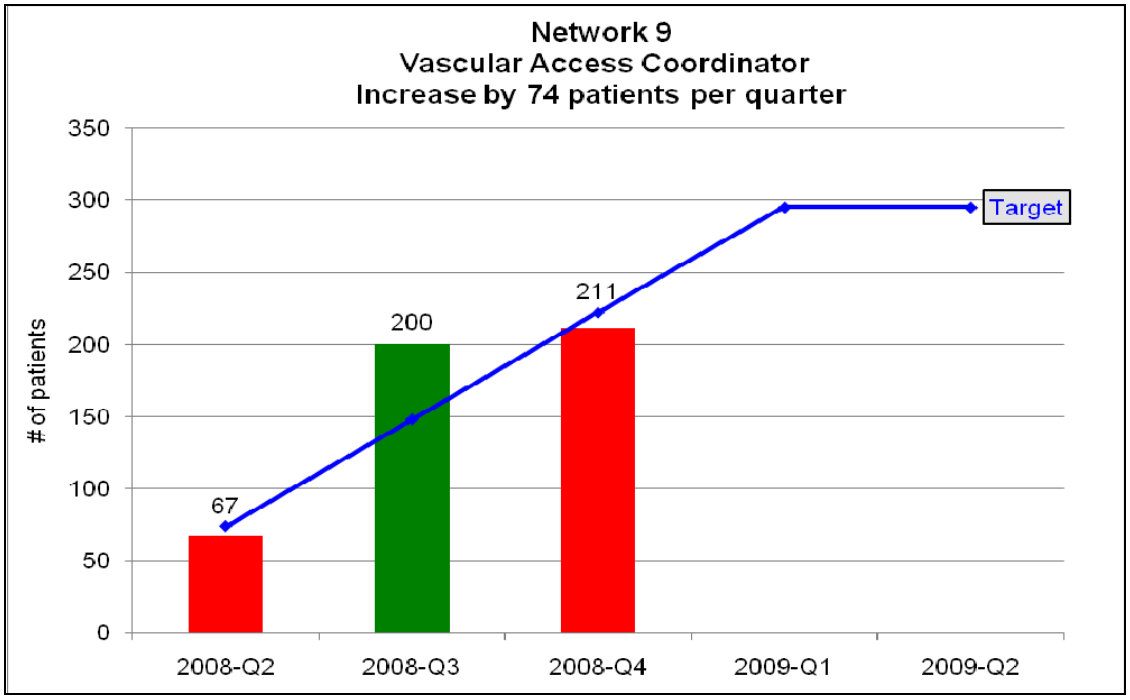
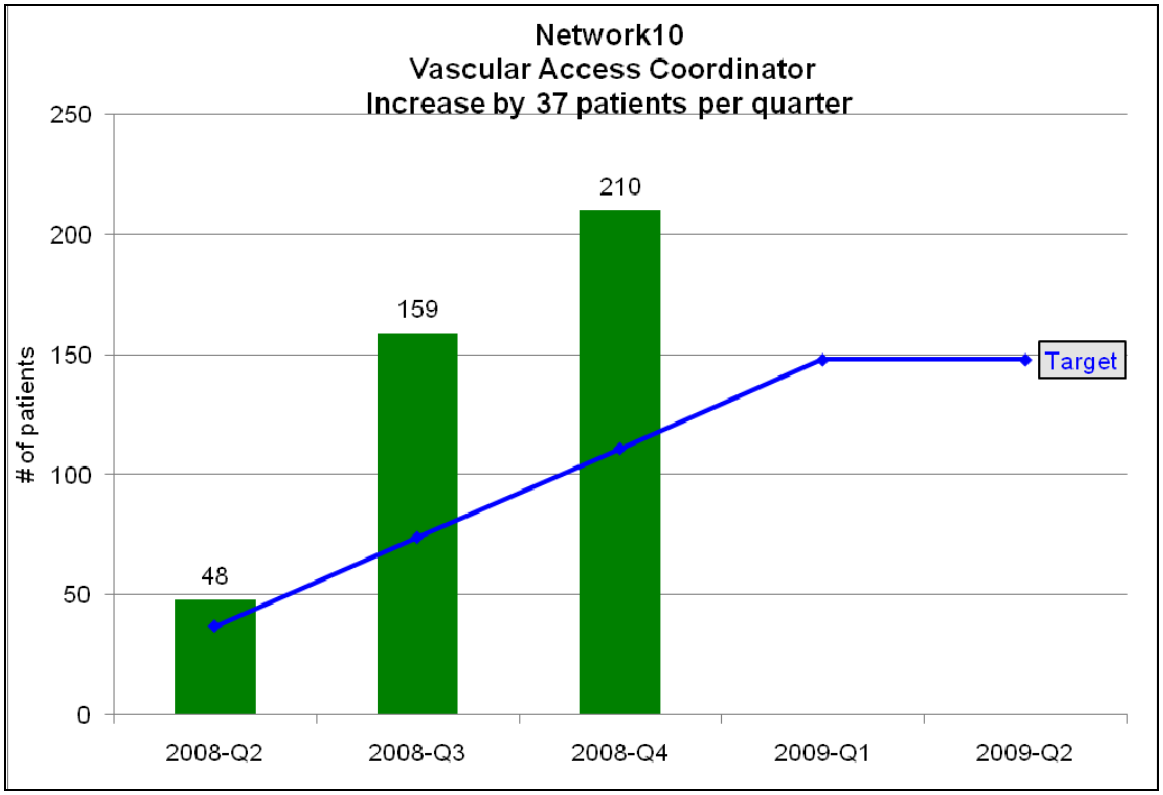


Chart 3.bb



Regional Physician Learning Sessions. Physicians from specific physician practice groups in central Indiana and southwestern Illinois were asked to participate in Learning Sessions as a project that is part of the 2008-2009 Quality Improvement Work Plan (QIWP) for the Fistula First initiative.

Goals and timeline for the Regional Physician Learning Session project were:

- Network 9: to increase the number of prevalent patients with a fistula by 9 patients each quarter for the duration of the project to make a four percentage point increase by March 2009, for a total of 35 patients.
- Network 10: to increase the number of prevalent patients with a fistula by five patients each quarter for the duration of the project to make a four percentage point increase by March 2009, for a total of 19 patients.

Program content was designed by Network staff and MRB members, including the following topics:

- facility data including trends and regional comparisons
- physician specific data
- routine CQI techniques
- best practices in fistula placement and usage
- process change tools and resources
- surgical and interventional techniques for AVF placement and use
- networking with mentor facilities

The Learning Sessions were designed to increase physician leadership, commitment and involvement in fistula prevalence quality improvement and to encourage facility adoption of policies and procedures for improved vascular access management. A total of 22 dialysis facilities participated in this intervention. All of the facility medical directors were present at the learning session along with one area surgeon, three Fresenius Medical Care (FMC) corporate representatives, one Diversified Specialty Institutes (DSI) corporate representative, and one area vascular access clinic representative. These facilities were contacted monthly to evaluate changes that were taking place following the learning session. The AVF rates provided through the Fistula First Dashboard were monitored monthly. The medical directors of facilities that did not demonstrate change and/or AVF rate improvement were notified by the VAAP chair to review vascular access processes, discuss facility barriers and develop an assessment of needed improvements.

Chart 1.cc and 1.dd displays the results of this project at the end of the year, December 2008 for Network 9 and Network 10.

Chart 3.cc

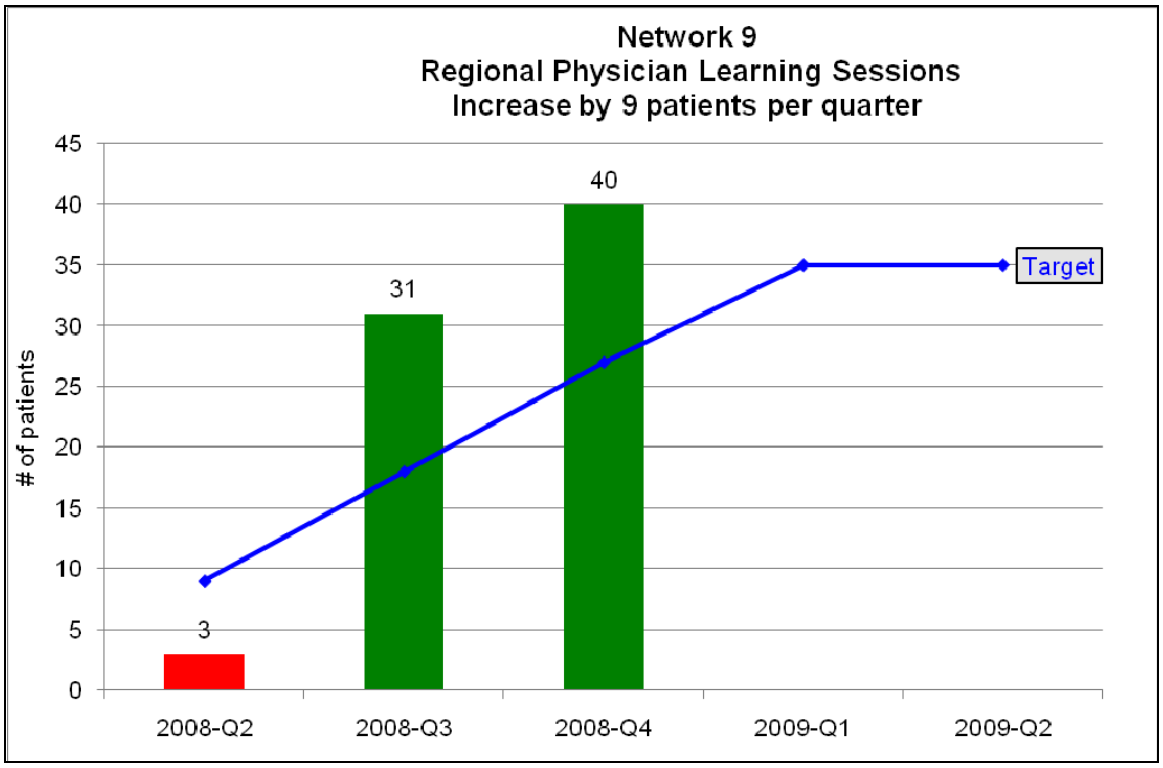
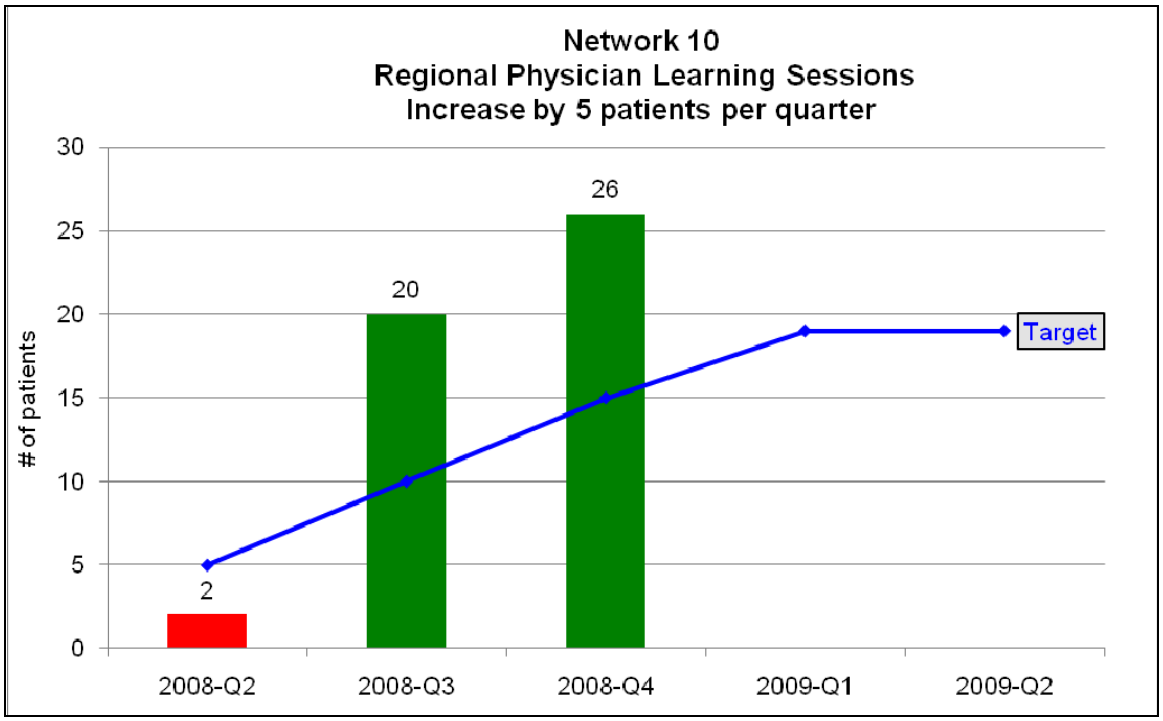


Chart 3.dd



Fistula Surveillance. Based on the Fistula First March 2008 Dashboard data, 24 dialysis facilities had at least 20 percent of their "fistula placed" patients continued to dialyze with either a catheter or graft. These data suggest a lack of appropriate fistula management. Proper management would ensure a mature fistula which, in turn, improves overall fistula rates for the Network. These 24 dialysis facilities participated in a project as a part of the 2008-2009 Quality Improvement Work Plan (QIWP) for the Fistula First initiative.

Goals and timeline for the Fistula Surveillance Project goal were:

- Network 9: to increase the number of prevalent patients with a fistula by ten patients for each quarter of the project to make a four percentage point increase by March 2009, a total of 38 patients.
- to increase the number of prevalent patients with a fistula by 4 patients for each quarter of the project to make a four percentage point increase by March 2009, for a total of 13 patients.

Resources and tools based on Fistula First Change Concept #9, Monitoring, Surveillance and the Failing AV, were provided to the facilities which were determined to be in need of assistance. The facilities completed a questionnaire designed to identify the facility barriers to fistula maturation in patients with placed fistulas and provided an action plan to the Network. The facilities provided data monthly using a data collection tool to identify patient level fistula rates by physician and surgeon. The facilities were instructed to utilize the specific physician and surgeon data in the CQI activities as a comparison reporting tool. Facility staff members, including the VAC, medical director and surgeon, were asked to attend one learning session in September/October/ November 2008 to discuss barriers to appropriate fistula placement and best practice models. Thirteen of the participating facilities were represented at the learning session.

The facilities that did not achieve at least one percentage point increase in their prevalent fistula rate each quarter were contacted by Network staff to review vascular access processes, discuss facility barriers and develop an assessment of needed improvements.

Chart 3.ee and 3.ff displays the results of this project at the end of the year, December 2008 for Network 9 and Network 10.

Chart 3.ee

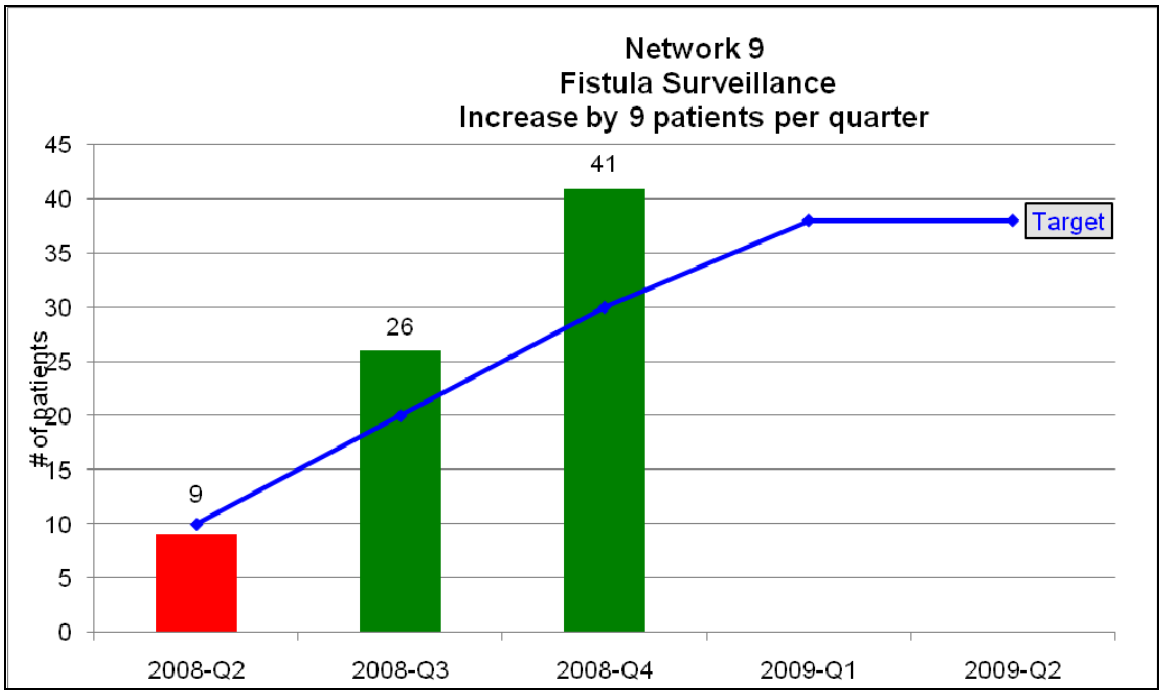
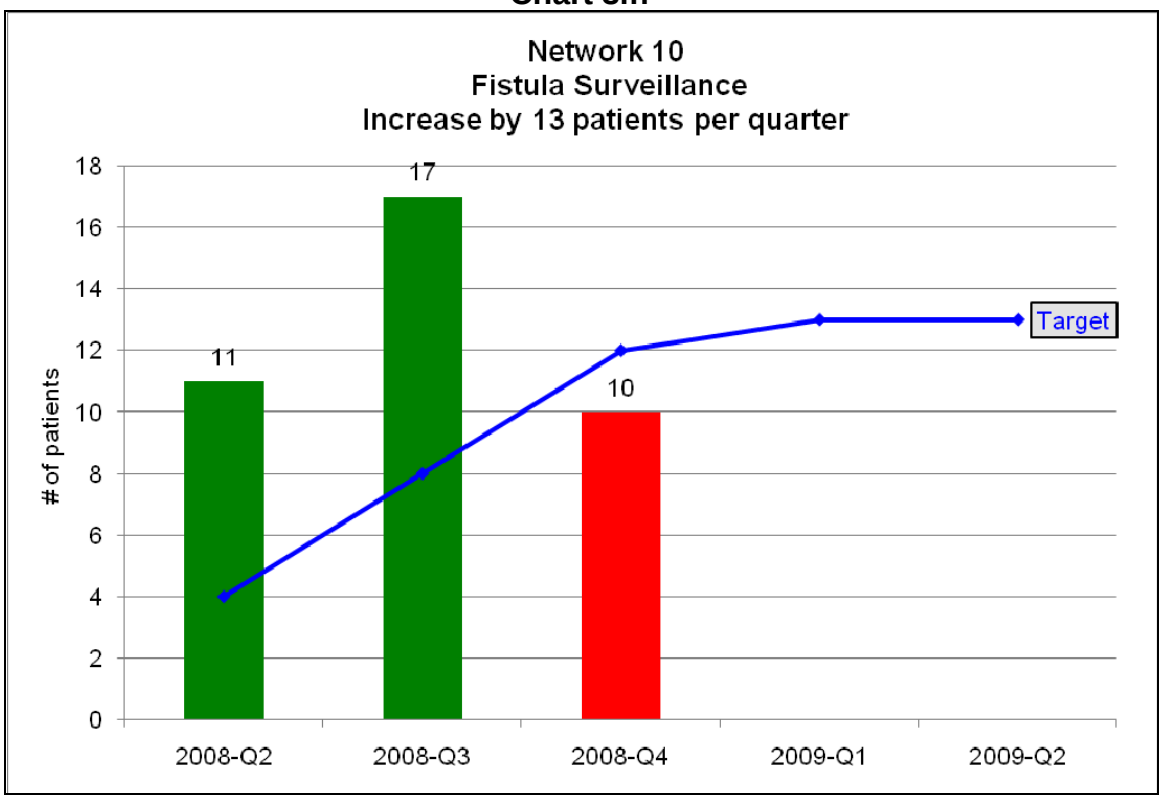


Chart 3.ff



Chronic Catheter Reduction. The following activities were designed as components of the quality improvement project to reduce the use of chronic catheters.

Reducing catheters, FF Change Concept #7, AVF Placement in Patients with Catheters Where Indicated, was being targeted by the national Fistula First Breakthrough Initiative in 2008-2009. KDOQI recommends less than 10 percent of a facility prevalent patient population should be dialyzed with a chronic catheter (defined as catheter only for >90 days) due to increased risk of infection and central venous stenosis, and the possibility of compromising dialysis adequacy.

Network 9 and Network 10 exceeded the KDOQI recommendations for percentage of chronic catheters at 13 percent and 15 percent respectively. Nine dialysis facilities in Network 9 and nine dialysis facilities in Network 10 participated in a quality improvement project that is part of the Facility-Specific Quality Assessment and Improvement Projects (QAIPs) of the 2008-2009 Quality Improvement Work Plan (QIWP). These targeted facilities had a chronic catheter rate of greater than or equal to 20 percent based on March 2008 data.

Goals and timeline for the Chronic Catheter Reduction Project were:

- Network 9: at least five of the targeted facilities (n=9) will decrease their prevalent patient chronic catheter population by a minimum of 20 percent by March 31, 2009.
- Network 10: at least five of the targeted facilities (n=9) will decrease their prevalent patient chronic catheter population by a minimum of 20 percent by March 31, 2009.

Three barriers to reducing the percentage of patients with chronic catheters were identified:

1. No policies or procedures in place for evaluating catheter patients for an AVF
2. No formal tracking of catheter patients to ensure that a plan is developed for catheter removal
3. No structured CQI vascular access management program

Targeted facilities participated in the following intervention activities designed to address the identified barriers:

1. **No policies or procedures in place for evaluating catheter patients for an AVF.**
   - Facility staff received the tools and resources on policy and procedure development provided through FFBI for Change Concept #7, AVF

Placement in Patients with Catheters Where Indicated, by email and through learning sessions.
- Facility staff members were asked to attend scheduled learning sessions. Topics included best practice models, and a discussion of data describing patient and facility infection, hospitalization and mortality rates related to increased chronic catheter usage.

2. **No formal tracking of catheter patients to ensure that a plan is developed for catheter removal.**
   - Facility staff members received by email instruction on utilizing the vascular access quality improvement data collection tool so that information can be collected and reviewed internally on a monthly/quarterly basis. Network staff was available to answer questions related to the collection tool.
   - Facility staff members submitted data monthly to the Network and received feedback reports with comparison outcomes

3. **No structured CQI vascular access management program.**
   - Facility staff members received instruction by email on using the vascular access quality improvement template, including the vascular access needs assessment. Both were designed to provide a structure for a vascular access management program. Network staff was available to answer questions on the QI template.
   - Facility staff members submitted a facility barriers questionnaire and an action plan to the Network.
   - Facility staff members were asked to attend scheduled learning sessions. Topics included best practice models and QAPI development to assist in catheter tracking resulting in AVF placement.

Network QI staff worked with dialysis facility staff to provide guidance and technical assistance throughout the project. Medical Directors and QI nursing staff of facilities which failed to reduce the chronic catheter population quarterly were contacted by Network staff to discuss action plans and facility processes.

Chart 3.gg and 3.hh displays the results of this project at the end of the year, December 2008 for Network 9 and Network 10.

Chart 3.gg

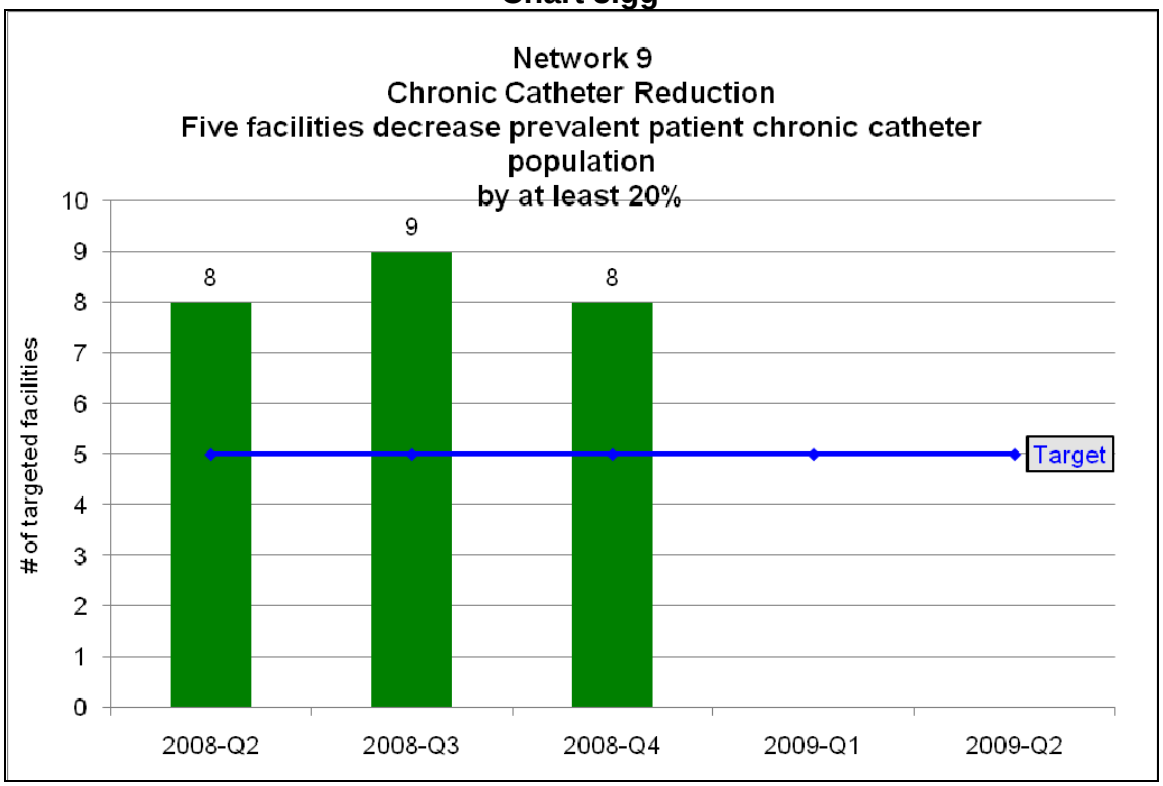
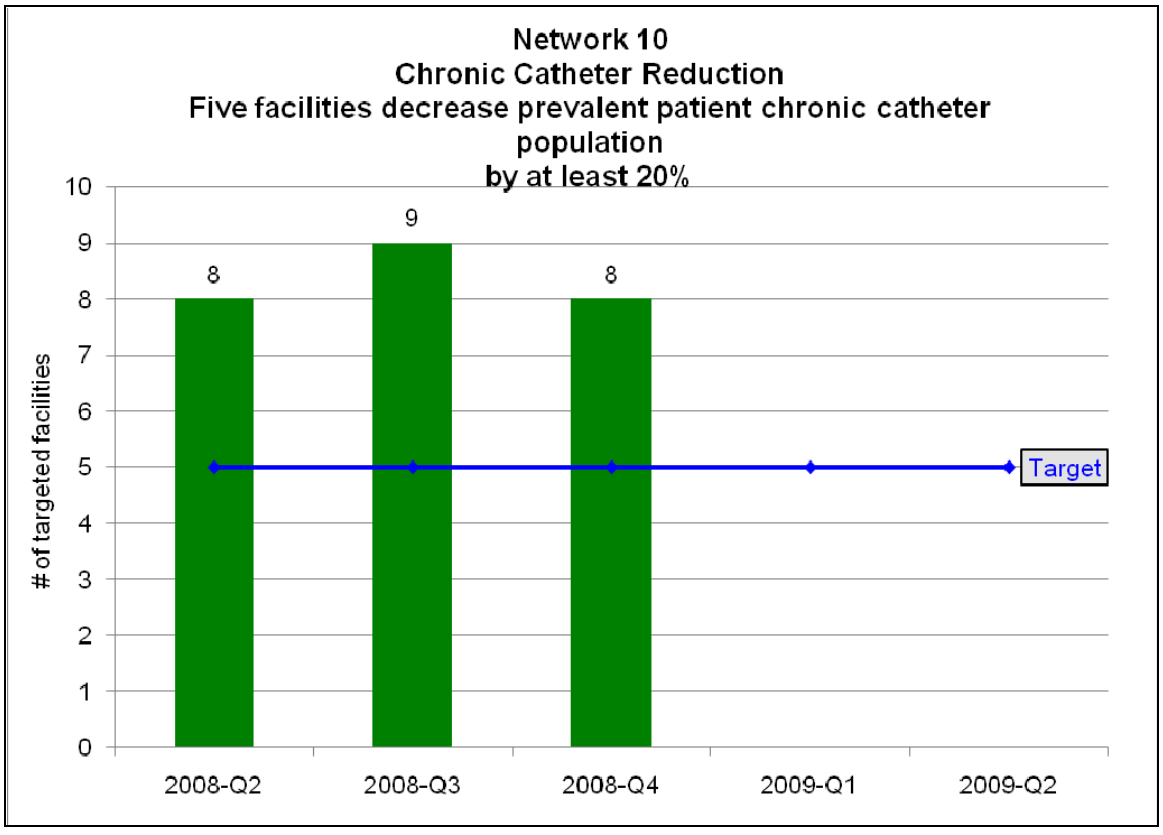


Chart 3.hh



Hemodialysis Adequacy QIP. The following activities were designed as components of the quality improvement project to reduce the use of chronic catheters.

The objective of the hemodialysis adequacy quality improvement project, which is part of the Clinical Performance Measures (CPM) project of the 2008-2009 Quality Improvement Work Plan (QIWP), is to ensure that facilities have a process in place to address adequacy of dialysis through monitoring URR in order to improve adequacy outcomes to at least the December 2007 overall Network performance of 88% of patients with adequate dialysis.

In 2008, a total of 27 facilities in Network 9/10 have more than 74 percent of their patients with adequate dialysis, which is two standard deviations below the overall Network performance of 88 percent of patients with adequate dialysis.

The Goal of the Hemodialysis Adequacy QIP:

- Network 9: 60 Percent of the targeted facilities will meet or exceed the Network average of 88 percent patients with adequate dialysis by March 2009.
- Network 10: 60 percent of the targeted facilities will meet or exceed the Network average of 88 percent patients with adequate dialysis by March 2009.

Two barriers prevalent in a majority of these underperforming facilities were identified as:

1. Lack of a quality assessment and performance improvement (QAPI) process to track facility adequacy rates in URR.
2. Lack of policies and algorithms to monitor and adjust processes of care to improve the percentage of patients with URR ≥65%.

Network staff identified the medical director and head nurse as primary contacts for this QIP. To address both barriers, the medical director, head nurse and other facility staff:

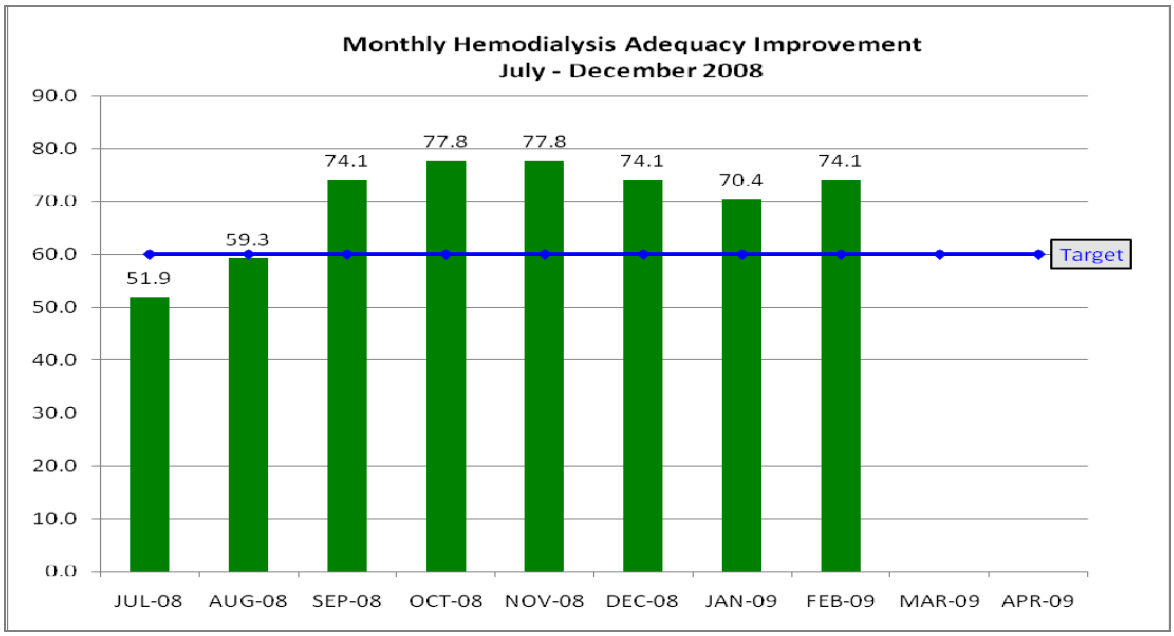
- Received instruction on the techniques of CQI for adequacy of dialysis QAPI development
- Received instruction on the use of the Hemodialysis Adequacy Template
- Completed a Facility Barriers to Adequate Dialysis Questionnaire and submitted it to the Network. Network QI staff reviewed the results of the questionnaire to determine facility specific barriers and work with the facilities to develop action plans to address facility specific barriers.
- Received model policies and algorithms to address adequacy protocols from Network QI staff using those of dialysis facilities with high percentages of patients with URR ≥65 percent.

- Developed an action plan using the tools provided, including facility adequacy policies/procedures
- Submitted data and completed the “Needs Assessment Report” monthly via the Hemodialysis Adequacy Template data collection tool

Targeted facilities were assigned a quarterly adequacy goal based on the target of 88 percent, minus their baseline rate and then divided by four. Facilities worked with Network staff to review facility-level and patient-level data monthly to track progress toward goal. Medical Directors of facilities that did not meet their quarterly goal were contacted by Network staff and the MRB chair to discuss action plans, policies and algorithms.

Chart 3.ii displays the first three quarter results toward the project goal of 60 percent of the targeted facilities will meet or exceed the Network average of 88 percent patients with adequate dialysis.

Chart 3.ii



Anemia Management QIP. The following activities were designed as components of the quality improvement project to increase the percentage of patients in the target zone (10-12 gm/dL) for hemoglobin.

In response to FDA advisories released in 2007 and KQQOL-CMS Guidelines to avoid targeting hemoglobin over 12 gm/dL, the MRB developed a formula, named the Hemoglobin Target Calculator, to guide facilities regarding the achievable percentage of patients with hemoglobin in the 10 to 12 gm/dL range based on facility size. Members of the Network MRB determined the expected hemoglobin rates, based on facility size and a facility population mean

hemoglobin of 11 gm/dL using a re-sampling statistical technique and actual Network hemoglobin data. This analysis provided a report of what should realistically be expected each month in the three hemoglobin ranges (<10 gm/dL, 10-12 gm/dL, and >12 gm/dL) based on a desired mean at the mid-point of the target range and the effect of facility size on variability. Application of this formula was shown to shift the mean hemoglobin in each facility toward 11 gm/dL, optimizing the percentage of patients within the target range and decreasing the numbers of patients with hemoglobin of greater than 12 gm/dL.

Operating under the prior anemia CPM which was the percentage of patients above a hemoglobin of 11.0 g/dL, Network 9 and 10 saw the change in the mean hemoglobin move from 10.9 g/dL in 1996 to a high of 12.0 g/dL in 2006. During this time the variability in the measured hemoglobin did not change. In order to achieve the maximum percentage of patients within the newly identified target range of 10 to 12 g/dL, facilities needed to achieve a mean hemoglobin of 11.0 g/dL. In order to avoid a situation where the facility will micromanage anemia and introduce variability, Network 9 and 10 determined the 95 percent confidence interval around the percentage of patients within the target range so that facilities can judge how well they are performing in comparison to the Network adjusting for facility size.

The goal for Network 9 is to increase the percentage of patients with hemoglobin 10-12gm/dL to 52.2% by March 31, 2009. The goal for Network 10 is to increase the percentage of patients with hemoglobin 10-12gm/dL to 50.3% by March 31, 2009.

The MRB identified three barriers to the goal:

1. Lack of awareness and understanding of the new FDA hemoglobin target range of 10 to12 gm/dL
2. Failure to adapt ESA dosing algorithms to new hemoglobin target range
3. Lack of awareness that based on the underlying distribution of the hemoglobin concentration in the population (all patients in the Network), one can reasonably expect to see specific percentages outside the target range and that this is dependent on facility size

All dialysis facilities in Network 9/10 were included in this QIP as part of the Network Specific Quality Improvement project of the 2008-2009 Quality Improvement Work Plan (QIWP).

To address all barriers, the Medical Review Board concluded that all dialysis facilities in the Network 9/10 area should be educated on the new clinical performance measures and be provided with dosing algorithms proven to help achieve target hemoglobin.

Dialysis facilities received five resources:

1. FDA Statement on ESAs along with revised Network 9/10 goal for Anemia Management
2. Facility specific anemia data report based on 2007 Elab data with regional comparatives
3. The Hemoglobin Target Calculator and instructions for use
4. MRB Recommendations to Medical Directors on achieving hemoglobin targets
5. Notice that ESA dosing algorithms from facilities that have a mean of 11 gm/dL and an appropriate percentage of patients within the 10 to12 gm/dL target was posted to the Network Web site

The MRB is recommended to all medical directors, physicians and nurse managers that:

1. Facilities track the monthly mean hemoglobin to ensure that this average is moving to the target (11gm/dl) recommended by the calculator.
2. Failure of the mean hemoglobin to fall below 11.5 gm/dL should prompt a review of the facility's anemia management protocol.
3. Facilities should compare the observed percentage of patients in each of the three monitoring ranges to the expected percentage identified by the calculator and make changes to the facility's anemia management protocol as necessary.

Network staff provided anemia management educational material quarterly to keep facilities focused on the QIP and provided guidance and technical assistance to facility staff who request clarification/additional information.

This intervention was applied to all 688 facilities within Network 9/10. As of December 2008**,** Network 9 met goal with 58.6% patients with hemoglobin 10-12gm/dL and Network 10 met goal with 58% patients with hemoglobin 10-12gm/dL.

During 2009 a questionnaire will be sent to participating facilities to determine to what extent the intervention educational material and calculator where used so a project evaluation can be completed.

F. 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.

There are four focused intervention projects included in Fistula First (FF) activities.

The projects are:

1. Vascular Access Program Management
2. Identification of Vascular Access Coordinator (VAC)
3. Regional Physician Learning Sessions
4. Fistula Surveillance

These projects are described at length with charts displaying progress toward goals in section 3.D (PAGE NUMBER TO COME).

2. Facility Intervention Profiling System.

Using data routinely reported to the Network, the MRB utilizes the Facility Intervention Profiling System to analyze all available aspects 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:

- fourth quarter sample provided by the lab data collection
- data from CMS Form 2728 on initiation of dialysis
- Standardize Mortality Ratio (SMR)
- Standardized Hospitalization Ratio (SHR)
- vascular access data
- grievance
- 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.

2008 Intervention Facilities. During 2008, six facilities were identified for intervention profiling. Five of these facilities had 40 to 49 points, and one of the facilities had 50 points.

The following plan was approved by the MRB in October 2008 and has been implemented:

1) Facilities received a letter with the points they were assessed and a description of the intervention profiling process.

2) Targeted facilities were contacted in October 2008 to determine their most current data. Discussions with these facilities surrounded assistance being provided by the Network in the areas that points were assessed and required to submit an action plan for improvement to the Network. Interventions included providing resources to the facilities, participation in specific quality improvement projects, and technical assistance.

   Facilities that have been targeted for intervention profiling are involved in quality improvement initiatives based on certain substandard areas. The following table displays the number of facilities that have points in the areas where quality improvement projects are being conducted (not mutually exclusive):

Substandard Area	Number of Facilities w/Points *
Prevalent Patient Fistula Rate <40%	5
<85% of Patient with URR ≥65%	5
Standardized mortality ratio (SMR)	6
**Some facilities had points in all areas.*	

The targeted facilities will be expected to improve by the 2009 intervention profiling analysis set for August.

3. CPM Plan – Hemodialysis Adequacy QIP.

Twenty-seven hemodialysis facilities were identified as being sub-standard performers related to adequacy as demonstrated by having percent patients with URR at least two standard deviations (74.7%) below the Network mean (88.0%). The goal of this project is that 60% of the targeted facilities will meet or exceed the Network average of 88% patients with adequate dialysis by March 2009.

More information and charts displaying project outcomes can be found in Section 3.E.1 (PAGE NUMBER TO COME).

4. 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 intervenes to help resolve the complaint between the patient and the dialysis provider. With the patient's permission, the Network contacts the provider to discuss the issue and suggest resolutions as appropriate. The Network also provides additional resources to the patient and provides coaching assistance on problem-solving and communication skills as needed. In the course of the examination of the grievance, facility processes are examined. When deficiencies are noted, corrective action plans are developed and monitored by the Network.

Additionally, grievance topics often produce topics for quality improvement such as the Barriers to Outpatient Dialysis project, which is described in Goal 2, (PAGE NUMBER TO COME).

Complete details on the Network grievance process can be found in Goal 3, beginning on (PAGE NUMBER TO COME).

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.

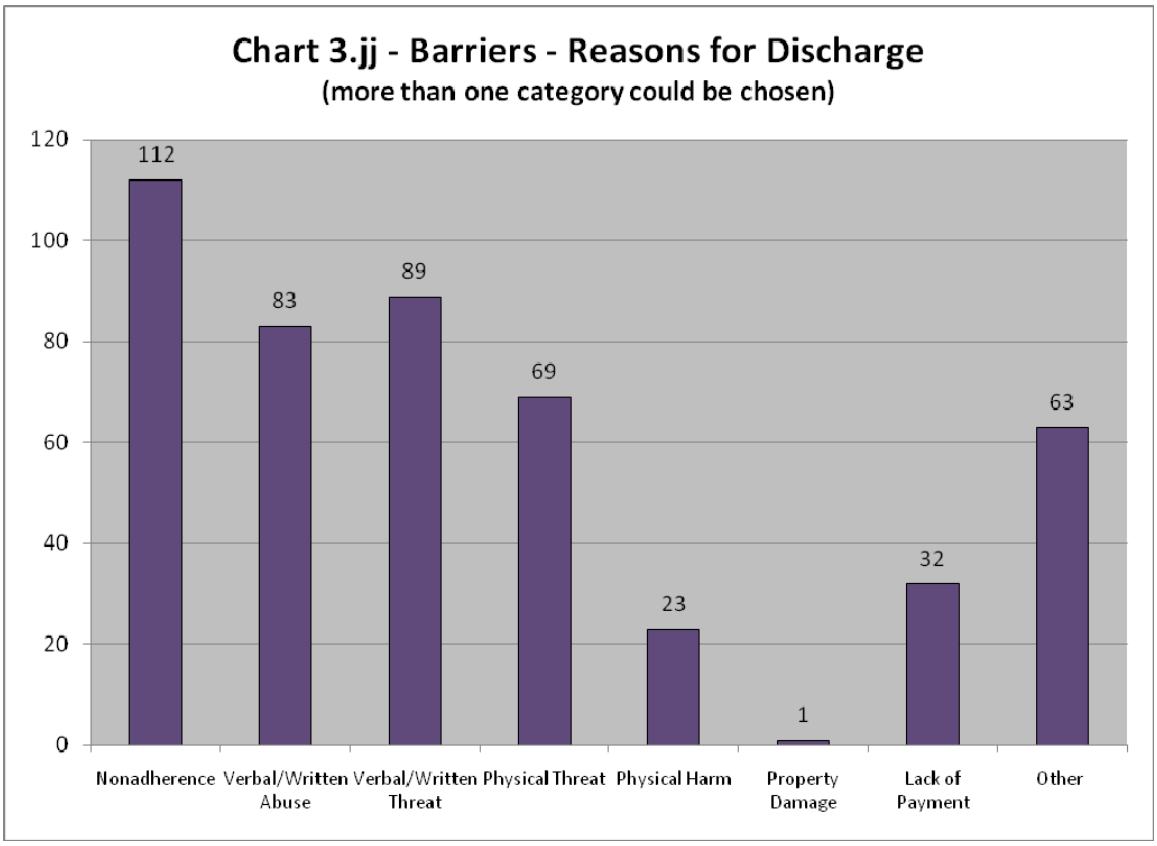
The Network maintains the PLC to work through the Patient Services Department to implement programs to benefit individuals with end-stage renal disease. Additionally, the MRB and the Board of Trustees each have four positions dedicated to patient representation to ensure the voice of the beneficiary 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. Barriers to Outpatient Dialysis Collaborative Project

In 2006, CMS funded the Barriers to Outpatient Dialysis Placement Project. One outcome of the project was to conduct a pilot program using the standardized forms developed as part of the project. Eight ESRD Networks (1, 9, 10,11,14,15,16, and 18) participated in the three-month pilot project. From January 2007 until March 2007, the participating networks completed an Admission Form for all calls related to barriers to placement and a Discharge Form for all calls related to involuntary discharges. In total, 53 Admission Forms and 87 Discharge Forms were submitted to Network 9/10, which compiled and analyzed the barriers information.

Even though funding for the Barriers Project ended in 2007, many networks agreed to continue the data collection effort. In total, 11 network organizations (1, 5, 6,9, 10, 11, 12, 13, 14, 15, 16, and 18) used the Admission and Discharge Forms throughout 2008 as a way to standardize information about involuntary discharge and placement barriers. A number of patients who are involuntarily discharged have difficulty finding placement in other dialysis units. Non-compliance is the most frequent reason given for an involuntary discharge. Reasons for discharge are displayed in Chart 3.jj.



The demographics for the participating networks were pooled to identify any demographic outliers among discharged patients. For example, a higher percentage of discharged patients were in the 18-44 year old category, were males, and were black. Discharge demographics by age, gender, and race are displayed in Charts 3.kk, 3.ll and 3.mm.

Chart 3.kk - Discharge Demographics By Age Age Breakdown (n=300)			
Age	Forms	Percentage of Forms	Networks Percentage
< 18	1	0%	1%
18 - 44	**124**	**41%**	**15%**
45 - 64	143	48%	42%
65 - 74	22	7%	22%
75 - Up	9	3%	20%
Unknown	1	0%	0%

Chart 3.ll - Discharge Demographics by Gender

Gender Breakdown
(n=300)

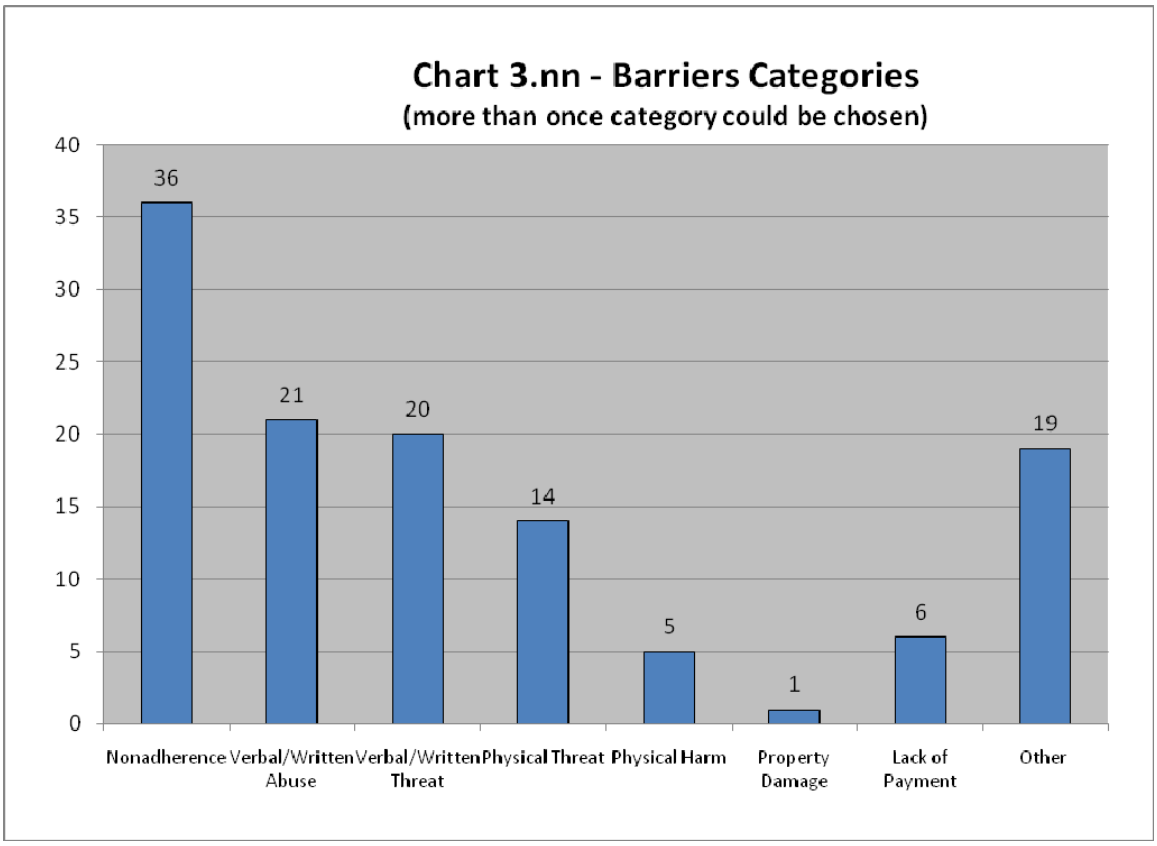
Gender	Forms	Percentage of Forms	Networks Percentage
Male	**220**	**73%**	**55%**
Female	79	26%	45%
Unknown	1	0%	0%

Chart 3.mm - Discharge Demographics by Race

Race Breakdown
(n=300)

Race	Forms	Percentage of forms	Networks Percentage
American Indian	5	2%	2%
Asian	2	1%	3%
Black	**166**	**55%**	**36%**
White	125	42%	58%
Other	1	0%	1%
Unknown	1	0%	0%

Most patients who came to the attention of the networks were unable to find dialysis placement due to involuntary discharge from a dialysis facility. Patient behavior was identified as the primary barrier Chart 3.nn displays categories for placement barriers.



Comparing the pooled network demographics with the patient specific demographics identified potential placement barriers. A higher than expected number of patients within the 18 to 44 age group, male patients, and black patients had barriers to outpatient dialysis placement. See Chart 3.oo, 3.pp and 3.qq respectively.

Chart 3.oo - Placement Demographics By Age

Age Breakdown
(n=95)

Age	Forms	Percentage of Forms	Networks Percentage
< 18	1	1%	1%
18 - 44	**31**	**33%**	**15%**
45 - 64	39	41%	43%
65 - 74	7	7%	22%
75 - Up	1	1%	20%
Unknown	16	17%	0%

Chart 3.pp - Placement Demographics By Gender

Gender Breakdown
(n=95)

Gender	Forms	Percentage of Forms	Networks Percentage
Male	**58**	**61%**	**54%**
Female	29	31%	46%
Unknown	8	8%	0%

Chart 3.qq - Placement Demographics By Race Race Breakdown (n=95)			
Race	Forms	Percentage of forms	Networks Percentage
American Indian	1	1%	2%
Asian	0	0%	2%
Black	**50**	**53%**	**40%**
White	27	28%	55%
Other	0	0%	0%
Unknown	17	18%	0%

This project was completed at the end of 2008 in anticipation of CROWNWeb. Network staff began analysis of the data after completion of the project. It is anticipated that a final report will be disseminated to CMS and all participating network organizations during 2009. The Director of Patient Services presented on the preliminary data during a session at QualityNet in August.

B. New Patient Packet

In 2008, the Patient Services Department continued to coordinate the New Patient Packet program. During the year, the Network Coordinating Center (NCC) sent out a combined total of 13,191 New Patient Packets to patients in Network 9 and Network 10 (8,421 in Network 9 and 4,770 in Network 10). Out of the 13,191 Packets, 11,837 packets reached new ESRD patients without error. The Network investigated the reason that the remaining 1,354 packets did not first reach the intended patients. Reasons for error included:

- Incorrect address, Post Office forwarded to correct address
- Incorrect address, no forwarding address provided
- Patient Deceased
- Patient Identification Issues

Tables 3.rr and 3.ss summarize the actions related to the delivery of New patient Packets.

Chart 3.rr - 2008 New Patient Packet Activity

New Patient Packets	Network 9	Network 10	Total
Total New Patient Packets Sent	8,421	4,770	13,191
Packets Delivered Without Error	7,596	4,241	11,837
Packets Returned For Correction	**825**	**529**	**1,354**
Resolution of Required Correction:			
New Patient Packets Forwarded by Post Office	350	229	579
Deceased Patients	125	71	196
New Patient Packets Returned & Corrected by Network Office	226	144	370
Packets Undeliverable, Beyond Network Control	124	85	209

The following table provides a breakdown of the reasons that the packets could not be delivered that were beyond the Network control.

Chart 3.ss - Reasons for Packets Undeliverable, Beyond Network Control

Reasons for Returned Packets Out of Network Control	Network 9	Network 10	Total
Recovered Function	24	10	34
Address Stayed the Same	59	40	99
Patient had Transplant	5	7	12
Patient Discontinued Dialysis	9	0	9
Patient Refused Mail	4	0	4
Patient Transferred out of Facility	21	27	48
Patient was Lost to Follow-Up	2	1	3

The acceptable return rate for all new patient packets is under 6% and the average is 5.1% The Network monthly tracks the reasons for the returns which

include death, moving to a nursing home, moving out of state, recovering function, network error in entering the data, and facility error in completion of the 2728.

The Network determined that an acceptable return rate of New Patient Packet due to Network error is less than one percent. Overall, the return rate due to network error has remained under one percent with an average of .63 percent..

C. Resources & Opportunities for Beneficiaries

1. Educational Information & Activities.

To encourage independence, improve quality of life, self-care and transplantation, Network 9/10 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 2008.

- 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 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 throughout the Network applied for the Robert Felter Memorial Award by writing about how they cope with kidney failure and how they volunteer to help others. A committee made up of Patient Leadership Committee members selected one recipient for the award from Network 9 and one from Network 10. Each recipient will attend an educational program in 2009 and share their experience with other patients.

- The Network collaborated with the Renal Support Network (RSN) to provide a patient meeting, with over 100 people in attendance, in June 2008 in Indianapolis, Indiana. The Patient Services Director presented on the role and activities of Network 9/10 as well as specific information on emergency preparedness. The Network also had an information booth where patients could obtain more about fistula placement, rehabilitation options, quality of life, financial resources, immunizations, and technical assistance from the Network. Other topics included: a) Access and Treatment Options, b) Lessons learned from a Kidney Survivor, c) Home Dialysis, 4) Surviving a Kidney Transplant, and 5) Managing depression.

- The Network developed and/or updated the following resources and made them available to patients, through direct mail and on the Network Web sites: *Resource Guide for Patients* (137)*; Self-Care Increases Personal Control* (633)*.*

- The Network resources on quality of life (45), Fistula Booklet (35), and Access Care (762) were sent when requested and were available for download from the Network Web sites.

- The Network published three issue of *Renal Outreach*, a newsletter dedicated to individuals with end-stage renal disease – approximately 4500 editions of each newsletter were published. .

  The Winter 2008 edition included the following articles: a) *Is the Buttonhole Cannulation Technique Right for You? b) Our Support Group at HDD, c) Do You Need to Learn a New Skill to be Employed? d))Sharing the Gift of a Positive Attitude, e) New Programs to Help Patients Cope,* and f) *Immunization and Vaccinations.*

  The Spring 2008 edition include the following articles: a) *Paired Donation, b) Transplantation: Be Informed about High Risk Donors*, c) *Self-Care at the Dialysis Unit: What's In It For You, d) National Living Donor Assistance Center, e) Hero of Fistula Longevity, f) How the Network Can Help Patients and Staff; g) Recipients of The Renal Network Robert Felter Memorial Award,* and *h) Manage Thirst – First.*

  The Fall edition of the *Renal Outreach* included the following articles: a) *Self-Care Options at Home: Think about It! b) Medicare part D Prescription Drug Plans for 2009, c) The Hidden Phosphorus in Fast Food, d) Depression is More than the Blues, e) Hidden Talents Lurk Within You, f) Looking for an Online Support Group, f) Flue Season and Immunizations, and g) New Conditions for Coverage.*

- A Patient Self-Care in the Dialysis Unit Packet was mailed to 661 head nurses in February 2008 included the material for patients: a) Medical Education Institute publication *In Control*, Vol. 4, No 3, September 2007 and b) article entitled *Self-Care Increases Personal Control.*

- A link to a poster entitled *National Health Decisions Day* was sent in April to f977 staff members to post for patients to encourage them to complete advance directives.

- The Vocational Rehabilitation Packet was sent to all dialysis facility social workers in June. The packet included the following resources to be shared with patients: a) Suggestions for Volunteer Activities, b) article entitled *Keeping Your Job When You Need Dialysis, c)* article entitled *Role Reversal*; d) article entitled *Meaningful Employment is Possible,* e) article entitled *Rehabilitation Starts with a State of Mind,* and f) article entitled *It Was All in a Smile.*

- In September 343 social workers were encouraged to share with patients information from the National Kidney Disease Education Program entitled “When Was the Last Time You Took Your Loved One to the Doctor?”

- A flyer with Information about the role of The Renal Network and potential signs of kidney disease was given out at the Black Expo in Indianapolis. Black Expo is a national event, geared toward the African American community

- Information to share with patients was sent to 832 staff members regarding two conference call presentations sponsored by the National Kidney Foundation and the Network Coordinating Center. The topics were a) Your Safety on Dialysis Treatment: In-Center and at Home and b) Getting the Care You Need.

- Information about the National Kidney Disease Education Program “November is American Diabetes Month” was sent to 1135 staff members at facilities and they were encouraged to share the information with patients.

- Information about renal healthy recipes provided by the National Kidney Disease Education Program was sent 1135 staff members at facilities to share with patients in December.

2. Web Site: www.kidneypatientnews.org.

Network 9/10 maintains 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 useful as a monitoring tool. Web hits and page downloads 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.

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 with the Network staff any issues they are experiencing with their dialysis care. The Network staff works to resolve concerns as they are identified. With the patient's permission, Network 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 MRB 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, through a telephone call, email 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 attempt to intervene as soon as a complaint is received. Often, the Network staff member acts as a mediator between the dialysis facility and the patient to objectively work out problems. Patient Services staff members also coach patients on positive ways to approach facility staff, provide resources and accurate information regarding concerns, and provide assistance as needed. During 2008, Network staff members were called upon to assist with 114 patient complaints (69 in Network 9 and 45 in Network 10). The top primary and secondary concerns for 2008 were staff related issues and quality of care issues. This is detailed in Chart 3.tt and Chart 3.uu. These have consistently been primary areas of concern for the past five years as detailed in Chart 3.vv and Chart 3.ww. The Network uses this information for articles in the patient newsletter and when developing presentations and training programs for staff.

Chart 3.tt - Network 9 Top Complaint Trends 2008 Complaint Total for 2008: 69				
	Staff Related	Treatment Related/Quality of Care	Request for Technical Assistance	Patient Transfer/Discharge
Primary	18	23	6	5
Secondary	8	13	11	2
Total	26	36	17	7

Chart 3.uu - Network 10 Top Complaint Trends 2008 Complaint Total for 2008: 45				
	Staff Related	Treatment Related/Quality of Care	Request for Technical Assistance	Patient Transfer/Discharge
Primary	13	13	9	1
Secondary	9	5	9	9
Total	22	18	18	10

Chart 3.vv - Network 9 Top Primary Complaints 2004 – 2008					
Year	Number of Complaints	Patient Transfer Discharge	Staff Related	Treatment/Related Quality of Care	Request for Technical Assistance
2004	91	14	18	30	0
2005	72	13	26	17	0
2006	89	14	18	29	5
2007	80	4	38	21	1
2008	69	5	18	23	6

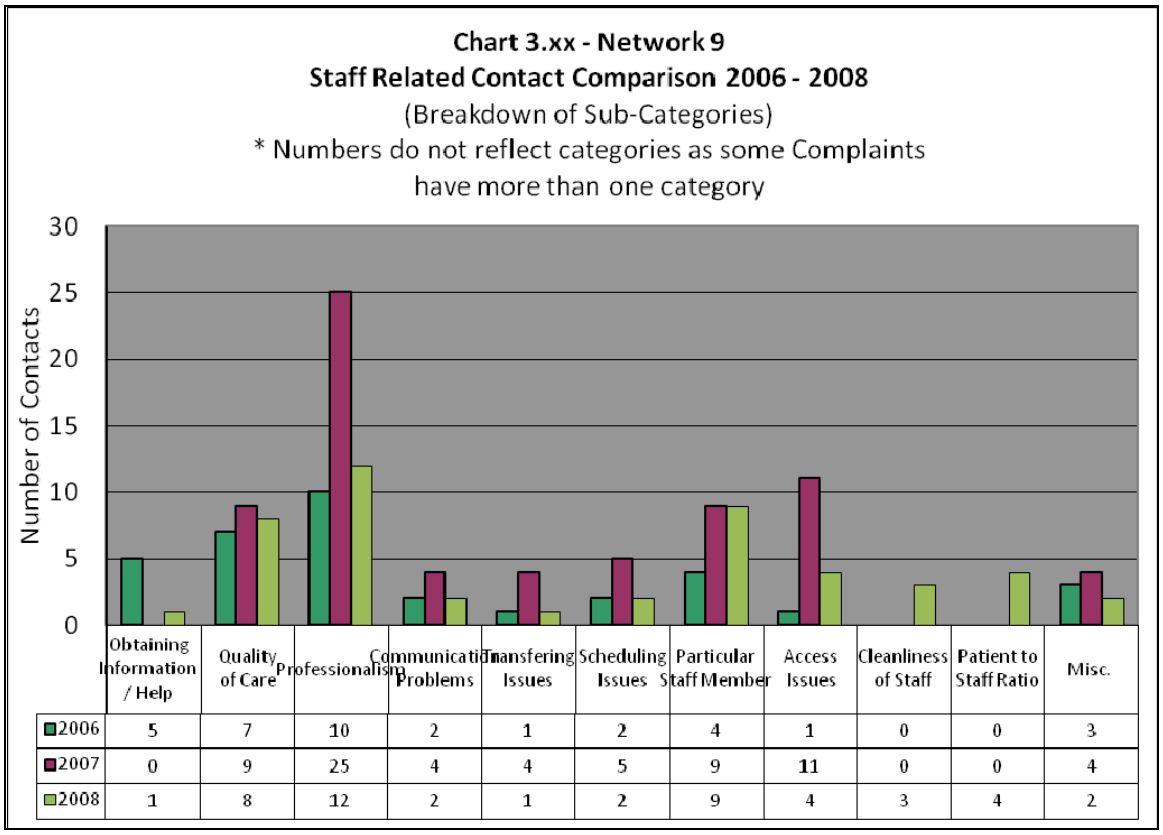
Chart 3.ww – Network 10 Top Primary Complaints 2004 – 2008					
Year	Number of Complaints	Patient Transfer Discharge	Staff Related	Treatment/Related Quality of Care	Request for Technical Assistance
2004	43	7	12	11	0
2005	45	8	10	7	0
2006	39	6	12	11	2
2007	43	4	22	5	2
2008	45	1	13	13	9

The Network examined the quality of care concerns to identify specific issues and trended the information for the past three years. In 2008, facility staff issues and concerns about the health of patients were the two concerns most frequently reported under Treatment related/Quality of Care concerns (Chart 3.xx and Chart 3.yy). In 2008, the Network included hand washing techniques and infection control in three improvement activities. In addition, resources on in-center self-care were sent to all facilities to share with patients in February which could help patients get more involved in their own treatment and more aware of what treatment techniques need to be followed. In 2009, the Network will develop a resource for patients on the importance of hand washing for both patients and staff for infection control.

Within the area of staff-related concerns, lack of professionalism was sited as the primary complaint and complaints about specific staff members were mentioned nearly as often. Both of these categories focus on patient-staff relationships. This is detailed in Chart 3.zz and Chart 3.aaa.

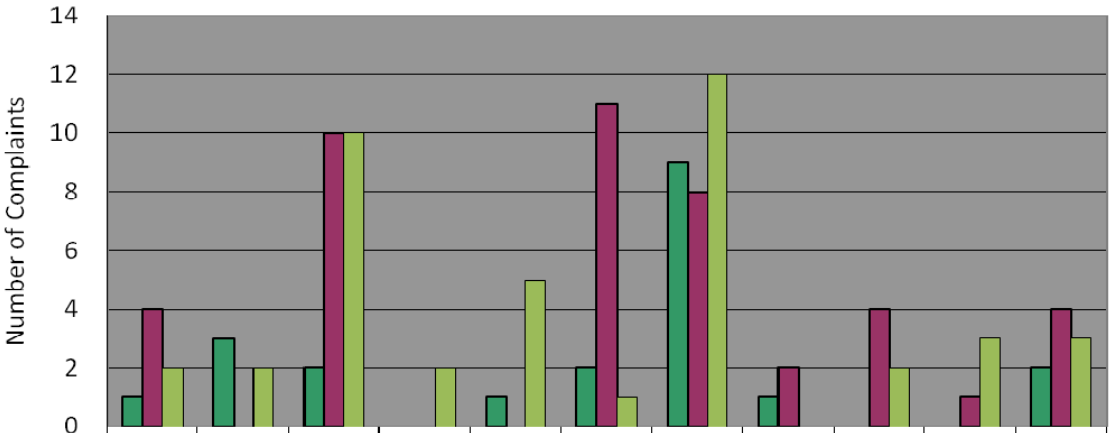
In order to address the issue of professionalism and facility staff issues, the Network conducted training programs on professionalism for dialysis staff in 2008. **See Section C. Support and Mediation** for more details. In addition, when the Network staff mediates complaints about staff members, it often recommends to units that they conduct their own in-service training programs on professionalism and communication techniques.

To address the concerns about health and safety of patients, the Network recommended training programs for staff in areas that encompassed quality of care, such as infection control and emergency preparedness.



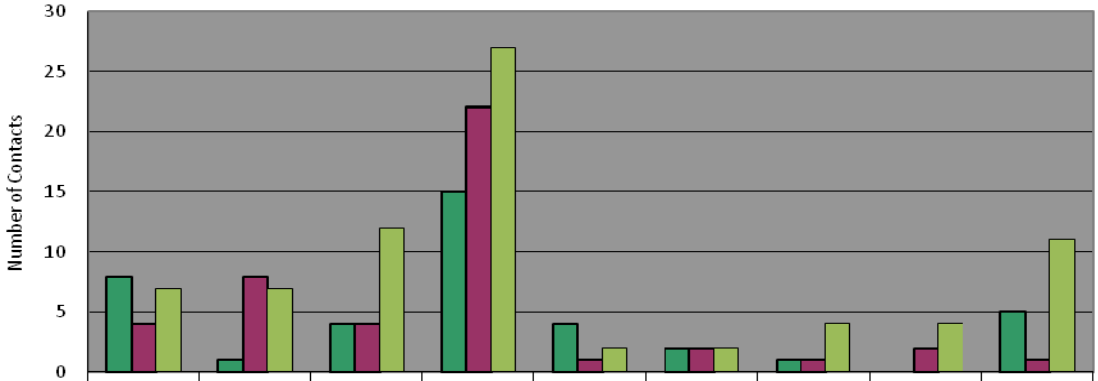
	Obtaining Information / Help	Quality of Care	Professionalism	Communication Problems	Transfering Issues	Scheduling Issues	Particular Staff Member	Access Issues	Cleanliness of Staff	Patient to Staff Ratio	Misc.
2006	5	7	10	2	1	2	4	1	0	0	3
2007	0	9	25	4	4	5	9	11	0	0	4
2008	1	8	12	2	1	2	9	4	3	4	2

Chart 3.yy - Network 10
Staff Related Contact Comparison 2006 - 2008
(Breakdown of Sub-Categories)
*Numbers do not reflect categories as some Complaints have more than one category

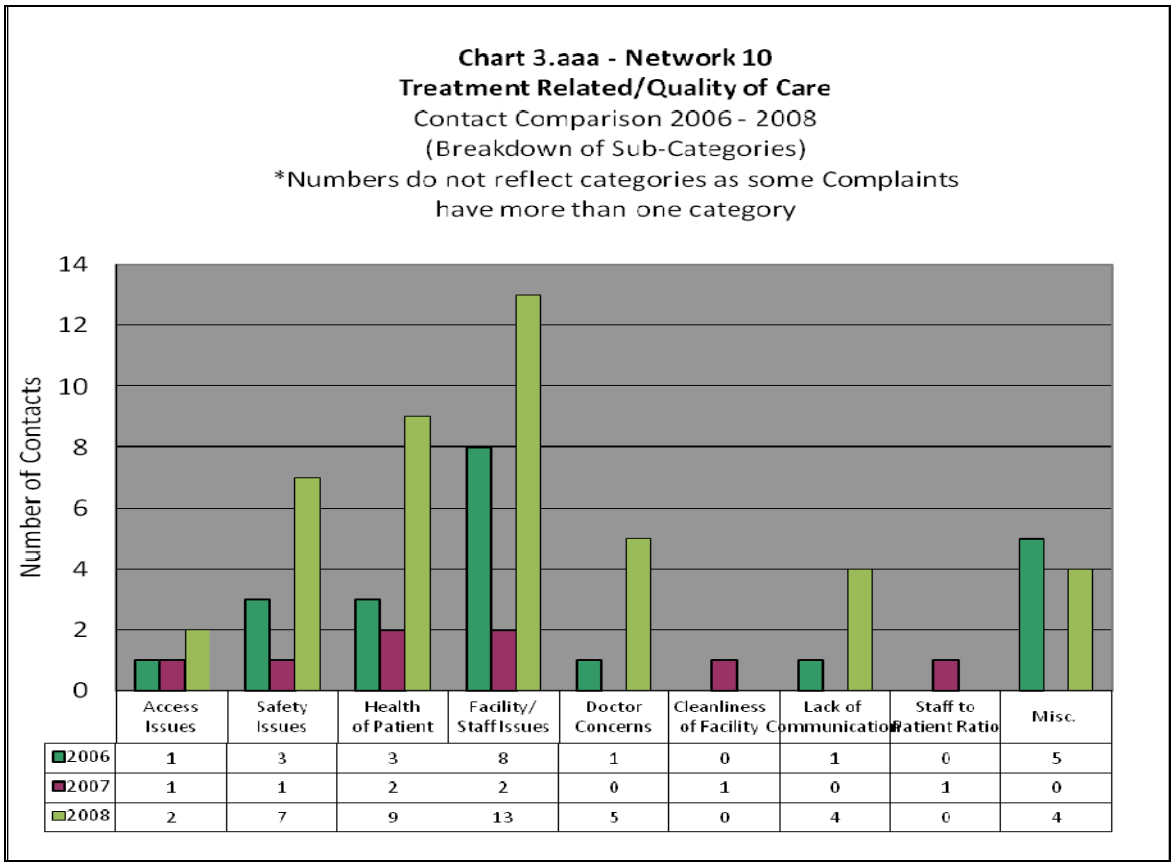


	Obtaining Information / Help	Quality of Care	Professionalism	Communication Problems	Transfering Issues	Scheduling Issues	Particular Staff Member	Access Issues	Cleanliness of Staff	Patient to Staff Ratio	Misc.
2006	1	3	2	0	1	2	9	1	0	0	2
2007	4	0	10	0	0	11	8	2	4	1	4
2008	2	2	10	2	5	1	12	0	2	3	3

Chart 3.zz - Network 9
Treatment Related/Quality of Care
Contact Comparison 2006 - 2008
(Breakdown of Sub-Categories)
*Numbers do not reflect categories as some Complaints have more than one category



	Access Issues	Safety Issues	Health of Patient	Facility/ Staff Issues	Doctor Concerns	Cleanliness of Facility	Lack of Communicatio	Staff to Patient Ratio	Misc.
2006	8	1	4	15	4	2	1	0	5
2007	4	8	4	22	1	2	1	2	1
2008	7	7	12	27	2	2	4	4	11



Through the MRB, The Network analyzes facility-specific complaints and grievance data to identify patterns of concerns at the facility or Network level. There were 618 facilities with no complaints and 81 facilities had one complaint. There were six facilities with at least two complaints from at least two different persons. No specific patterns were detected in the 2008 complaint /grievance data, either by facility or LDO affiliation. All facilities were below 5 percent of complaints from their patient population. The Network sent each facility a trend letter indicating the number of complaints and grievances that had been filed against that facility during 2008. Included in the letter were suggestions on ways to decrease complaints and the availability of the Network staff to assist with challenging situations.

Network staff also assisted facilities with their concerns about patient issues. Staff helped facilities understand patient issues from different viewpoints, identify alternative approaches to resolve issues, identify root causes of behavior, and the Network provided tools and additional resources to assist staff to resolve challenging situations. **See Section C Support and Mediation**. Network staff provided technical assistance for a number of areas including behavioral agreements, conflict management, communication skills, professionalism, and staff boundaries.

The Network received 307 facility concerns in 2008 (183 concerns in Network 9 and 124 concerns in Network 10). The top primary and secondary concerns involved patient transfer/discharge, non-compliance, disruptive behaviors, and requests for technical assistance. See Chart 3.bbb and Chart 3.ccc.

Overall, the total number of facilities seeking assistance from the Network has increased steadily over the last few years. The primary facility concerns have remained consistent over time with calls seeking assistance for challenging patient situations. Although the increase could suggest there are more disruptive and abusive patients, it also could suggest that facilities benefit from the assistance, suggestions and resources provided by the Network. See Chart 3.ddd and Chart 3.eee.

During 2008, the Network provided training programs for staff on ways to work with challenging situations. **See Section C Support and Mediation**. The Network also reviewed the concerns of facilities quarterly and began developing resources to assist them. For example, the Network developed a handout on Adherence Solutions that will be part of a larger packet on adherence resources that is currently in draft form. The Adherence Packet will be finalized and distributed to facilities in 2009. In addition, a draft of the new Involuntary Discharge Process as outlined in the new Conditions for Coverage was completed to be reviewed and approved by the Medical Review Board in 2009.

Chart 3.bbb - Network 9
Top Facility Concern Trends 2008
Total Facility Concerns for 2008: 183

	Patient Transfer/Discharge	Non-Compliant	Disruptive	Request for Technical Assistance
Primary	49	20	21	49
Secondary	15	34	38	25
Total	64	55	59	74

Chart 3.ccc - Network 10
Top Facility Concern Trends 2008
Total Facility Concerns for 2008: 124

	Patient Transfer/Discharge	Non-Compliant	Disruptive	Request for Technical Assistance
Primary	21	17	42	13
Secondary	10	10	17	33
Total	31	27	59	46

Chart 3.ddd – Network 9
Top Primary Facility Concerns 2004 – 2008

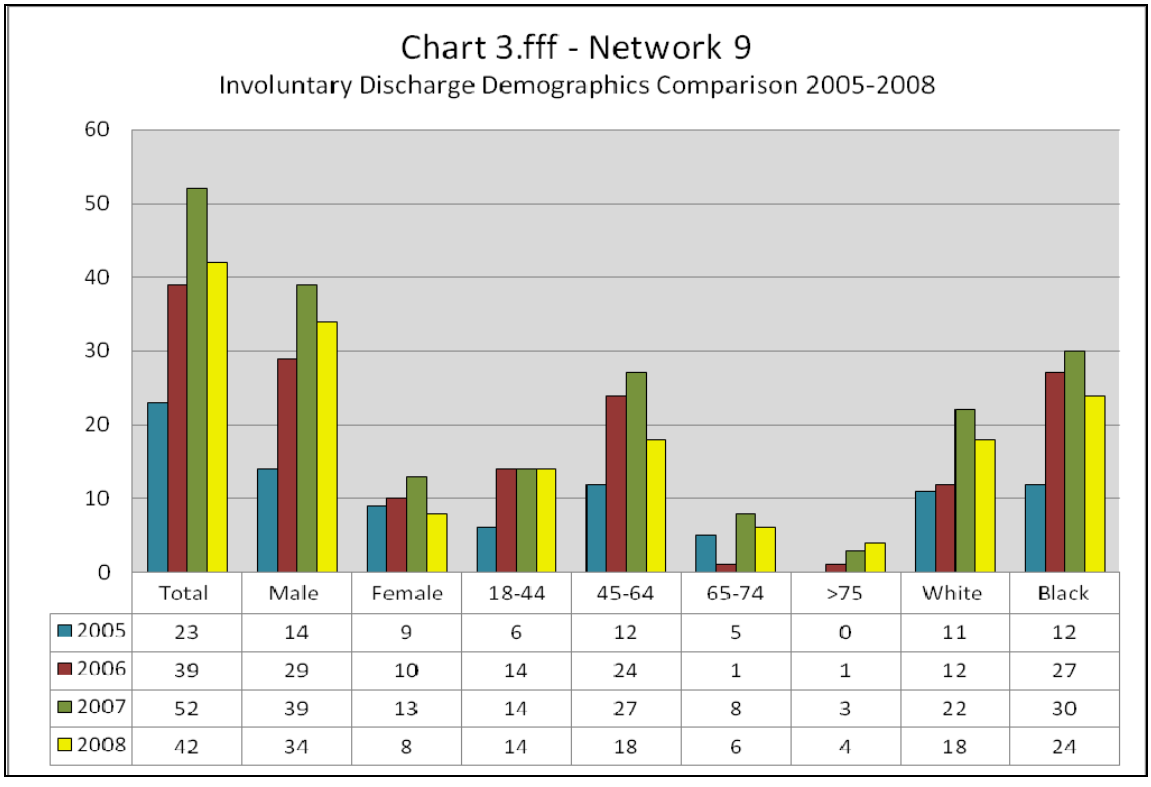
Year	Number of Facility Concerns	Patient Transfer/Discharge	Non-Compliant	Disruptive	Request for Technical Assistance
2004	94	34	12	12	8
2005	140	36	25	13	2
2006	152	48	29	15	21
2007	173	49	28	23	21
2008	183	49	20	21	49

Chart 3.eee – Network 10
Top Primary Facility Concerns 2004 – 2008

Year	Number of Facility Concerns	Patient Transfer/Discharge	Non-Compliant	Disruptive	Request for Technical Assistance
2004	54	19	10	9	4
2005	68	25	14	5	2
2006	83	28	10	12	9
2007	81	35	13	10	9
2008	124	21	17	13	42

The Network gathered information regarding patients who were discharged from a unit by using a standardized form for calls involving discharges and placement concerns. The number of patients who were discharged has been trended for the past four years. In Network 9, the total number of discharged patients decreased in 2008 from the previous year and in Network 10 it increased from the previous year as illustrated in Charts 3.fff and 3.ggg. There were 22 possible discharges in 2008 that did not result in patients being discharged. The Network assisted the facilities with alternative solutions to discharge and reviewed the new CfC with these facilities.

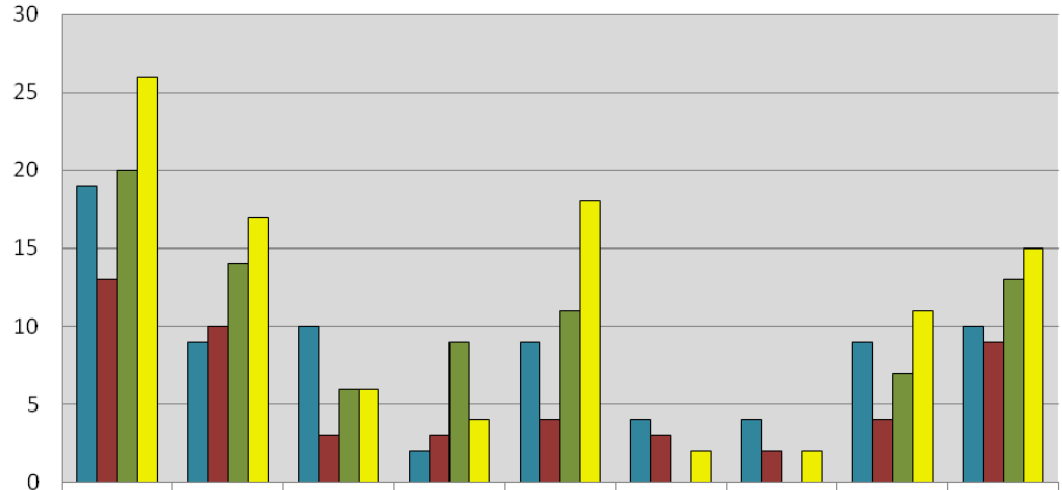
The demographics for the patients discharged from the Network over the past three years continue to support the findings of the Barriers to Outpatient Dialysis Pilot Project (See Goal 2). In Network 9, the following categories of people were disproportionately discharged from dialysis units: males, individuals in the 18-44 year old age range as well as slightly in the 45-64 year old age range, and African Americans, which are displayed in Chart 3.hhh. In Network 10, the following categories were disproportionately discharged: males, individuals in the 45-64 year old age group, and African Americans as displayed in Chart 3.iii.



	Total	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	23	14	9	6	12	5	0	11	12
2006	39	29	10	14	24	1	1	12	27
2007	52	39	13	14	27	8	3	22	30
2008	42	34	8	14	18	6	4	18	24

Chart 3.ggg - Network 10

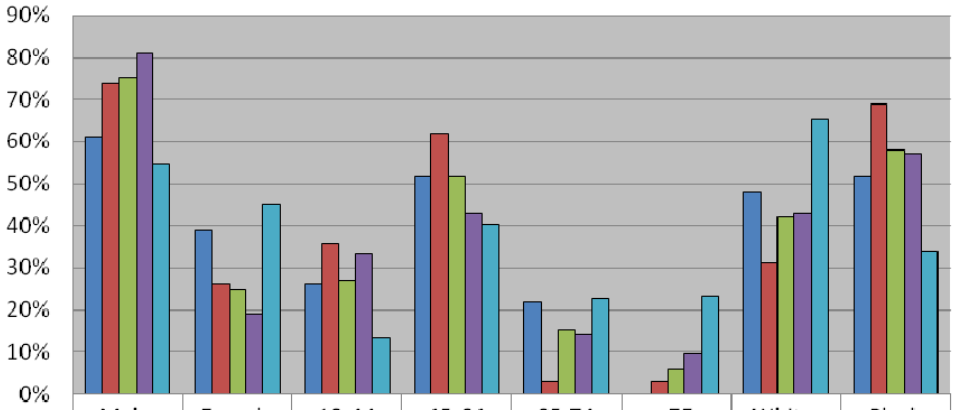
Involuntary Discharge Demographics Comparison 2005 - 2008



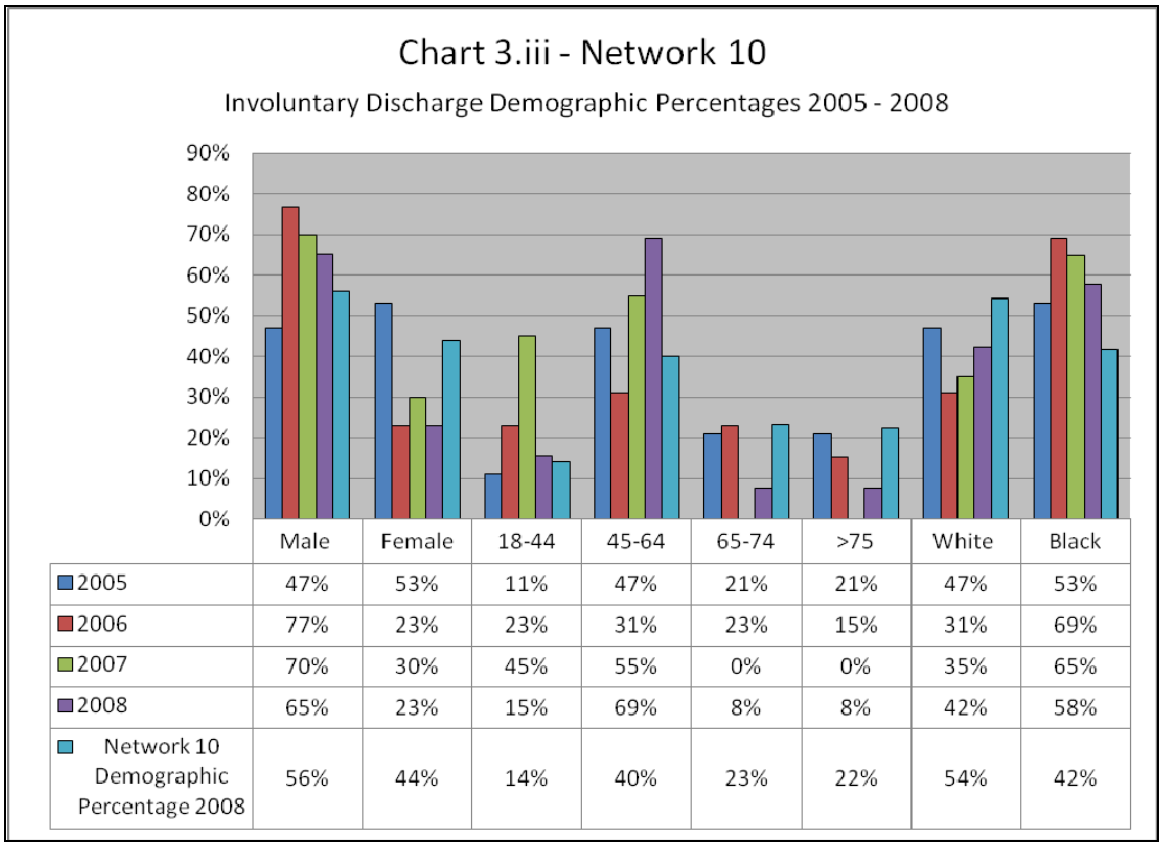
	Total	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	19	9	10	2	9	4	4	9	10
2006	13	10	3	3	4	3	2	4	9
2007	20	14	6	9	11	0	0	7	13
2008	26	17	6	4	18	2	2	11	15

Chart 3.hhh - Network 9

Involuntary Discharge Demographic Percentages 2005 - 2008



	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	61%	39%	26%	52%	22%	0%	48%	52%
2006	74%	26%	36%	62%	3%	3%	31%	69%
2007	75%	25%	27%	52%	15%	6%	42%	58%
2008	81%	19%	33%	43%	14%	10%	43%	57%
Network 9 Demographic Percentage 2008	55%	45%	13%	40%	23%	23%	65%	34%



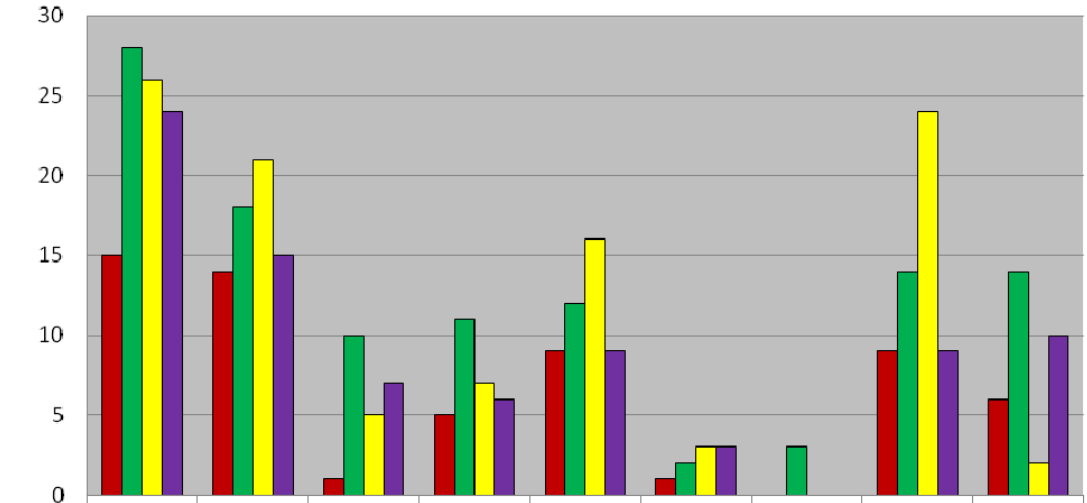
	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	47%	53%	11%	47%	21%	21%	47%	53%
2006	77%	23%	23%	31%	23%	15%	31%	69%
2007	70%	30%	45%	55%	0%	0%	35%	65%
2008	65%	23%	15%	69%	8%	8%	42%	58%
Network 10 Demographic Percentage 2008	56%	44%	14%	40%	23%	22%	54%	42%

Calls concerning the inability to find outpatient dialysis placement for patients have also been monitored the past four years. The calls most frequently come from hospital discharge planners. In Network 9, a slight decrease in the number of calls regarding placement was noted in 2008 and an increase was noted in Network 10 as illustrated in the Charts 3.jjj and 3.kkk. A number of the patients who are discharged also have difficulty with placement at another facility. In addition, patients with a number of co-morbid conditions also have difficulty with placement due to their increased medical needs. There were some similarities over the years between outpatient dialysis placement and involuntary discharges.

Over the past four years, the placement demographics have been trended and in 2008 the placement and the discharge demographics were similar. Details are provided in Chart 3.lll and Chart 3.mmm.

Chart 3.jjj - Network 9

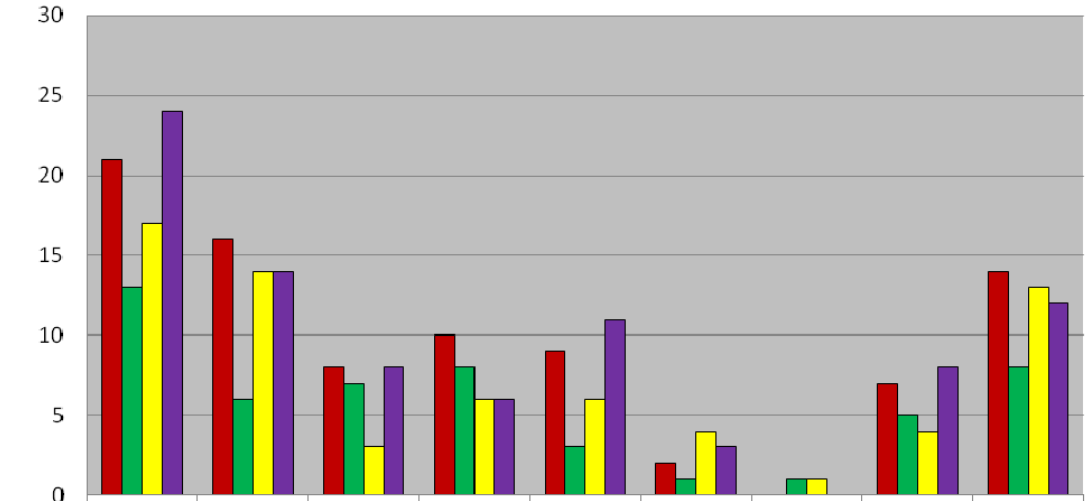
Admission Demographic Comparison 2005-2008



	Total	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	15	14	1	5	9	1	0	9	6
2006	28	18	10	11	12	2	3	14	14
2007	26	21	5	7	16	3	0	24	2
2008	24	15	7	6	9	3	0	9	10

Chart 3.kkk - Network 10

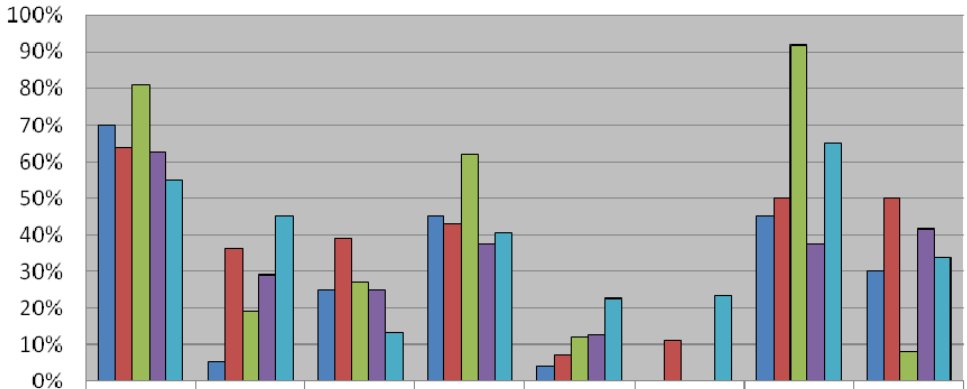
Admission Demographic Comparison 2005-2008



	Total	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	21	16	8	10	9	2	0	7	14
2006	13	6	7	8	3	1	1	5	8
2007	17	14	3	6	6	4	1	4	13
2008	24	14	8	6	11	3	0	8	12

Chart 3.lll - Network 9

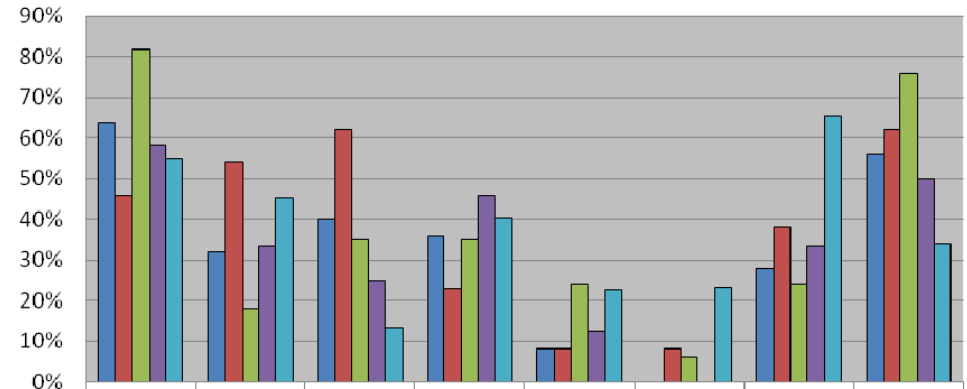
Admission Demographic Percentages 2005 - 2008



	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	70%	5%	25%	45%	4%	0%	45%	30%
2006	64%	36%	39%	43%	7%	11%	50%	50%
2007	81%	19%	27%	62%	12%	0%	92%	8%
2008	63%	29%	25%	38%	13%	0%	38%	42%
Network 9 Demographic Percentage 2008	55%	45%	13%	40%	23%	23%	65%	34%

Chart 3.mmm - Network 10

Admission Demographic Percentages 2005 - 2008



	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	64%	32%	40%	36%	8%	0%	28%	56%
2006	46%	54%	62%	23%	8%	8%	38%	62%
2007	82%	18%	35%	35%	24%	6%	24%	76%
2008	58%	33%	25%	46%	13%	0%	33%	50%
Network 10 Demographic Percentage 2008	55%	45%	13%	40%	23%	23%	65%	34%

The Network works with facilities to avoid involuntary discharges whenever possible. The Network staff holds conference calls, discusses alternative approaches with upper management in corporations, and provides suggestions to alleviate inappropriate behaviors of patients. The Network staff reviewed health care team agreements (behavior contracts) and reviewed the steps of the involuntary discharge process with facilities under the new CfC.

The Network also worked with hospitals and facilities to accept patients who were hard to place. The Network would suggest accepting a hard to place patient short term as a transient patient or accepting a known difficult patient with a health care team agreement or would recommend finding a nephrologist as the first step. The Network also explored options with corporate facilities to accept difficult to place patients in one of their other facilities.

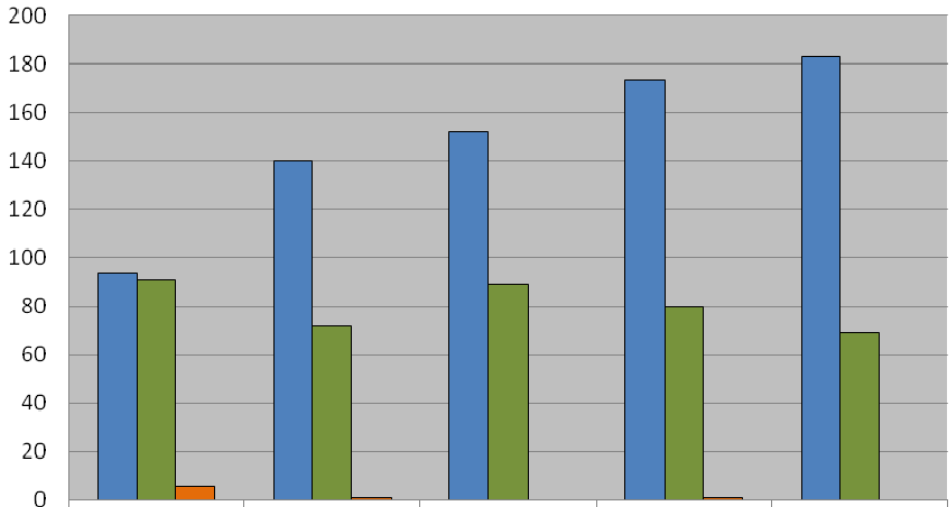
B. 2008 Formal Grievances:

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. Over the years, the number of grievances has gone down or has remained at a relatively low number. Of the 114 complaints filed in 2008, only two proceeded to the formal grievance phase. Complaints, grievances and facility concerns have been trended over the past five years and the number of complaints has remained relatively consistent and the number of grievances has remained consistently low the past four years. See Chart 3.nnn and Chart 3.ooo.

Chart 3.nnn - Network 9

Year-End Comparison 2004 - 2008

Facility Concerns, Complaints and Greivances

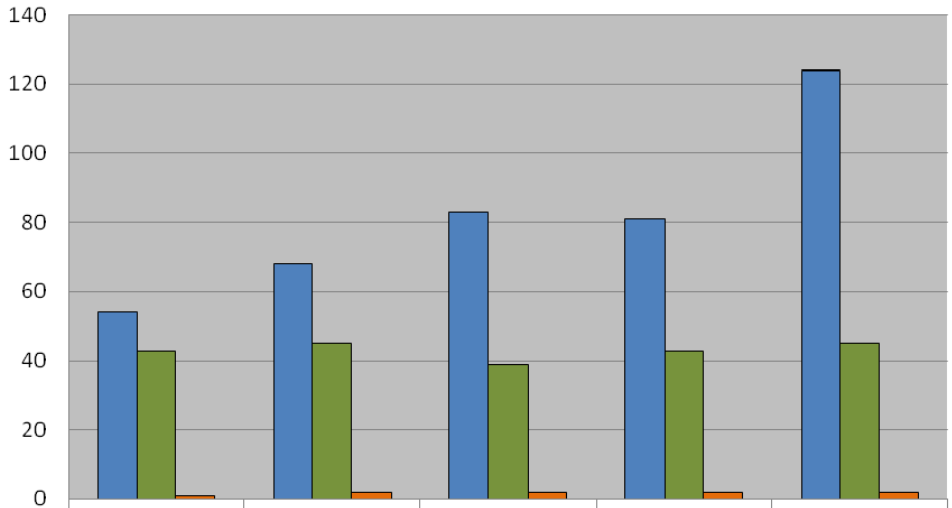


	2004	2005	2006	2007	2008
Facility Concerns	94	140	152	173	183
Complaints	91	72	89	80	69
Grievances	6	1	0	1	0

Chart 3.ooo - Network 10

Year-End Comparison 2004 - 2008

Facility Concerns, Complaints and Grievances



	2004	2005	2006	2007	2008
Facility Concerns	54	68	83	81	124
Complaints	43	45	39	43	45
Grievances	1	2	2	2	2

Both of the grievances were filed by beneficiaries who were dissatisfied with the response to their facility grievance. In the first case, a dialysis patient filed a facility grievance because of alleged sexual inappropriateness by a technician. The patient did not think the facility administrator understood the magnitude of the issue and did not do enough to resolve the grievance. After investigating the grievance, the Medical Review Board was not able to substantiate the grievance but thought that the facility could have done more in response to the alleged incident. The Medical Review Board recommended in-service training programs be conducted on professionalism, sexual harassment, sensitivity, diversity, and conflict resolution. It also recommended that the facility update its Patient Rights and Responsibilities and its grievance policy. The facility complied with all of the Network recommendations.

The second grievant did not think the facility administrator addressed the complaint adequately regarding the quality of care and the staff response to an incident that happened during a dialysis treatment. The patient believed the nurse did not respond quickly and appropriately to the alarm on the patient's machine and that that the patient was in danger of clotting off. The Medical Review Board partially substantiated the grievance and supported the patient's concerns over the events of the dialysis treatment but did believe that the facility had responded to the patient's grievance. The committee recommended that the facility provide training to its staff on what to do if a patient clots off, training on professionalism and communication skills to be able to address patient concerns appropriately in a crisis situation, training using the Dialysis Patient/Provider Conflict Toolbox, review their methods of communicating with patients on the later shifts, and involve the social worker in this case. The facility did comply with all of the Network recommendations.

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 sent 34 grievance packets to patients when 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 to 68 facilities when requested and a new one was completed and will be sent in January 2009.

- *Renal Outreach* (4,434 copies) contained information regarding the grievance process and where to find the grievance form on the patient Web site.

- The Network sent 23 letters to facility administrators, social workers, and data contacts regarding procedures for patients who had been e involuntarily discharged. The Network offered its assistance and encouraged facilities to call prior to the point of discharge.

- The Network provided 15 facilities seeking assistance with noncompliant patients a sample letter that outlined steps to increase compliance.

- The Network provided Dialysis Patient/Provider Conflict handout materials (230) in August to a presenter for the Kidney Foundation of Ohio meeting.

- The Patient Services Director make a presentation at the Indiana Council of Nephrology Social Workers meeting to 50 social workers on Health Care Team Agreements (Behavior Contracts) in July and provided the slides of the above presentation to the entire CNSW listserv.

- The Network provided a presentation at a patient conference in Indianapolis with more than 100 attendees in September about the Network complaint and grievance process as well as information on how to address concerns with their facility staff.

- The Patient Services Director made a presentation on Complaints and Grievances to more than 200 nurses and social workers in October at the Ninth Annual Multidisciplinary Conference of the Illinois National Kidney Foundation.

- The Patient Services Director made a presentation on “The Patient Whisperer” at the Kentucky Council of Nephrology Social Workers meeting in October to 55 social workers.

- The Network offered two Decreasing Patient-Provider Conflict Train-the-Trainer Programs by Webex conferences in September and November with over 50 participants at each.

- The Network conducted a Communication Skills Educational Program as an in-service training program to 24 nurses and techs in Indianapolis in October.

- The Patient Services Director made a presentation on "Emergency Preparedness – Adherence in Crisis" in October at the American Kidney Fund Regional Conference in Illinois.

- The Network distributed 17 DPC Tool boxes and 21 posters as needed or requested by facilities. Information and resources were also available on the Network Web site.

- The Network sent 792 Trends Letter to medical directors and administrators at facilities informing them of the number of complaints and grievances received and resources they could use to assist them in decreasing conflicts as well as technical assistance from the Network.

- The Patient Services Director made a presentation at the QNET meeting in August to over 100 people on "Challenging Situations."

- Presentation at the Patient Services Coordinators Summit to over 25 people on complaints, placement issues and involuntary discharges in August.

- *Adherence Solutions*, a brochure offering alternative methods to working with adherence issues, was developed and will be sent to facilities in 2009 as a part of a larger packet of Adherence material
.
- The Network provided a presentation at the QNet meeting regarding the Collaborative Project on Barriers to Admissions involuntary discharge data in September.

- A presentation summary of the Network process for Involuntary Discharges and Placement issues as well as the Collaborative Barriers to Outpatient Dialysis Placement Special Project was presented at the PSC Annual Educational Summit in September. .

- The Network drafted an Involuntary Discharge Process for facilities to be mailed in 2009 after MRB approval of the document.

- The Network updated its Patient Rights and Responsibilities which will be sent to facilities in early 2009.

- The Network developed a grievance poster and a handout for patients on Quality of Care Concerns that will be sent in early 2009.

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 enables Network 9/10 to reach a diverse array of audiences with the common interest of improving quality of care for end-stage renal disease patients. During 2008, 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 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 2008 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 2008, the following data reports were distributed to all dialysis facilities in Network 9/10:

- **2007 Annual Statistical Report for ESRD Network 9/10**. This resource was posted to the Network Web side, which showed a total of 1,922 page hits. It was also available in hard copy by request. A total of 225 reports were mailed by facilities upon request.
- **KECC Dialysis Facility Reports**. In July 2008 the reports were mailed to 688 dialysis facilities. Profiles will be reported during the 2009 annual meeting of the Network Council.
- **National Clinical Performance Measures Data**
- **Network 9/10 Laboratory Collection**. In the fourth quarter of 2008, hemodialysis and peritoneal dialysis facilities were asked to voluntarily submit lab data via Excel spreadsheets. Feedback reports describing the data collected will be prepared by ESRD Network 11 and distributed in spring 2009. The reports will compare facility-specific outcomes to state and national outcomes.
- **Fistula First**. Fistula First Facility Specific Reports were sent in March 2008 to show fourth quarter 2007 data, July 2008 to show first quarter 2008 data, September 2008 to show second quarter 2008 data, and will be mailed in January 2009 to show third and fourth quarter 2008 data.

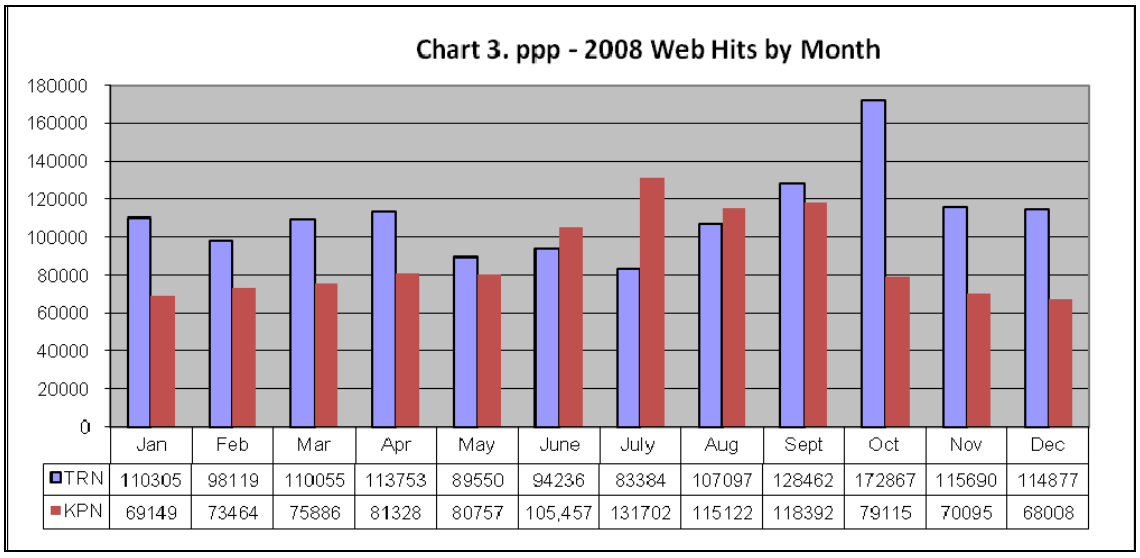
2. Web Sites

The Network main Web site, http://www.therenalnetwork.org, provides an Internet presence and provides the latest Network policies and procedures. It serves as a clearinghouse of information and resources to assist the dialysis community to fulfill its primary responsibilities to quality of patient care. The Web site collects, provides and maintains ESRD information and data; includes training activities and facilitates the implementation of CQI activities and special projects. It also provides a reliable point of reference for emergency preparedness, disaster planning and alerts. The Web site also seeks to provide a gateway to existing resources and tools by providing links to reliable online sources.

More and more patients are seeking out Web sites for healthcare information before seeking out a healthcare professional. The Network Patient Services Department created and maintains a second Web site, Kidney Patient News (http://www.kidneypatientnews.org) as a way to provide kidney patients with a reliable gateway to educational resources. This site is devoted to issues of interest to patients and family members. It contains articles and resources for CKD, vocational rehabilitation, transplantation, treatment modalities, advance directives, and end of life issues

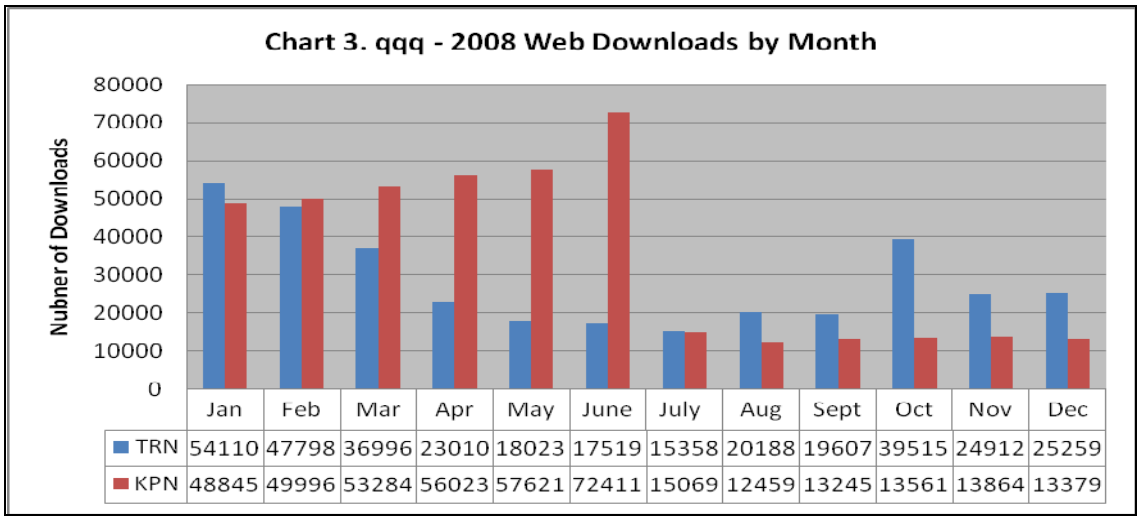
Maintaining two Web sites allows the Network to serve patients and renal staff, its two main constituencies, in a more efficient and effective manner.

Web Statistics - Web statistics are important information. Web hits offer a general overview of the level of traffic experienced by each site. While downloads provide information on what was actually used from the site. Chart 3.ppp shows the 2008 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.



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
TRN	110305	98119	110055	113753	89550	94236	83384	107097	128462	172867	115690	114877
KPN	69149	73464	75886	81328	80757	105,457	131702	115122	118392	79115	70095	68008

Chart 3.qqq shows the 2008 Web downloads for each site on a month-by-month basis.



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
TRN	54110	47798	36996	23010	18023	17519	15358	20188	19607	39515	24912	25259
KPN	48845	49996	53284	56023	57621	72411	15069	12459	13245	13561	13864	13379

The Renal Network – Top Section Views: In 2007, the TRN site template was designed in a TAB menu format to allow departments to develop an individual "main" page in the sub menu. The following chart (3.rrr) represents the average monthly hits on each "main" page during 2008.

Chart 3.rrr - TRN Top Section Views

Page	Average Hits Per Month
Home	9025
Quality Improvement	552
Patient Services	532
Resources	514
Data	512
About *	380
Links	308

*includes policies and procedures

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.sss) shows how specific pages on The Renal Network Web site ranked for the year 2008.

Chart 3.sss - TRN Top Page Views	
Page	**Total Hits**
Nephrology Conference*	5653
Data Forms	2839
Disaster Plan	2751
QAPI Template (main resource page)**	2522
Crown web	2262
CMS Info Page	2112
DPC Resources	1931
Annual Report	1892
Medicare Part D	1882
Network Council*	1834

* includes post meeting views of posted meeting materials

**first post as of October 2008

The Renal Network – Top Downloads:

This statistic refers to the total number of files (e.g. PDF files) that were downloaded during the selected report period. This report helps to determine the popularity of downloads of individuals visiting the Web site. The average download for the 2008 was 28, 524 files per month.

The top ten downloads during 2008 are illustrated in Chart 3.ttt.

Chart 3.ttt – TRN Top File Downloads	
File	**Downloads**
State Survey Manual #4: Infection Control/Physical Environment *	4942
LTC Project final Report	4332
BD Syringe Recall (posted July 2008)	3853
State Survey Manual #3: Using the New Survey Process*	3595
Sullivan & Saraty Presentation	3128
Interpretive Guidelines *	2649
State Survey Manual #6: Patient Assessment, Plan of Care, Medical Records*	2611
KDOQI Anemia CKD Update	2604
DeOreo Presentation on the CfC	2247
State Survey Manual #14: General*	2119

* first post as of October 2008

Kidney Patient News – Top Section Views: In 2008, the KPN site template was designed in a TAB menu format to allow grouping of related information into sub-menu headings such as CKD and Diet. The following chart (3.uuu) represents the average monthly hit on each topic "main" page.

Chart 3.uuu - TRN Top Section Views	
Page	**Average Hits Per Month**
Diet	357
CKD	265
Home	246
Treatment	239
Resources	216
Quality	213
Links	186

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 (3.vvv) shows how specific pages on Kidney Patient News ranked based on a monthly average of hits per page for the year 2008.

Chart 3.vvv – KPN Top Page Views	
Page	**Total Hits**
Medicare Part D	2362
Recipes	2359
Cookbooks	2059
CMS	1783
Learn About Kidney Disease	1775
Diet - Booklets & Resources	1639
Learn About Pediatric	517
Resources - Booklets & Resources	497
Problems in Dialysis	456
Patient Stories	398

Kidney Patient News - Downloads

This statistic refers to the total number of files (e.g. PDF files) that were downloaded during the selected report period. This report helps to determine the popularity of downloads of individuals visiting the Web site. The average download for the year 2008 was 34, 980 files per month. Chart 3.www lists the top KPN downloads in 2008..

Chart 3.www – KPN Top File Downloads

File	Downloads
Vascular Access Video Series*	20451
Renal Outreach	3717
TRN New Patient Manual	2430
Cook Book Resource List	1595
Know Your Numbers	1534
Vascular Access booklet	1469
Talking Transplant booklet	1354
Complaints and Grievances Referrals	1258
TRN Access booklet	1190
TRN Exercise booklet	1148

*reflects downloads through June when removed from site due to 508 compliancy issues

3. Resources.

During 2008, resources were added to the Network offerings, and existing resources were updated. The most frequently requested resources were as follows:

- Access Booklet
- Web Information Sheet
- DPC Information
- Ease the Ouch
- How Do I Look?
- Grievance Posters
- Behavior Contract Samples
- Learning to Live with Kidney Failure

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 initiatives.

Chart 3. 2008 Information Requests* ESRD Network 9/10		
Topic/Area of Request	**Network 9**	**Network 10**
Request for Educational Materials	47	21
Data Requests	24	75
General Information	65	32
Reimbursement/Financial	37	20
Request for Technical Assistance	129	82
TOTAL	**302**	**230**
COMBINED TOTAL	**532**	
**SIMS Database*		

4. Educational and Cooperative Activities.

Conditions for Coverage (CfC). The following activities were provided to support the ESRD provider and renal professionals caring for the ESRD beneficiary.

In anticipation of the release of the CfC, the Network coordinated several education opportunities.

- Templates were designed to help dialysis facilities comply with the newly released CfC. Templates were developed for adequacy of dialysis nutritional status, mineral metabolism and renal bone disease, anemia management, vascular access, medical injuries and medical errors identification, and infection control. These were posted to the Network Web site for easy access.

- Network staff members attended CfC training with the state survey organizations in September. This specialty training allowed the Network staff to provide one-on-one technical assistance in answering phone queries from dialysis facilities.

- Webex conference calls were held for facility staff in September. “Quality Assessment & Performance Improvement – Meeting Condition 494.110 of CfC” was held on September 16 and repeated on September 18. A total of 227 individuals participated on this Webex, representing 200 dialysis programs. A second CfC Webex, “Patient Assessment & Plans of Care,” was planned for January of 2009.

- Medical Director meeting was held in cooperation with the Renal Physicians Association on October 21 in Chicago. The goal was to educate medical directors on their new responsibilities in the CfC. Approximately 130 were in attendance, including medical directors, attending nephrologists and administrators. An overall evaluation of excellent was achieved and continuing medical education hours were awarded to participants. The

conference was posted to HDCN.com where it could be viewed with no registration cost.

- Educational materials were gathered and posted to a designated link on the Network Web site. The following information was posted:

  - Interpretive Guidelines Measurement Assessment Tool **(MAT)**
  - Life Safety Code (LSC) (SC ltr 2.09)
  - ESRD Conditions for Coverage (CfCs) Final Rule
  - ESRD Conditions Crosswalk Final 080408
  - Waivers & Time Extensions for CfC (SC ltr 11.08)
  - New ESRD Program Interpretive Guidelines
  - State Survey Training Manual
  - Delivery of Dialysis Treatment Within the Long-Term Care Facility (2006) [PDF, 1.56M]
  - Preventing Transmission of Infections Among Chronic Hemodialysis Patients or download [PDF version, 63 pages/386KB
  - § 494.30 Infection Control
  - § 494.40 Water and Dialysate Quality
  - § 494.50 Reuse of Hemodialyzers and Bloodlines
  - § 494.60 Physical Environment
  - § 494.70 Patients' Rights
  - § 494.80 Patient Assessment
  - § 494.90 Patient Plan of Care
  - § 494.100 Care at Home
  - § 494.110 Quality Assessment and Performance Improvement [Also see The Renal Network QAPI Templates]
  - § 494.130 Laboratory Services
  - § 494.140 Personnel Qualifications
  - § 494.150 Responsibilities of the Medical Director
  - § 494.170 Medical Records
  - § 494.180 Governance
  - **Conditions for Coverage (CfC) require use of CROWNWeb.** The new CfC will require dialysis provides to use CROWNWeb for submission and maintenance of electronic patient and provider records.

Other Educational and Cooperative Act ivies.

- A packet on Patient Self-Care in the Dialysis Unit was sent to 663 head nurses in February. In addition to the information for patients (see Goal 2) it contained the following information for staff: a) an article entitled “Returning Control to ESRD Patients Through Self-Care In-Center Hemodialysis” and b) the Medical Education Institute newsletter *In Control*, Vol. 4, No.3, September 2007.

- A total of 703 Vocational Rehabilitation Packets were sent to social workers in June. In addition to the resources for patients (See Goal 2) it contained the following information for staff: a) Guidelines for Assessment and Referral to Vocational Rehabilitation and 2) a handout with resources for going back to school.

- Nurses, social workers and dietitians (total 1313) were sent information about articles of interest for their departments in the patient newsletter, *Renal Outreach,* before each issue was mailed to individuals or to units.

- Emergency preparedness information was mailed to the clinic managers in December and it included information about the new CfC, patient vital information cards for each patient in the facility, a link to resources on the Network Web site, and the offer to assist with the development of the facility emergency preparedness program. A total of 41,557 vital information cads were sent with the above information to 666 facilities.

- Information about patient workshops in Cincinnati, Ohio and Indianapolis, Indiana was shared with a total of 1409 dietitians, nurses, and social workers Staff also was invited to attend the workshops.

- The Network provided 115 Pocket Guides and 115 Brochures for the Dialysis Patient-Provider Conflict Toolbox to a speaker for the annual symposium of the Kidney Foundation of Northwest Ohio.

- The Network provided information to all network social workers about a webinar sponsored by the National Kidney Foundation Council of Nephrology Social Workers on the topic of the use of the KDQOL 36.

- Dialysis Facility Compare (DFC) information cards (103) were given to facilities to share with patients.

- The Network provided 46 Renal Social Worker CD-Rom to new facility social workers. It contains a number of Network resources and tools.

- The Network developed a resource list entitled “January is Emergency Preparedness Month” and emailed it to all facility social workers and provided links to Internet resources that could be downloaded and shared with patients. The resource was mailed to those social workers who did not have email access.

- The Network provided information for facilities to share with patients on programs of Renal Support Network (RSN), the American Association of Kidney Patients (AAKP), National Kidney Disease Education Program (NKDEP) and the National Kidney Foundation (NKF).

- 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.

- 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 sent 57 sample behavior contracts to units.

- The Technical Assistance brochure detailing the technical assistance available from Network staff was distributed during the annual meeting of the Network Council, and was available through the Network Web site.

- The *How Do I Look* (*Taking the Fear out of AV Fistula Placement*) brochure was available to staff; 79 were distributed.

- The *Arterial Venous Fistula (AVF)* brochure was available to staff; 35 were distributed.

- The booklet *Access Care, Your Lifeline,* continues to be a resource for staff; 762 were distributed.

- The "Ease the Ouch" brochure continues to be given to staff to help allay patient fears about fistula placement; 102 were sent when requested.

- Financial resources, including Drug Assistance Programs, Organizations that Provide Financial Resources, and Going Back to Work were made available to staff upon request; 31 resources were sent.

- On October 4 and 5, the Network sponsored the annual Fall Pediatric Renal Symposium at the Omni Severin Hotel in Indianapolis. This was a two-day educational offering, planned by a committee of Pediatric Renal Group members. Topics included: transplantation, recreation and leisure, home hemodialysis, and transitioning. Approximately 80 representatives from pediatric centers participated over the course of the two days.

- Immunization information was sent to all medical directors and all facility administrators in October, including tools for tracking immunization, 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.

5. Disaster Preparedness.

The Network is a resource for its providers during disasters. The Network routinely contacts dialysis units within areas where disasters have been reported, such as floods, tornadoes, fires and snowstorms. The units within the affected area are offered assistance in relocating patients as needed.

During 2008 a diverse array of weather related disasters affected dialysis facilities in both Network 9 and Network 10.

- March 2008: Flooding in Illinois
- April 2008: Earthquake felt in all four states
- June 2008: Flooding in Indiana and Illinois
- September 2008: Power outages in Ohio and Kentucky due to Hurricane Ike

During each disaster, facilities were contacted by Network staff to monitor their open and closed status and to offer Network assistance. The open and closed status of affected facilities was tracked and provided to the CMS regional office.

Network 9/10 participates in activities of the Kidney Community Emergency Response (KCER) Coalition, and the Assistant Director serves on the Communications Subcommittee. KCER materials are posted to the Network Web site and provided to all dialysis facilities. ESRD Network 9/10 has emergency back-up agreements in place with Network 1 and Network 6.

The staff worked throughout the year to remind facilities of their role in event of disaster. The Network routinely sends emergency preparedness information to all facility administrators and medical directors in the Fall and Spring. The information contains disaster preparedness resources and provides details on ways in which the Network can help in event of emergency. The materials inform the facilities that they must contact the Network office to advise of any disaster-related closings.

Network staff mailed to each facility medical director the Emergency Preparedness Vital Patient Cards (developed by the KCER) for each of their patients in December 2008; 41, 557 cards were sent in total. An email regarding the vital emergency cards was sent to 343 social workers, 746 nurses, and 474 administrators

The Patient Service Director presented on “Emergency Preparedness: Adherence during Crisis to more than 100 nurses and social workers at the American Kidney Fund regional meeting in Chicago in October 2008.

6. Special Focus Committees

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

Pediatric Renal Group: 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 annual Fall Pediatric Renal Symposium was held on September 25 and 26 in Louisville with approximately 55 pediatric renal caregivers in attendance. The following sessions were presented:

- School Days in Dialysis, A Different Perspective
- Use of Web-Based MedActionPlan.com To Improve Adherence & Patient Safety
- IDPN & the Pediatric Patient
- Kickin' It With The Kids: Support Groups for Teens
- Bone Bucks! A Motivational-Educational Initiative
- Overview - Contributors of Mortality in CKD
- Metabolic Syndrome/Obesity in CKD
- Lipid Disorders in CKD
- Vitamin D & Metabolic Bone Disorders in CKD
- Hypertension in CKD

Continuing education credit for nurses, dietitians and social workers was awarded to participants.

7. Other Activities.

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 2008, 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. 2006-2008 Vascular Access Quality Award Recipients Network 9/10			
Network Quality Award	**2006** **# Facilities (% total)**	**2007** **# Facilities (% total)**	**2008** **# Facilities (% total)**
Fistula Rate 50-57.9%	86 (15.6%)	115 (19.7%)	Not Recognized
Fistula Rate 58-65.9%	31 (5.6%)	51 (8.7%)	77 (12.2%)
Fistula Rate >65.9%	8 (1.4%)	19 (3.3%)	34 (5.4%)
Catheter Rate ≤ 10%	8 (1.4%)	7 (1.2%)	13 (2.1%)

Ongoing Communications. The Network has developed and maintained email list services for different audiences, including physicians, administrators and social workers. These list serves are used as warranted to provide an expedient and economical 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.

Alerts are emailed and/or fax-blasted as they arrive, then posted on an “Alerts” quick link on the Web site, including:

- Nationwide Recall of Mislabeled Relion Insulin Syringes, 11/10/2008
- Recall of Ortho Biotech Procrit, 8/14/2008
- Voluntary Recall of HACH SteriChek Total Chioramines and Residual Chlorine Reagent Strips, 7/21/2008
- Urgent Recall of BD 60 ml Luer-Lok Syringes, 11/10/2008
- BBraun Supplier Recall of Heparin, 3/2008
- Clinical Study of Innohep Stopped Early 12/2/2008
- Salt Contamination Alert, 7/8/2008
- Heprin Alert, 3/25/2008

Additionally, the Network 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. Outreach Activities.

The Network routinely perform community outreach through presentations to outside organizations, membership on committees of related organizations, Network Web site offerings, Network sponsored Webex sessions,and learning sessions as detailed throughout this Annual Report.

2. Midwest CKD Coalition.

The Midwest Chronic Kidney Disease Coalition maintained activities during 2008. Begun in 2005, the Midwest CKD Coalition is an alliance of health organizations dedicated to work with the medical community at large to better manage the health and quality of life of patients with chronic kidney disease. 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.

The Coalition was divided into two main subcommittees: Resource Allocation and Development. A Leadership Committee was established to deal with oversight of the Coalition and logistical details of meeting planning.

The Leadership Committee membership included:

> Chair: Jay B Wish, MD, University Hospitals of Cleveland, Cleveland, Ohio
> Vice Chair: Randy Howard, MD, Wellpoint/Anthem, Indianapolis, Indiana
> Treasurer: Susan Stark, Executive Director, The Renal Network, Inc.
> Secretary: Bonnie Hollopeter, LPN, Ohio KePRO
> Ron Savrin, MD of Ohio KePRO and Randy Kipling of Genzyme, serve as subcommittee chairs and also on the Leadership Committee.

During 2008, the Coalition met as follows:

- January 8 – Subcommittee Conference Call
- January 15 – Subcommittee Conference Call
- January 17 – Subcommittee Conference Call
- February 4 – Subcommittee Conference Call
- February 27 – Subcommittee Conference Call
- October 29 – Leadership Committee
- December 19 – Full Coalition Webex

Projects in process or completed during 2008 include:

- The Web site, www.ckdcoalition.org contains news of the Coalition itself, houses completed Coalition projects, and links to existing resources from

other organizations. The site averaged about 500 hits per month, and 75 page downloads.

- The Leadership Committee of the coalition conducted a search of existing materials and initiatives on chronic kidney disease. The goal of this exercise was twofold: to find materials which could be used in Coalition activities and to determine which communications approaches were most effective. The activity yielded a wealth of available resource material which was posted to the Coalition Web site. Secondarily, the study revealed that the main audience for these materials, the primary care physician, was the difficult to reach because of lack of time and other commitments. The Leadership Committee intended to use this information when developing new initiatives and distribution strategies.

- A Task Group to minimize the use of peripherally inserted central catheters (PICC) worked to decrease or eliminate the use of PICC lines during hospitalizations for CKD patients. The goal is to develop an educational toolbox for use in the hospital setting. A literature search was completed of, collecting studies showing contraindications to PICC placement, position paper on PICC line, and Network position paper in support of the Fistula First Breakthrough Initiative position paper on minimizing the use of PICC lines. The task group planned to use these materials as the foundation for the tool kit.

3. 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 Executive Director served on the Board of Directors of The Forum of Renal Networks.

- The Network established a routine calendar of conference calls for its staff and members of the state departments of health within Indiana, Ohio, Kentucky and Illinois. Meetings are held quarterly and provide updates on Network and CMS activities, along with updates from the state organizations. Calls were held on March 13, June 26, Sept 18, and Dec 11.

- 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 Quality Improvement Director serves as the Network Liaison to the Quality Measurement and Information Task Force of the Fistula First Breakthrough Initiative.

- The Quality Improvement Director attended the Quality Infrastructure CPM Work Group on February 12 and 13 to advise on the revision of the current CPMs and the development of new CPMs.

- The Executive Director, Assistant Director, Patient Services Director, Quality Improvement Coordinator, and the Data Manager attended the meeting of QualityNet in August.

- The Quality Improvement Director attended the CROWNWeb Clinical Module Meeting in August 6 and 7 to advise on clinical components of CROWNWeb.

- The Director of Patient Services participated in the TEP 3 Reports meeting in September to advise on the conversation of SIMS contacts and grievances into CROWNWeb.

- The Network collaborated with the Renal Support Network on patient activities and an educational patient meeting.

- The Network collaborated with the National Kidney Foundation to increase awareness of educational material.

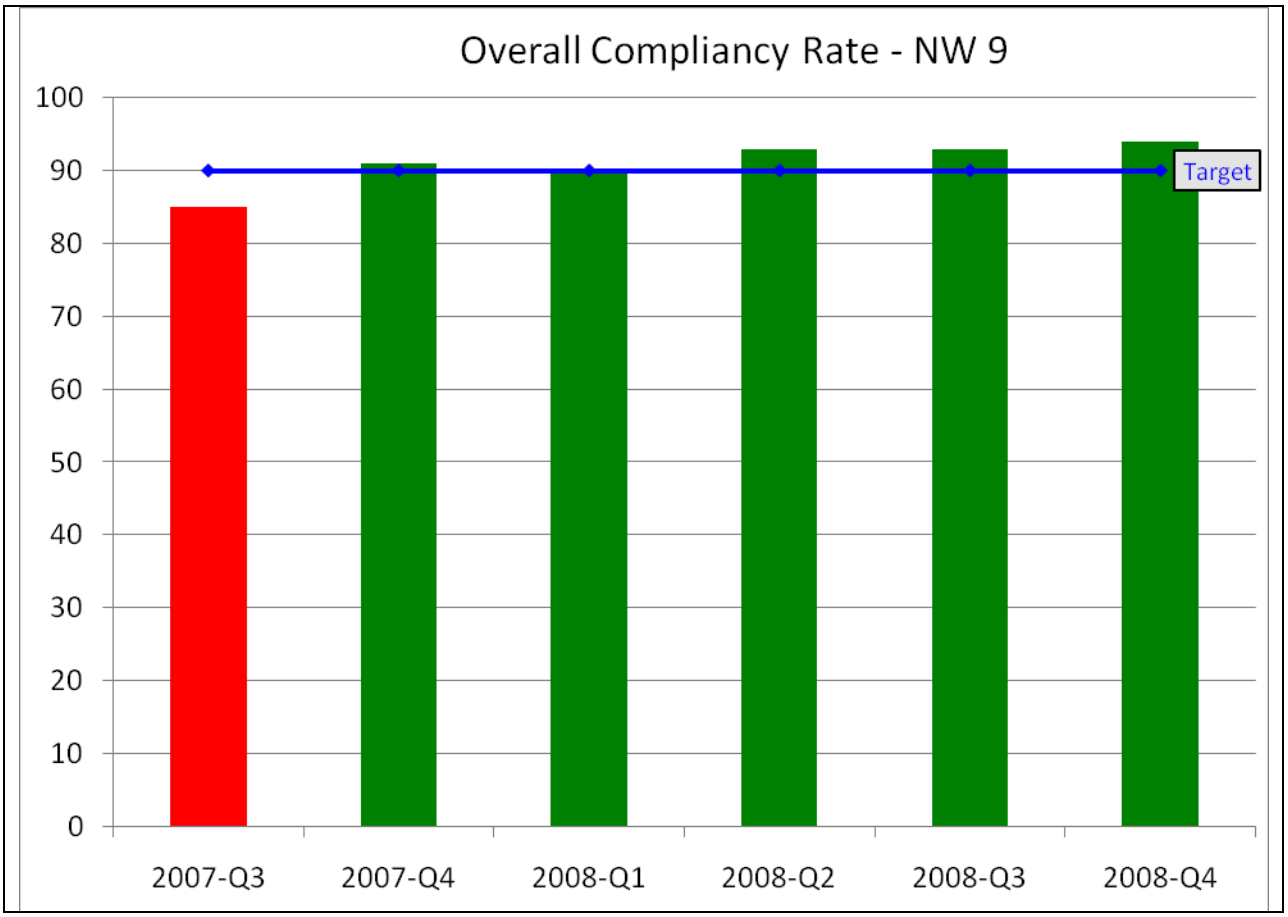
GOAL 5: Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes; maintain Patient Registry; and to support the ESRD Network Program.

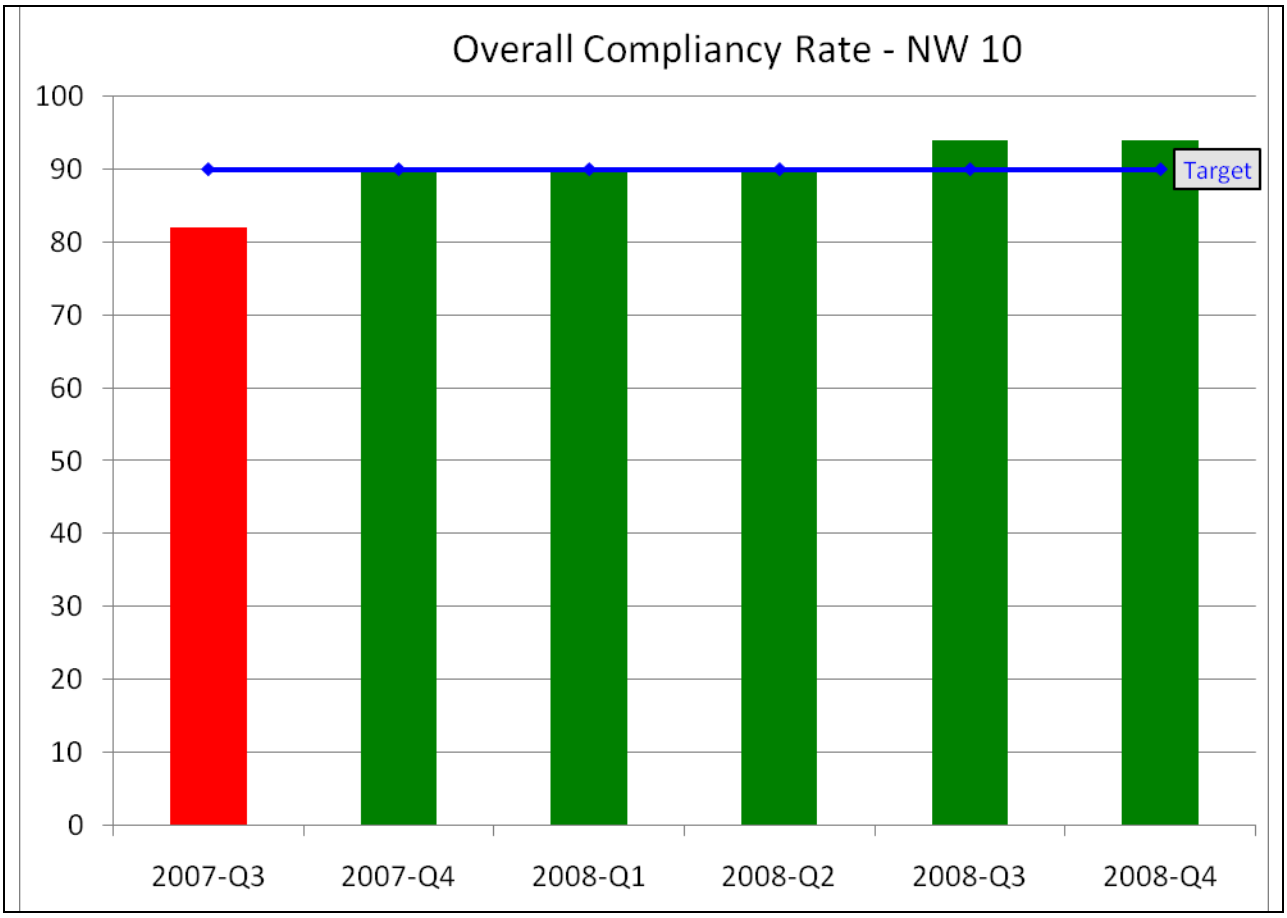
A. Facility Compliance

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. In an effort to assist facilities in this area the Network Data Services Department employs the following processes and procedures:

- Daily reminders to facilities for forms approaching their due date
- Weekly call lists for the data staff to contact facilities with missing forms
- Monthly performance reports to facility administrators
- Mandatory web-ex training sessions for facilities under 90%

The charts below are updated quarterly and are used to monitor the effectiveness of our procedures.





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 2008		
Form Type	Network 9	Network 10
2728	9358	5366
2746	6723	3534
2744	439	205

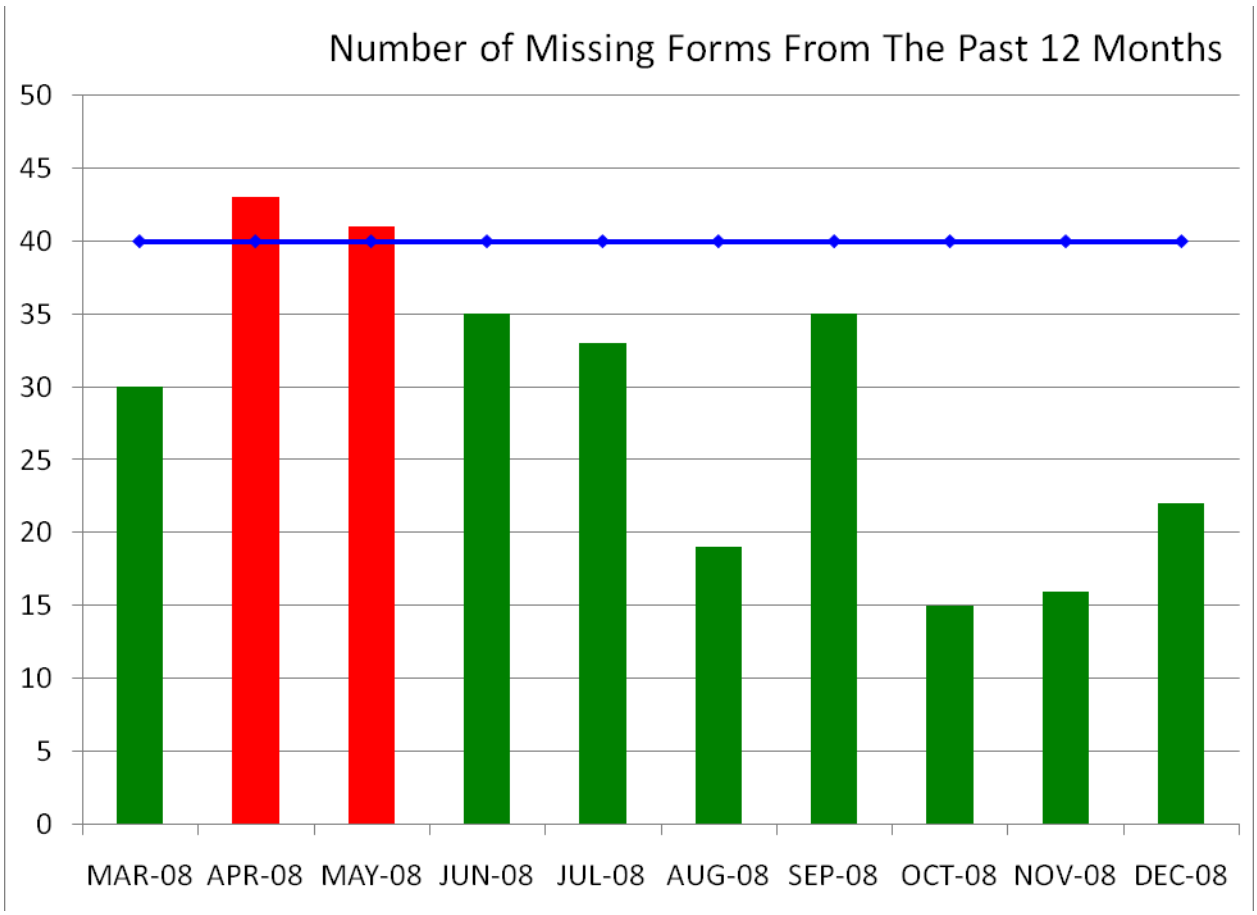
The forms as well as event data from Patient Activity Reports are entered into the SIMS database each day and replicated to the CMS Central Repository nightly.

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 overall accuracy rate for the year was 99%. 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 the Network staff, and quarterly, compliance reports are generated and sent to the facilities. The Medical Review Board routinely reviews compliance rates for those facilities that fall below the CMS goals. At year-end 2008, compliance data were reviewed. Using this data, the Network will institute procedures to improve compliance for underperforming facilities through corrective action plans during 2009.



D. Patient Tracking System.

The data system has unlimited capability to collect information on ESRD patients. Currently, more than 238,000 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 2008, Network 9/10 filled 99 requests for Statistical Report data, ZIP Code and county data, facility demographic profiles, utilization rates, 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.

- 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.

F. CROWNWeb.

During 2008, Network staff participated with CMS in various activities to prepare for the launch of the CROWNWeb data reporting system, slated to launch in February 2009. To help facilities with the transition, the Network:

- Posted continuous updates on CROWNWeb to the Network Web site.
- Sponsored 8 Webex calls for facility administrators to instruct on the process to register the security administrator. Total attendance for the eight sessions was 280.

- Facilitated the registration of facility administrators.
- Network staff attended CROWNWeb training in Kansas City during December.

4. SANCTION RECOMMENDATIONS.

No sanction recommendations were made during 2008.

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 2008.

- 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 2008

Age Group	**IN**	**KY**	**OH**	**Other**	**Total**
00-04	8	1	5	0	14
05-09	1	1	1	0	3
10-14	4	1	9	0	14
15-19	16	6	16	1	39
20-24	16	9	27	2	54
25-29	25	16	68	4	113
30-34	44	38	78	3	163
35-39	66	34	138	4	242
40-44	96	55	186	3	340
45-49	119	106	260	16	501
50-54	190	134	380	16	720
55-59	203	168	448	23	842
60-64	278	194	560	39	1071
65-69	254	186	530	37	1007
70-74	273	191	526	52	1042
75-79	245	166	549	28	988
80-84	232	132	502	34	900
>=85	164	83	352	20	619
Missing	0	0	0	0	0
Total	**2234**	**1521**	**4635**	**282**	**8672**
Gender					
Female	1014	675	2061	127	3877
Male	1220	846	2574	155	4795
Missing	0	0	0	0	0
Total	**2234**	**1521**	**4635**	**282**	**8672**
Race					
American Indian/Alaska Native	3	2	9	0	14
Asian	9	4	18	5	36
Black or African American	455	277	1205	32	1969
More than one race selected	9	4	25	2	40
Native Hawaiian or Other Pacific Islander	2	0	6	0	8
White	1750	1234	3368	240	6592
Missing	6	0	4	3	13
Total	**2234**	**1521**	**4635**	**282**	**8672**
Primary Diagnosis					
Cystic Kidney	42	36	102	10	190
Diabetes	751	589	1755	78	3173
Glomerulonephritis	104	93	275	14	486
Hypertension	475	271	897	54	1697
Other	274	168	535	32	1009
Other Urologic	27	20	66	2	115
Missing	7	0	6	1	14
Unknown	554	344	999	91	1988
Total	**2234**	**1521**	**4635**	**282**	**8672**

Source of information: Network SIMS Database
Date of Preparation: May 2009
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
This table includes 215 patients with transplant therapy as an initial treatment.
This table includes 71 patients receiving treatment at VA facilities.

Living ESRD Dialysis Patients

(ESRD Dialysis Prevalence)

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2008.

Age Group	**IN**	**KY**	**OH**	**Other**	**Total**
00-04	13	2	10	0	25
05-09	2	1	2	1	6
10-14	9	0	16	3	28
15-19	19	13	38	2	72
20-24	54	30	116	9	209
25-29	96	63	175	24	358
30-34	186	102	302	42	632
35-39	230	178	490	45	943
40-44	339	245	679	60	1323
45-49	494	342	993	86	1915
50-54	640	457	1318	102	2517
55-59	734	561	1595	131	3021
60-64	825	549	1648	154	3176
65-69	738	533	1601	140	3012
70-74	752	477	1563	145	2937
75-79	679	434	1435	116	2664
80-84	528	287	1195	98	2108
>=85	350	159	753	60	1322
Missing	0	0	0	0	0
Total	**6688**	**4433**	**13929**	**1218**	**26268**
Gender					
Female	3111	1950	6302	522	11885
Male	3577	2483	7627	696	14383
Missing	0	0	0	0	0
Total	**6688**	**4433**	**13929**	**1218**	**26268**
Race					
American Indian/Alaska Native	5	3	19	5	32
Asian	26	16	65	8	115
Black or African American	1996	1212	5268	361	8837
More than one race selected	26	16	43	11	96
Native Hawaiian or Other Pacific Islander	9	8	25	2	44
White	4622	3176	8497	827	17122
Missing	4	2	12	4	22
Total	**6688**	**4433**	**13929**	**1218**	**26268**
Primary Diagnosis					
Cystic Kidney	175	120	368	27	690
Diabetes	2706	1871	6055	458	11090
Glomerulonephritis	645	422	1437	107	2611
Hypertension	1777	1038	3528	324	6667
Other	695	494	1444	152	2785
Other Urologic	115	63	246	21	445
Missing	6	0	2	4	12
Unknown	569	425	849	125	1968
Total	**6688**	**4433**	**13929**	**1218**	**26268**

Source of information: Network SIMS Database
Date of Preparation: May 2009
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
The numbers may not reflect the true point prevalence due to different definitions for transient patients.
This table includes 166 patients receiving treatment at VA facilities.

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Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
15003F	0	0	7	8	0	0	0	0	7	8
150056	0	0	0	0	0	0	0	0	0	0
152500	4	3	18	20	11	9	0	0	33	32
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	2	2	0	0	8	9
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	8	7	4	2	0	0	12	9
152510	0	0	6	7	0	0	0	0	6	7
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	25	25	5	13	0	0	30	38
152516	0	0	14	15	5	2	0	0	19	17
152517	0	0	0	0	0	0	0	0	0	0
152518	0	0	0	0	0	0	0	0	0	0
152520	0	0	0	0	0	0	0	0	0	0
152521	0	0	12	6	4	9	0	0	16	15
152522	3	1	6	4	13	9	0	0	22	14
152523	0	0	0	0	0	0	0	0	0	0
152524	0	0	0	0	0	0	0	0	0	0
152525	1	0	14	14	7	11	0	0	22	25
152526	0	3	22	15	6	7	0	0	28	25
152527	0	0	7	5	5	10	0	0	12	15
152529	0	0	0	0	0	0	0	0	0	0
152530	0	0	0	0	1	1	0	0	1	1
152531	0	0	0	0	0	0	0	0	0	0
152532	0	1	18	15	10	7	0	0	28	23
152533	0	0	0	0	0	1	0	0	0	1
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	9	5	6	11	13	9	0	0	28	25
152542	0	0	0	0	0	0	0	0	0	0
152543	0	0	2	3	4	2	0	0	6	5
152544	0	0	0	0	0	0	0	0	0	0
152545	0	0	0	0	0	0	0	0	0	0
152546	0	0	19	16	1	5	0	0	20	21
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

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Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
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	1	0	0	0	0	0	1
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	13	6	1	4	0	0	14	10
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	0	0	0	0	0	0	0
152563^	0	0	0	0	0	0	0	0	0	0
152564	0	0	4	3	4	3	0	0	8	6
152565	0	0	0	0	0	0	0	0	0	0
152566	0	0	0	0	0	0	0	0	0	0
152567	0	0	0	0	0	0	0	0	0	0
152568	0	0	0	0	0	0	0	1	0	1
152569	8	8	27	23	7	6	0	0	42	37
152570	0	0	1	2	2	1	0	0	3	3
152571	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
152577	0	0	0	0	0	0	0	0	0	0
152579	0	1	2	5	9	7	0	0	11	13
152580	3	13	2	8	13	5	0	0	18	26
152581	0	0	4	5	4	3	0	0	8	8
152582	0	0	0	0	0	0	0	0	0	0
152583	0	0	0	0	0	0	0	0	0	0
152584	0	0	0	0	0	0	0	0	0	0
152585	0	1	0	0	0	0	0	0	0	1
152586	0	0	0	0	0	0	0	0	0	0
152587	0	0	0	0	0	0	0	0	0	0
152588	0	0	20	27	10	4	0	0	30	31
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	1	3	0	7	0	0	1	10
152592	2	2	0	0	0	0	0	0	2	2
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	6	8	9	10	0	0	15	18
152596	7	10	0	0	0	0	0	0	7	10
152597	7	11	17	17	7	12	0	0	31	40

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
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	2	7	10	13	4	7	0	0	16	27
152602	0	0	0	0	0	0	0	0	0	0
152603	0	1	1	1	0	0	0	0	1	2
152604	0	0	0	0	0	0	0	0	0	0
152605	0	0	0	0	0	0	0	0	0	0
152606	0	0	0	0	0	0	0	0	0	0
152607	0	4	9	10	5	0	0	0	14	14
152608	0	0	0	0	0	0	0	0	0	0
152609	0	0	0	0	0	0	0	0	0	0
152610	0	0	0	0	0	0	0	0	0	0
152611	0	0	0	0	0	0	0	0	0	0
152612	5	7	3	3	77	80	0	0	85	90
152613#	0	0	0	0	0	0	0	0	0	0
152614#	0	0	0	0	0	0	0	0	0	0
152615#	0	1	0	1	0	1	0	0	0	3
152616#	0	0	0	1	0	0	0	0	0	1
152617#	0	0	0	0	0	0	0	0	0	0
152618#	0	0	0	0	0	0	0	0	0	0
152619#	0	0	0	0	0	0	0	0	0	0
152620#	0	0	0	0	0	0	0	0	0	0
152621#	0	0	0	0	0	0	0	0	0	0
152622#	0	0	0	0	0	0	0	0	0	0
152623#	0	0	0	0	0	0	0	0	0	0
152624#	0	0	0	0	0	0	0	0	0	0
152625#	0	0	0	0	0	0	0	0	0	0
152626#	0	0	0	0	0	0	0	0	0	0
152627#	0	0	0	0	0	0	0	0	0	0
152628#	0	0	0	0	0	0	0	0	0	0
152629#	0	0	0	0	0	0	0	0	0	0
152630#	0	0	0	0	0	3	0	0	0	3
152631#	0	0	0	0	0	0	0	0	0	0
152632#	0	0	0	0	0	0	0	0	0	0
153510	51	58	30	31	38	38	0	0	119	127
153515	0	0	0	0	0	0	0	0	0	0
153517#	0	0	0	0	0	0	0	0	0	0
153519	0	0	0	0	0	0	0	0	0	0
IN0025^	0	0	0	0	0	0	0	0	0	0
IN0027^	0	0	0	0	0	0	0	0	0	0
IN0028^	0	0	0	0	0	0	0	0	0	0
IN0029^	0	0	0	0	0	0	0	0	0	0
IN0041#	0	0	0	0	0	0	0	0	0	0
IN0042#	0	0	0	0	0	3	0	0	0	3
IN0043#	0	0	0	0	0	0	0	0	0	0

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Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
IN0044#	0	0	0	0	0	0	0	0	0	0
IN0045#	0	0	0	0	0	0	0	0	0	0
IN0046#	0	0	0	0	0	0	0	0	0	0
IN0047#	0	0	0	0	0	0	0	0	0	0
IN0048#	0	0	0	0	0	0	0	0	0	0
IN0049#	0	0	0	0	0	0	0	0	0	0
IN Total	**102**	**137**	**340**	**346**	**281**	**293**	**0**	**1**	**723**	**777**
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	1	0	0	0	0	0	1	0
180093	0	0	1	1	0	0	0	0	1	1
182501	13	17	3	1	8	2	0	0	24	20
182502	0	0	1	2	12	7	0	0	13	9
182503	0	0	0	0	0	0	0	0	0	0
182504	0	0	20	21	1	4	0	0	21	25
182505	0	0	10	10	1	1	0	0	11	11
182507	0	0	1	0	0	0	0	0	1	0
182508	0	0	0	0	4	3	0	0	4	3
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	1	2	5	1	1	0	0	3	7
182517	0	0	1	1	2	0	0	0	3	1
182518	0	0	0	0	0	0	0	0	0	0
182519	1	0	6	3	4	5	0	0	11	8
182520	0	0	1	5	0	0	0	0	1	5
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	0	4	3	7	0	0	3	11
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	2	2	23	18	0	0	25	20
182530	0	0	0	0	0	0	0	0	0	0
182532	0	0	1	1	5	8	0	0	6	9
182533	0	0	0	0	0	0	0	0	0	0
182534	5	8	14	17	11	13	0	0	30	38
182535	0	0	0	0	0	0	0	0	0	0
182536	0	0	4	4	2	0	0	0	6	4
182537	0	0	0	0	0	0	0	0	0	0
182538	0	0	2	3	1	1	0	0	3	4
182539^	0	0	0	0	0	0	0	0	0	0
182540	0	0	1	1	1	0	0	0	2	1
182541	0	0	2	1	3	2	0	0	5	3

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Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
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	16	9	0	11	0	0	16	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	8	14	20	10	0	0	28	24
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	15	10	20	19	0	0	35	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	2	0	18	0	0	0	20	0
182565	0	0	0	0	0	0	0	0	0	0
182566	0	0	0	0	0	0	0	0	0	0
182567	0	0	0	0	0	0	0	0	0	0
182568	0	0	0	0	0	0	0	0	0	0
182569	3	1	20	31	30	28	0	0	53	60
182570	0	0	0	0	0	0	0	0	0	0
182571	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0
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
182581	1	0	3	2	0	0	0	0	4	2
182582	0	0	0	0	0	0	0	0	0	0
182583	0	0	0	0	0	0	0	0	0	0
182584	0	0	0	0	0	0	0	0	0	0
182585	0	0	0	0	0	0	0	0	0	0
182586	0	0	5	4	24	23	0	0	29	27
182587	0	1	0	1	0	0	0	0	0	2
182588	0	0	0	0	0	0	0	0	0	0
182589	0	0	0	1	0	5	0	0	0	6
182590#	0	0	0	0	0	0	0	0	0	0

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Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
182591#	0	0	0	0	0	0	0	0	0	0
182592#	0	0	0	0	0	0	0	0	0	0
182593#	0	1	0	1	0	18	0	0	0	20
182594#	0	0	0	0	0	0	0	0	0	0
182595#	0	0	0	0	0	0	0	0	0	0
183502	0	0	0	0	0	0	0	0	0	0
KY0024^	0	0	0	0	0	0	0	0	0	0
KY0027^	0	0	0	0	0	0	0	0	0	0
KY Total	**23**	**29**	**142**	**155**	**194**	**186**	**0**	**0**	**359**	**370**
360003	0	0	0	0	0	0	0	0	0	0
360009	0	0	14	9	7	10	0	0	21	19
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	1	0	0	0	0	0	1	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	1	1	1	0	0	0	2	1
360051	0	0	0	0	0	0	0	0	0	0
360053	0	0	0	0	0	0	0	0	0	0
360064#	0	0	0	0	0	0	0	0	0	0
360068	0	0	0	0	0	0	0	0	0	0
36007F	0	0	4	2	0	0	0	0	4	2
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	5	5	1	2	0	0	6	7
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	12	3	3	28	27	0	0	44	42
360141	0	0	15	10	22	26	0	0	37	36
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	0	1	12	12	0	0	12	13
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	1	1	0	0	0	0	1	1
362503	0	0	0	0	0	0	0	0	0	0
362504	1	4	22	11	8	17	0	0	31	32
362505	0	0	0	0	0	0	0	0	0	0
362508	1	0	10	13	18	15	0	0	29	28
362509	3	1	5	7	8	10	0	0	16	18
362510	0	0	0	0	0	0	0	0	0	0
362512	1	1	4	5	21	17	0	0	26	23

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
362514	0	0	0	0	0	0	0	0	0	0
362516	0	0	0	0	4	0	0	0	4	0
362517	0	0	0	0	0	0	0	0	0	0
362518	4	1	27	7	6	2	0	0	37	10
362519	0	1	0	0	0	0	0	0	0	1
362520	0	0	8	2	4	2	0	0	12	4
362521	0	0	0	0	0	0	0	0	0	0
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	35	0	5	0	3	0	0	0	43	0
362526	0	0	6	7	13	10	0	0	19	17
362528	0	0	0	0	0	0	0	0	0	0
362529	0	0	4	3	11	14	0	0	15	17
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	4	3	18	15	0	0	22	18
362534	0	0	0	0	0	2	0	0	0	2
362535	0	0	0	0	0	0	0	0	0	0
362536^	0	0	0	0	0	0	0	0	0	0
362537	0	0	0	0	0	0	0	0	0	0
362539	0	0	1	0	3	0	0	0	4	0
362541	0	0	30	13	18	29	0	0	48	42
362542	0	0	15	22	37	28	0	0	52	50
362543	0	0	10	10	24	20	0	0	34	30
362545	0	0	0	0	0	0	0	0	0	0
362547	1	1	5	2	15	10	0	0	21	13
362548	0	0	0	0	0	0	0	0	0	0
362549	1	0	3	2	4	5	0	0	8	7
362550	0	0	1	0	0	0	0	0	1	0
362551	0	0	5	6	6	3	0	0	11	9
362552	0	0	3	1	0	0	0	0	3	1
362553	0	0	0	0	0	0	0	0	0	0
362554	0	0	3	2	5	7	0	0	8	9
362555	0	0	0	0	0	0	0	0	0	0
362556	0	0	10	10	13	16	0	0	23	26
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	5	5	6	7	0	0	11	12
362560	0	0	0	0	0	0	0	0	0	0
362561	0	0	5	11	14	4	0	0	19	15
362562	0	0	4	5	0	6	0	0	4	11
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	2	1	4	0	0	0	6	1
362567	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, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
362568	0	0	0	0	0	0	0	0	0	0
362569	0	0	0	0	0	0	0	0	0	0
362570	1	0	31	24	14	17	0	0	46	41
362571	0	0	0	0	0	0	0	0	0	0
362572	0	0	0	0	0	0	0	0	0	0
362574	0	0	0	0	0	0	0	0	0	0
362575	0	0	7	8	2	4	0	0	9	12
362576	0	0	0	3	1	2	0	0	1	5
362577	0	0	0	0	0	0	0	0	0	0
362578	6	6	8	4	3	3	0	0	17	13
362579	0	0	9	5	2	0	0	0	11	5
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	5	1	0	0	1	0	0	0	6	1
362589	0	0	5	2	25	21	0	0	30	23
362590	0	0	0	0	0	0	0	0	0	0
362591	0	0	1	0	0	0	0	0	1	0
362592	0	0	7	11	10	9	0	1	17	21
362593	0	0	0	0	0	0	0	0	0	0
362594	0	0	5	2	4	3	0	0	9	5
362595	0	0	0	0	0	0	0	0	0	0
362596	0	0	1	1	0	0	0	0	1	1
362597	0	0	0	0	0	0	0	0	0	0
362598	33	25	8	15	30	28	0	0	71	68
362599	0	0	0	0	0	0	0	0	0	0
362600	8	8	24	19	5	4	0	0	37	31
362602	0	0	0	0	0	1	0	0	0	1
362603	0	0	0	0	0	0	0	0	0	0
362604	0	0	0	0	0	0	0	0	0	0
362607	1	0	0	0	0	0	0	0	1	0
362608	0	0	10	8	16	11	0	0	26	19
362609	0	0	0	0	0	0	0	0	0	0
362610	0	0	2	5	16	11	0	0	18	16
362611	0	0	0	0	0	0	0	0	0	0
362612	0	0	0	0	0	0	0	0	0	0
362613	0	4	9	7	30	37	0	0	39	48
362614	0	0	1	0	1	0	0	0	2	0
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

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
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
362624	0	0	0	0	0	0	0	0	0	0
362625	0	0	8	7	10	9	0	0	18	16
362626	0	0	0	0	0	0	0	0	0	0
362627	0	0	6	9	0	0	0	0	6	9
362628	0	0	0	0	0	0	0	0	0	0
362629	5	2	0	0	0	0	0	0	5	2
362630	0	0	0	0	3	7	0	0	3	7
362631	0	0	1	0	0	0	0	0	1	0
362632	0	0	0	0	0	0	0	0	0	0
362633	0	0	0	0	0	0	0	0	0	0
362634	0	0	7	6	17	18	0	0	24	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	1	0	0	0	0	0	0	0	1	0
362641	0	0	0	0	0	0	0	0	0	0
362642	0	0	1	1	1	0	0	0	2	1
362643	0	0	3	2	6	9	0	0	9	11
362644	1	1	2	0	0	0	0	0	3	1
362645	5	6	0	0	0	4	1	0	6	10
362646	1	1	0	0	1	1	0	0	2	2
362647	0	0	0	0	0	0	0	0	0	0
362648	0	0	12	11	2	5	0	0	14	16
362649	3	2	4	6	0	0	0	0	7	8
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	4	2	1	1	0	0	5	3
362654	0	0	0	0	0	0	0	0	0	0
362655	0	0	1	0	0	0	0	0	1	0
362656	0	1	32	32	37	36	0	0	69	69
362657	0	0	12	13	2	4	0	0	14	17
362658	0	0	3	4	4	5	0	0	7	9
362659	0	0	0	0	0	0	0	0	0	0
362660	0	0	1	1	7	8	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

ESRD Network 9
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
362666	0	0	0	1	0	0	0	0	0	1
362667	0	2	0	0	0	0	0	0	0	2
362668	0	0	0	0	0	0	0	0	0	0
362669	0	0	3	1	1	0	0	0	4	1
362670	0	4	0	0	2	0	0	0	2	4
362671	1	1	3	2	4	2	0	0	8	5
362672	0	0	0	0	0	0	0	0	0	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	5	1	1	0	0	6	6
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	1	0	0	0	0	0	0	0	1
362685	0	0	0	0	0	0	0	0	0	0
362686	0	0	2	0	1	0	0	0	3	0
362687	28	26	4	4	16	20	0	0	48	50
362688	0	0	0	0	0	0	0	0	0	0
362689	0	0	2	0	5	5	0	0	7	5
362690	3	2	0	0	0	0	0	0	3	2
362691	0	0	2	4	2	2	0	0	4	6
362692	0	0	0	0	0	0	0	0	0	0
362693	0	0	8	7	4	3	0	0	12	10
362694	0	0	0	0	0	0	0	0	0	0
362695	0	0	3	2	1	0	0	0	4	2
362696	0	0	0	0	1	1	0	0	1	1
362697	0	0	0	0	0	0	0	0	0	0
362698	0	0	0	0	0	0	0	0	0	0
362699	0	0	3	2	6	3	0	0	9	5
362700	0	0	0	0	0	0	0	0	0	0
362701	0	0	0	0	0	0	0	0	0	0
362702	0	0	2	7	8	21	0	0	10	28
362703	0	0	0	0	0	0	0	0	0	0
362704#	0	0	0	0	0	10	0	0	0	10
362705#	0	0	0	0	0	0	0	0	0	0
362706#	0	0	0	0	0	0	0	0	0	0
362707#	0	0	0	0	0	0	0	0	0	0
362708#	0	0	0	0	0	0	0	0	0	0
362709#	0	0	0	0	0	0	0	0	0	0
362710#	0	0	0	0	0	0	0	0	0	0
362711#	0	4	0	1	0	1	0	0	0	6
362712#	0	0	0	0	0	0	0	0	0	0

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Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
362713#	0	0	0	4	0	0	0	0	0	4
362714#	0	0	0	0	0	0	0	0	0	0
362715	0	0	0	0	0	0	0	0	0	0
362716#	0	0	0	0	0	0	0	0	0	0
362717#	0	0	0	0	0	0	0	0	0	0
362718#	0	0	0	1	0	0	0	0	0	1
362719#	0	0	0	0	0	0	0	0	0	0
362720#	0	0	0	0	0	0	0	0	0	0
362721#	0	1	0	7	0	1	0	0	0	9
362722#	0	0	0	0	0	0	0	0	0	0
362723#	0	0	0	0	0	0	0	0	0	0
362724#	0	0	0	0	0	0	0	0	0	0
362725#	0	0	0	0	0	0	0	0	0	0
362726#	0	0	0	0	0	0	0	0	0	0
362727#	0	2	0	0	0	0	0	0	0	2
362728#	0	0	0	0	0	0	0	0	0	0
362729#	0	0	0	0	0	0	0	0	0	0
362730#	0	0	0	1	0	1	0	0	0	2
362732#	0	0	0	1	0	0	0	0	0	1
362733#	0	1	0	6	0	8	0	0	0	15
362763	0	0	0	0	0	0	0	0	0	0
363300	0	0	1	0	7	9	0	0	8	9
363303	0	0	0	0	1	1	0	0	1	1
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
363509	9	9	6	9	6	4	0	0	21	22
363510	0	0	0	0	0	0	0	0	0	0
364000	0	0	0	0	0	0	0	0	0	0
365604#	0	0	0	0	0	0	0	0	0	0
OH0039	0	0	0	0	0	0	0	0	0	0
OH0052^	0	0	0	0	0	0	0	0	0	0
OH0055^	0	0	0	0	0	0	0	0	0	0
OH0056^	0	0	0	0	0	0	0	0	0	0
OH0057^	0	0	0	0	0	0	0	0	0	0
OH0058^	0	0	0	0	0	0	0	0	0	0
OH0059^	0	0	0	0	0	0	0	0	0	0
OH0060^	0	0	0	0	0	0	0	0	0	0
OH0061^	0	0	0	0	0	0	0	0	0	0
OH0062^	0	0	0	0	2	0	0	0	2	0
OH0063^	0	0	0	0	2	0	0	0	2	0
OH0065^	0	0	0	0	0	0	0	0	0	0
OH0068^	0	0	0	0	0	0	0	0	0	0
OH0069^	0	0	0	0	0	0	0	0	0	0
OH0077#	0	0	0	1	0	1	0	0	0	2
OH0080#	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, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	**2008**	**2007**	**2008**	**2007**	**2008**	**2007**	**2008**	**2007**	**2008**
Provider										
OH0081#	0	1	0	6	0	8	0	0	0	15
OH0082#	0	0	0	0	0	0	0	0	0	0
OH0084#	0	0	0	0	0	0	0	0	0	0
OH0085#	0	0	0	0	0	0	0	0	0	0
OH Total	**171**	**132**	**512**	**463**	**658**	**679**	**1**	**1**	**1342**	**1275**
Network Total	**296**	**298**	**994**	**964**	**1133**	**1158**	**1**	**2**	**2424**	**2422**

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database
Date of Preparation: May 2009
This table includes 16 Veterans Affairs Facility patients for 2007 and 14 Veterans Affairs Facility patients for 2008.
Provider not operational in 2007
^ Provider not operational in 2008

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
15003F	71	61	0	0	71	61	78	69
150056	0	0	0	0	0	0	0	0
152500	156	150	0	0	156	150	189	182
152501	74	68	0	0	74	68	74	68
152502	98	92	0	0	98	92	98	92
152503	49	50	0	0	49	50	57	59
152504	89	95	0	0	89	95	89	95
152507	28	28	0	0	28	28	28	28
152508	86	92	0	0	86	92	86	92
152509	104	110	0	0	104	110	116	119
152510	77	87	0	0	77	87	83	94
152511	37	38	0	0	37	38	37	38
152512	106	111	0	0	106	111	106	111
152514	26	28	0	0	26	28	26	28
152515	72	74	0	0	72	74	102	112
152516	74	75	0	0	74	75	93	92
152517	49	45	0	0	49	45	49	45
152518	49	49	0	0	49	49	49	49
152520	142	137	0	0	142	137	142	137
152521	188	194	0	0	188	194	204	209
152522	123	114	0	0	123	114	145	128
152523	61	56	0	0	61	56	61	56
152524	67	77	0	0	67	77	67	77
152525	89	77	0	0	89	77	111	102
152526	90	78	0	0	90	78	118	103
152527	39	54	0	0	39	54	51	69
152529	40	46	0	0	40	46	40	46
152530	109	131	0	0	109	131	110	132
152531	49	51	0	0	49	51	49	51
152532	0	0	0	0	0	0	28	23
152533	27	27	0	0	27	27	27	28
152534	52	56	0	0	52	56	52	56
152535	23	18	0	0	23	18	23	18
152536	98	84	0	0	98	84	98	84
152537	83	72	0	0	83	72	83	72
152538	38	29	0	0	38	29	38	29
152539	61	30	0	0	61	30	61	30
152541	94	93	0	0	94	93	122	118
152542	121	122	0	0	121	122	121	122
152543	103	83	0	0	103	83	109	88
152544	0	0			0	0	0	0
152545	25	24	0	0	25	24	25	24
152546	63	58	0	0	63	58	83	79
152547	154	152	0	0	154	152	154	152
152548	27	26	0	0	27	26	27	26

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
152549	71	79	0	0	71	79	71	79
152550	52	45	0	0	52	45	52	45
152551	32	22	0	0	32	22	32	22
152552	65	61	0	0	65	61	65	61
152553	30	27	0	0	30	27	30	27
152554	64	68	0	0	64	68	64	69
152555	16	7	0	0	16	7	16	7
152556	58	48	0	0	58	48	58	48
152558	78	68	0	0	78	68	92	78
152559	12	0	0	0	12	0	12	0
152560	64	70	0	0	64	70	64	70
152561	50	50	0	0	50	50	50	50
152562	76	73	0	0	76	73	76	73
152563^	0	0	0	0	0	0	0	0
152564	70	65	0	0	70	65	78	71
152565	66	50	0	0	66	50	66	50
152566	41	36	0	0	41	36	41	36
152567	38	37	0	0	38	37	38	37
152568	30	32	0	0	30	32	30	33
152569	112	109	0	0	112	109	154	146
152570	24	27	0	0	24	27	27	30
152571	115	106	0	0	115	106	115	106
152572	72	78	0	0	72	78	72	78
152573	28	26	0	0	28	26	28	26
152574	26	29	0	0	26	29	26	29
152575	33	33	0	0	33	33	33	33
152576	52	53	0	0	52	53	52	53
152577	28	32	0	0	28	32	28	32
152579	80	74	0	0	80	74	91	87
152580	63	69	0	0	63	69	81	95
152581	62	55	0	0	62	55	70	63
152582	29	33	0	0	29	33	29	33
152583	31	31	0	0	31	31	31	31
152584	16	14	0	0	16	14	16	14
152585	86	93	0	0	86	93	86	94
152586	43	39	0	0	43	39	43	39
152587	13	0	0	0	13	0	13	0
152588	0	0	0	0	0	0	30	31
152589	34	33	0	0	34	33	34	33
152590	17	21	0	0	17	21	17	21
152591	55	67	0	0	55	67	56	77
152592	100	103	0	0	100	103	102	105
152593	95	95	0	0	95	95	95	95
152594	51	59	0	0	51	59	51	59
152595	22	33	0	0	22	33	37	51

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
152596	64	77	0	0	64	77	71	87
152597	0	0	0	3	0	3	31	43
152598	27	39	0	0	27	39	27	39
152599	25	33	0	0	25	33	25	33
152600	9	12	0	0	9	12	9	12
152601	99	100	0	0	99	100	115	127
152602	25	28	0	0	25	28	25	28
152603	23	20	0	0	23	20	24	22
152604	39	36	0	0	39	36	39	36
152605	30	33	0	0	30	33	30	33
152606	26	22	0	0	26	22	26	22
152607	129	87	0	0	129	87	143	101
152608	24	25	0	0	24	25	24	25
152609	12	28	0	0	12	28	12	28
152610	24	28	0	0	24	28	24	28
152611	23	33	0	0	23	33	23	33
152612	0	0	0	0	0	0	85	90
152613#	0	12	0	0	0	12	0	12
152614#	0	28	0	0	0	28	0	28
152615#	0	7	0	0	0	7	0	10
152616#	0	30	0	0	0	30	0	31
152617#	0	14	0	0	0	14	0	14
152618#	0	15	0	0	0	15	0	15
152619#	0	17	0	0	0	17	0	17
152620#	0	12	0	0	0	12	0	12
152621#	0	4	0	0	0	4	0	4
152622#	0	23	0	0	0	23	0	23
152623#	0	35	0	0	0	35	0	35
152624#	0	12	0	0	0	12	0	12
152625#	0	37	0	0	0	37	0	37
152626#	0	23	0	0	0	23	0	23
152627#	0	13	0	0	0	13	0	13
152628#	0	11	0	0	0	11	0	11
152629#	0	31	0	0	0	31	0	31
152630#	0	14	0		0	14	0	17
152631#	0	3	0	0	0	3	0	3
152632#	0	3	0	0	0	3	0	3
153510	154	152	0	0	154	152	273	279
153515	62	64	0	0	62	64	62	64
153517#	0	0	0		0	0	0	0
153519	0	0	0		0	0	0	0
IN0025^	3	0		0	3	0	3	0
IN0027^	3	0		0	3	0	3	0
IN0028^	3	0		0	3	0	3	0
IN0029^	3	0		0	3	0	3	0

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
IN0041#	0	1	0		0	1	0	1
IN0042#	0	14	0		0	14	0	17
IN0043#	0	13	0		0	13	0	13
IN0044#	0	32	0		0	32	0	32
IN0045#	0	0	0		0	0	0	0
IN0046#	0	5	0		0	5	0	5
IN0047#	0	3	0		0	3	0	3
IN0048#	0	3	0		0	3	0	3
IN0049#	0	3	0		0	3	0	3
IN Total	**6218**	**6527**	**0**	**3**	**6218**	**6530**	**6941**	**7307**
180017	58	61	0	0	58	61	58	61
180035	37	37	0	0	37	37	37	37
180040	0	0	0	0	0	0	0	0
18005F	15	9	0	0	15	9	16	9
180093	87	80	0	0	87	80	88	81
182501	184	179	0	1	184	180	208	200
182502	53	45	0	0	53	45	66	54
182503	96	98	0	0	96	98	96	98
182504	114	122	0	0	114	122	135	147
182505	87	88	3	1	90	89	101	100
182507	41	43	0	0	41	43	42	43
182508	65	62	0	0	65	62	69	65
182509	41	43	0	0	41	43	41	43
182512	45	51	0	0	45	51	45	51
182513	52	62	0	0	52	62	52	62
182514	60	62	0	0	60	62	60	62
182516	96	104	0	0	96	104	99	111
182517	64	63	0	0	64	63	67	64
182518	69	83	0	0	69	83	69	83
182519	52	59	0	0	52	59	63	67
182520	50	39	0	0	50	39	51	44
182521	100	89	0	0	100	89	100	89
182523	65	70	0	0	65	70	65	70
182524	104	102	0	0	104	102	107	113
182526	52	49	0	0	52	49	52	49
182527	57	57	0	0	57	57	57	57
182529	102	86	0	0	102	86	127	106
182530	54	46	0	0	54	46	54	46
182532	53	56	0	0	53	56	59	65
182533	48	43	0	0	48	43	48	43
182534	92	96	0	0	92	96	122	134
182535	44	42	0	0	44	42	44	42
182536	44	48	0	0	44	48	50	52
182537	79	80	0	0	79	80	79	80

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
182538	58	60	0	0	58	60	61	64
182539^	0	0		0	0	0	0	0
182540	58	58	0	0	58	58	60	59
182541	38	37	0	0	38	37	43	40
182542	89	74	0	0	89	74	89	74
182543	73	83	0	0	73	83	73	83
182544	63	65	0	0	63	65	63	65
182547	95	94	0	0	95	94	111	114
182548	16	19	0	0	16	19	16	19
182549	48	47	0	0	48	47	48	47
182550	40	33	0	0	40	33	40	33
182551	17	23	0	0	17	23	17	23
182552	76	77	0	0	76	77	104	101
182553	41	38	0	0	41	38	41	38
182555	46	57	0	0	46	57	46	57
182556	45	44	0	0	45	44	45	44
182557	0	0	0	0	0	0	35	29
182558	59	52	0	0	59	52	59	52
182559	54	51	0	0	54	51	54	51
182560	26	31	0	0	26	31	26	31
182561	41	29	0	0	41	29	41	29
182562	33	40	0	0	33	40	33	40
182563	56	63	0	0	56	63	56	63
182564	41	44	0	0	41	44	61	44
182565	40	45	0	0	40	45	40	45
182566	24	28	0	0	24	28	24	28
182567	75	75	0	0	75	75	75	75
182568	18	22	0	0	18	22	18	22
182569	0	0	0	0	0	0	53	60
182570	73	83	0	0	73	83	73	83
182571	25	24	0	0	25	24	25	24
182572	18	23	0	0	18	23	18	23
182573	23	29	0	0	23	29	23	29
182574	20	26	0	0	20	26	20	26
182575	27	25	0	0	27	25	27	25
182576	14	16	0	0	14	16	14	16
182577	28	32	0	0	28	32	28	32
182578	23	25	0	0	23	25	23	25
182579^	0	0		0	0	0	0	0
182580	15	24	0	0	15	24	15	24
182581	37	63	0	0	37	63	41	65
182582	74	68	0	0	74	68	74	68
182583	22	31	0	0	22	31	22	31
182584	9	20	0	0	9	20	9	20
182585	8	6	0	0	8	6	8	6

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
182586	0	0	0	0	0	0	29	27
182587	25	28	0	0	25	28	25	30
182588	15	19	0	0	15	19	15	19
182589	4	15	0	0	4	15	4	21
182590#	0	27	0	0	0	27	0	27
182591#	0	20	0	0	0	20	0	20
182592#	0	16	0	0	0	16	0	16
182593#	0	0	0	0	0	0	0	20
182594#	0	6	0	0	0	6	0	6
182595#	0	22	0	0	0	22	0	22
183502	44	44	0	0	44	44	44	44
KY0024^	0	0		0	0	0	0	0
KY0027^	0	0		0	0	0	0	0
KY Total	**4034**	**4235**	**3**	**2**	**4037**	**4237**	**4396**	**4607**
360003	15	10	0	0	15	10	15	10
360009	67	62	0	0	67	62	88	81
360015	60	0	0	0	60	0	60	0
360024	110	107	0	0	110	107	110	107
360037	53	48	0	0	53	48	54	48
36003F	17	26	0	0	17	26	19	29
360048	1	3	0	0	1	3	1	3
36004F	49	23	0	0	49	23	51	24
360051	12	14	0	0	12	14	12	14
360053	98	90	0	0	98	90	98	90
360064#	0	0	0	0	0	0	0	0
360068	7	8	0	0	7	8	7	8
36007F	34	30	0	0	34	30	38	32
360084	21	18	0	0	21	18	21	18
360085	0	0	0	0	0	0	0	0
360095	42	47	0	0	42	47	48	54
360099	17	20	0	0	17	20	17	20
360112	15	19	0	0	15	19	15	19
360123	49	54	0	0	49	54	49	54
360134	88	81	0	0	88	81	88	81
360137	66	73	0	0	66	73	110	115
360141	0	0	0	0	0	0	37	36
360163	105	98	0	0	105	98	105	98
360180	3	5	0	0	3	5	3	5
360211	48	45	0	0	48	45	48	45
360229	5	4	0	0	5	4	17	17
362500	311	307	0	0	311	307	311	307
362501	50	43	0	0	50	43	50	43
362502	132	127	0	0	132	127	133	128
362503	107	109	0	0	107	109	107	109

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
362504	108	101	0	0	108	101	139	133
362505	153	141	0	0	153	141	153	141
362508	79	60	0	0	79	60	108	88
362509	105	103	0	0	105	104	121	122
362510	45	0	0		45	0	45	0
362512	162	148	0	0	162	148	188	171
362514	16	25	0	0	16	25	16	25
362516	53	55	0	0	53	55	57	55
362517	127	109	0	0	127	109	127	109
362518	110	79	0	0	110	79	147	89
362519	76	79	0	0	76	79	76	80
362520	60	60	0	0	60	60	72	64
362521	91	98	0	0	91	98	91	98
362522	89	93	0	0	89	93	89	93
362523	71	76	0	0	71	76	71	76
362524	116	103	0	0	116	103	116	103
362525	0	0	0		0	0	43	0
362526	0	0	0	1	0	1	19	18
362528	82	74	0	0	82	74	82	74
362529	0	0	0	0	0	0	15	17
362530	64	61	0	0	64	61	64	61
362531	72	71	0	0	72	71	72	71
362533	0	0	0	0	0	0	22	18
362534	20	24	0	0	20	24	20	26
362535	36	33	0	0	36	33	36	33
362536^	0	0		0	0	0	0	0
362537	67	70	0	0	67	70	67	70
362539	48	47	0	0	48	47	52	47
362541	0	0	0	0	0	0	48	42
362542	0	0	0	0	0	0	52	50
362543	122	90	0	0	122	90	156	120
362545	29	31	0	0	29	31	29	31
362547	74	69	0	0	74	69	95	82
362548	41	34	0	0	41	34	41	34
362549	77	74	0	0	77	74	85	81
362550	19	0	0		19	0	20	0
362551	63	62	0	0	63	62	74	71
362552	59	62	0	0	59	62	62	63
362553	225	230	0	0	225	230	225	230
362554	76	64	0	0	76	64	84	73
362555	59	56	0	0	59	56	59	56
362556	0	0	0	0	0	0	23	26
362557	24	22	0	0	24	22	24	22
362558	108	103	0	0	108	103	108	103
362559	93	98	0	0	93	98	104	110

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
362560	46	58	0	0	46	58	46	58
362561	49	48	0	0	49	48	68	63
362562	69	67	0	0	69	67	73	78
362563	29	28	0	0	29	28	29	28
362564	30	27	0	0	30	27	30	27
362566	39	38	0	0	39	38	45	39
362567	123	110	0	0	123	110	123	110
362568	120	117	0	0	120	117	120	117
362569	246	242	0	0	246	242	246	242
362570	0	3	0	0	0	3	46	44
362571	20	24	0	0	20	24	20	24
362572	82	67	0	0	82	67	82	67
362574	133	127	0	0	133	127	133	127
362575	64	60	0	0	64	60	73	72
362576	94	86	0	0	94	86	95	91
362577	206	214	0	0	206	214	206	214
362578	0	0	0	0	0	0	17	13
362579	69	64	0	0	69	64	80	69
362580	61	69	0	0	61	69	61	69
362581	69	54	0	0	69	54	69	54
362582	211	176	0	0	211	176	211	176
362583	48	51	0	0	48	51	48	51
362584	72	74	0	0	72	74	72	74
362585	88	85	0	0	88	85	88	85
362587	55	47	0	0	55	47	61	48
362589	67	62	0	0	67	62	97	85
362590	78	76	0	0	78	76	78	76
362591	123	122	0	0	123	122	124	122
362592	94	115	0	0	94	115	111	136
362593	123	116	0	0	123	116	123	116
362594	53	51	0	0	53	51	62	56
362595	230	223	0	0	230	223	230	223
362596	17	17	0	0	17	17	18	18
362597	42	44	0	0	42	44	42	44
362598	113	106	0	0	113	106	184	174
362599	44	43	0	0	44	43	44	43
362600	122	138	1	2	123	140	160	171
362602	81	68	0	0	81	68	81	69
362603	51	57	0	0	51	57	51	57
362604	95	92	0	0	95	92	95	92
362607	120	116	0	0	120	116	121	116
362608	0	0	0	0	0	0	26	19
362609	43	39	0	0	43	39	43	39
362610	63	49	0	0	63	49	81	65
362611	117	107	0	0	117	107	117	107

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
362612	142	141	0	0	142	141	142	141
362613	56	60	0	0	56	60	95	108
362614	27	27	0	0	27	27	29	27
362615	75	78	0	0	75	78	75	78
362616	33	45	0	0	33	45	33	45
362617	40	36	0	0	40	36	40	36
362618	62	63	0	0	62	63	62	63
362619	115	106	0	0	115	106	115	106
362620	113	78	0	0	113	78	113	78
362621	60	53	0	0	60	53	60	53
362622	50	44	0	0	50	44	50	44
362623	71	69	0	0	71	69	71	69
362624	76	70	0	0	76	70	76	70
362625	39	48	0	0	39	48	57	64
362626	38	35	0	0	38	35	38	35
362627	136	137	0	0	136	137	142	146
362628	91	77	0	0	91	77	91	77
362629	75	57	0	0	75	57	80	59
362630	50	49	0	0	50	49	53	56
362631	62	61	0	0	62	61	63	61
362632	20	16	0	0	20	16	20	16
362633	73	67	0	0	73	67	73	67
362634	0	0	0	0	0	0	24	24
362635	113	114	0	0	113	114	113	114
362636	78	65	0	0	78	65	78	65
362637	58	63	0	0	58	63	58	63
362638	19	22	0	0	19	22	19	22
362639	30	29	0	0	30	29	30	29
362640	53	62	0	0	53	62	54	62
362641	71	72	0	0	71	72	71	72
362642	25	26	0	0	25	26	27	27
362643	70	62	0	0	70	62	79	73
362644	59	53	0	0	59	53	62	54
362645	36	38	0	0	36	38	42	48
362646	64	64	0	0	64	64	66	66
362647	73	71	0	0	73	71	73	71
362648	82	80	0	0	82	80	96	96
362649	69	65	0	0	69	65	76	73
362650	64	60	0	0	64	60	64	60
362651	47	47	0	0	47	47	47	47
362652	31	29	0	0	31	29	31	29
362653	97	99	0	0	97	99	102	102
362654	39	36	0	0	39	36	39	36
362655	41	37	0	0	41	37	42	37
362656	79	71	0	0	79	71	148	140

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
362657	97	108	0	0	97	108	111	125
362658	0	0	0	0	0	0	7	9
362659	32	30	0	0	32	30	32	30
362660	0	0	0	0	0	0	8	9
362661	66	74	0	0	66	74	66	74
362662	26	32	0	0	26	32	26	32
362663	21	21	0	0	21	21	21	21
362664	38	38	0	0	38	38	38	38
362665	37	32	0	0	37	32	37	32
362666	54	54	0	0	54	54	54	55
362667	15	16	0	0	15	16	15	18
362668	53	46	0	0	53	46	53	46
362669	71	83	0	0	71	83	75	84
362670	48	42	0	0	48	42	50	46
362671	26	32	0	0	26	32	34	37
362672	32	29	0	0	32	29	32	29
362674	18	24	0	0	18	24	18	24
362675	28	28	0	0	28	28	28	28
362676^	0	0		0	0	0	0	0
362677	90	90	0	0	90	90	96	96
362678	92	82	0	0	92	82	92	82
362679	59	75	0	0	59	75	59	75
362680	43	47	0	0	43	47	43	47
362681	38	60	0	0	38	60	38	60
362682	33	34	0	0	33	34	33	34
362683	29	25	0	0	29	25	29	25
362684	34	38	0	0	34	38	34	39
362685	31	30	0	0	31	30	31	30
362686	48	50	0	0	48	50	51	50
362687	0	0	0	0	0	0	48	50
362688	53	58	0	0	53	58	53	58
362689	0	0	0	0	0	0	7	5
362690	26	32	0	0	26	32	29	34
362691	32	45	0	0	32	45	36	51
362692	24	28	0	0	24	28	24	28
362693	35	19	0	0	35	19	47	29
362694	17	26	0	0	17	26	17	26
362695	11	13	0	0	11	13	15	15
362696	41	58	0	0	41	58	42	59
362697	21	27	0	0	21	27	21	27
362698	15	25	0	0	15	25	15	25
362699	0	40	0	0	0	40	9	45
362700	10	16	0	0	10	16	10	16
362701	20	24	0	0	20	24	20	24
362702	0	0	0	0	0	0	10	28

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
362703	11	18	0	0	11	18	11	18
362704#	0	43	0	0	0	43	0	53
362705#	0	26	0	0	0	26	0	26
362706#	0	28	0	0	0	28	0	28
362707#	0	30	0	0	0	30	0	30
362708#	0	52	0	0	0	52	0	52
362709#	0	9	0	0	0	9	0	9
362710#	0	42	0	0	0	42	0	42
362711#	0	0	0	0	0	0	0	6
362712#	0	12	0	0	0	12	0	12
362713#	0	21	0	0	0	21	0	25
362714#	0	3	0	0	0	3	0	3
362715	27	61	0	0	27	61	27	61
362716#	0	13	0	0	0	13	0	13
362717#	0	53	0	0	0	53	0	53
362718#	0	0	0	0	0	0	0	1
362719#	0	63	0	0	0	63	0	63
362720#	0	23	0	0	0	23	0	23
362721#	0	0	0	0	0	0	0	9
362722#	0	9	0	0	0	9	0	9
362723#	0	20	0	0	0	20	0	20
362724#	0	19	0	0	0	19	0	19
362725#	0	4	0	0	0	4	0	4
362726#	0	6	0	0	0	6	0	6
362727#	0	0	0	0	0	0	0	2
362728#	0	18	0	0	0	18	0	18
362729#	0	29	0	0	0	29	0	29
362730#	0	13	0	0	0	13	0	15
362732#	0	6	0	0	0	6	0	7
362733#	0	33	0	0	0	33	0	48
362763	28	27	0	0	28	27	28	27
363300	14	11	0	0	14	11	22	20
363303	7	9	0	0	7	9	8	10
363304	10	9	0	0	10	9	13	12
363501	72	74	0	0	72	74	72	74
363504	49	40	0	0	49	40	49	40
363509	93	115	0	0	93	115	114	137
363510	49	62	0	0	49	62	49	62
364000	5	3	0	0	5	3	5	3
365604#	0	0	0		0	0	0	0
OH0039	0	0			0	0	0	0
OH0052^	9	0		0	9	0	9	0
OH0055^	7	0		0	7	0	7	0
OH0056^	11	0		0	11	0	11	0
OH0057^	2	0		0	2	0	2	0

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
OH0058^	1	0		0	1	0	1	0
OH0059^	3	0		0	3	0	3	0
OH0060^	1	0		0	1	0	1	0
OH0061^	1	0		0	1	0	1	0
OH0062^	0	0		0	0	0	2	0
OH0063^	0	0		0	0	0	2	0
OH0065^	0	0		0	0	0	0	0
OH0068^	3	0		0	3	0	3	0
OH0069^	1	0		0	1	0	1	0
OH0077#	0	13	0		0	13	0	15
OH0080#	0	2	0		0	2	0	2
OH0081#	0	33	0		0	33	0	48
OH0082#	0	0	0		0	0	0	0
OH0084#	0	17	0		0	17	0	17
OH0085#	0	4	0		0	4	0	4
OH Total	**12870**	**13139**	**1**	**3**	**12871**	**13143**	**14213**	**14418**
Network Total	**23122**	**23901**	**4**	**8**	**23126**	**23910**	**25550**	**26332**

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database
*Total from Table #3 plus total from Table #4 (for last column of report year)
Date of Preparation: May 2009
This table includes 186 Veterans Affairs Facility patients for 2007 and 149 Veterans Affairs Facility patients for 2008.
Provider not operational in 2007
^ Provider not operational in 2008

ESRD Network 9
Table #5

Renal Transplant by Transplant Center

Number of transplants performed by transplant center calendar year 2007 and calendar year 2008

	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
Transplant Center	**2007**	**2008**	**2007**	**2008**
150056	256	235	203	757
159801#	0	3	0	73
IN Total	**256**	**238**		
180040	88	72	0	0
180067	65	56	0	
180088	4	2	0	1
KY Total	**157**	**130**		
360003	62	59	160	0
360015	36	18	65	0
360048	89	82	211	212
360051	34	48	89	97
360085	228	213	0	0
360137	68	82	0	107
360163	63	51	179	191
360180	150	163	705	786
363300	17	5	6	0
363303	1	0	0	0
OH Total	**748**	**721**		
NETWORK TOTAL:	**1,161**	**1,089**		

Source of information: Network SIMS Database/CMS-2744
Date of Preparation: May 2009
* 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 2007
^ Provider not operational in 2008

ESRD Network 9
Table #6

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2008

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
00-04	2	2	2	6
05-09	2	0	0	2
10-14	3	3	1	7
15-19	10	6	2	18
20-24	11	17	1	29
25-29	24	12	2	38
30-34	39	25	3	67
35-39	34	18	7	59
40-44	63	27	8	98
45-49	87	32	17	136
50-54	102	57	17	176
55-59	95	32	15	142
60-64	99	43	10	152
65-69	81	24	7	112
70-74	40	10	3	53
75-79	11	3	1	15
80-84	2	0	0	2
>=85	0	0	0	0
Missing	0	0	0	0
Total	**705**	**311**	**96**	**1112**
Gender				
Female	269	111	35	415
Male	436	200	61	697
Missing	0	0	0	0
Total	**705**	**311**	**96**	**1112**
Race				
American Indian/Alaska Native	0	0	0	0
Asian	13	1	0	14
Black or African American	178	47	5	230
More than one race selected	3	1	0	4
Native Hawaiian or Other Pacific Islander	2	0	0	2
White	507	260	91	858
Missing	2	2	0	4
Total	**705**	**311**	**96**	**1112**
Primary Diagnosis				
Cystic Kidney	56	44	20	120
Diabetes	244	54	22	320
Glomerulonephritis	119	78	12	209
Hypertension	117	42	8	167
Other	110	63	22	195
Other Urologic	18	6	1	25
Missing	3	0	0	3
Unknown	38	24	11	73
Total	**705**	**311**	**96**	**1112**

Source of information: Network SIMS Database
Date of Preparation: May 2009
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table includes 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 2008

Age Group	IN	KY	OH	Other	Total
00-04	1	0	1	0	2
05-09	0	1	0	0	1
10-14	0	0	0	0	0
15-19	0	0	0	0	0
20-24	7	2	6	0	15
25-29	4	5	5	2	16
30-34	8	10	20	1	39
35-39	19	23	34	4	80
40-44	31	22	65	6	124
45-49	56	48	110	8	222
50-54	93	59	196	13	361
55-59	127	84	278	15	504
60-64	185	110	349	29	673
65-69	187	130	416	36	769
70-74	226	155	503	40	924
75-79	218	158	554	40	970
80-84	250	143	526	60	979
>=85	178	112	462	40	792
Missing	0	0	0	0	0
Total	**1590**	**1062**	**3525**	**294**	**6471**
Gender					
Female	722	515	1555	139	2931
Male	868	547	1970	155	3540
Missing	0	0	0	0	0
Total	**1590**	**1062**	**3525**	**294**	**6471**
Race					
American Indian/Alaska Native	2	2	4	0	8
Asian	6	3	13	0	22
Black or African American	318	189	844	61	1412
More than one race selected	4	1	6	0	11
Native Hawaiian or Other Pacific Islander	1	1	1	1	4
White	1258	865	2655	232	5010
Missing	1	1	2	0	4
Total	**1590**	**1062**	**3525**	**294**	**6471**
Primary Diagnosis					
Cystic Kidney	24	11	40	6	81
Diabetes	722	512	1683	116	3033
Glomerulonephritis	80	50	172	22	324
Hypertension	482	292	939	80	1793
Other	164	110	426	34	734
Other Urologic	18	16	64	3	101
Missing	0	0	1	1	2
Unknown	100	71	200	32	403
Total	**1590**	**1062**	**3525**	**294**	**6471**
Primary Cause of Death					
Cardiac	592	442	1303	114	2451
Gastro Intestinal	14	12	35	2	63

Infection	182	101	320	20	623
Liver Disease	11	11	15	1	38
Vascular	81	58	149	14	302
Missing	7	3	19	6	35
Other	411	248	777	78	1514
Unknown	292	187	907	59	1445
Total	**1590**	**1062**	**3525**	**294**	**6471**

Source of information: Network SIMS Database
Date of Preparation: May 2009
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities.
This table includes 41 patients receiving treatment at VA facilities.

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

INDIANA

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
15003F	22	0	0	0	N
150056	0	0	0	0	N
152500	72	1	13	0	N
152501	27	0	0	0	N
152502	31	0	0	0	N
152503	22	1	6	0	N
152504	29	0	0	0	Y
152507	6	0	2	0	N
152508	36	0	0	0	Y
152509	33	0	0	0	N
152510	34	0	0	0	N
152511	6	0	0	0	N
152512	37	0	0	0	Y
152514	6	0	0	0	N
152515	37	0	0	0	N
152516	30	0	0	0	N
152517	11	0	0	0	N
152518	12	0	0	0	Y
152520	47	0	0	0	N
152521	76	4	20	4	Y
152522	45	0	0	0	N
152523	16	1	4	0	N
152524	34	0	3	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

INDIANA

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
152525	32	0	26	0	N
152526	25	0	0	0	N
152527	18	0	0	0	N
152529	6	0	0	0	N
152530	48	0	0	0	Y
152531	15	0	0	0	N
152532	8	0	0	0	N
152533	9	0	2	0	N
152534	9	0	3	1	N
152535	6	0	0	0	N
152536	19	0	0	0	N
152537	14	0	0	0	N
152538	3	0	1	0	N
152539	9	0	1	0	N
152541	32	0	7	1	N
152542	41	0	0	0	N
152543	33	0	0	0	N
152544	0	0	0	0	N
152545	9	0	0	0	N
152546	33	0	6	2	N
152547	63	0	10	2	Y
152548	7	3	3	0	N
152549	14	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

INDIANA

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
152550	17	0	0	0	N
152551	3	0	0	0	N
152552	19	0	8	1	Y
152553	5	0	0	0	N
152554	23	0	0	0	Y
152555	1	0	0	0	N
152556	14	0	8	1	Y
152558	19	0	0	0	Y
152559	0	0	0	0	N
152560	23	0	0	0	N
152561	20	1	0	0	N
152562	22	0	0	0	Y
152564	26	0	0	0	N
152565	6	0	0	0	N
152566	9	0	0	0	N
152567	9	0	0	0	N
152568	11	0	1	0	N
152569	53	0	13	0	N
152570	9	0	0	0	Y
152571	32	1	7	1	N
152572	25	0	14	0	N
152573	6	0	0	0	N
152574	7	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

INDIANA

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
152575	5	0	0	0	N
152576	15	0	5	1	N
152577	8	0	0	0	N
152579	23	0	0	0	Y
152580	24	0	2	0	N
152581	12	0	5	1	N
152582	12	1	3	0	N
152583	5	0	0	0	N
152584	3	0	0	0	N
152585	20	0	0	0	N
152586	6	0	1	0	N
152587	0	0	0	0	N
152588	11	0	0	0	N
152589	7	0	0	0	N
152590	4	0	0	0	N
152591	14	0	0	0	N
152592	13	0	2	1	N
152593	32	0	0	0	N
152594	16	0	0	0	N
152595	12	0	7	1	N
152596	48	0	0	0	N
152597	10	0	0	0	N
152598	7	0	3	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

INDIANA

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
152599	9	0	4	0	N
152600	1	0	0	0	N
152601	40	0	0	0	Y
152602	3	0	0	0	N
152603	8	0	1	0	N
152604	7	0	0	0	N
152605	5	0	0	0	N
152606	7	0	3	0	N
152607	34	0	4	1	Y
152608	6	0	0	0	N
152609	4	0	0	0	N
152610	10	0	0	0	N
152611	9	0	0	0	Y
152612	25	0	0	0	N
152613	2	0	0	0	N
152614	5	0	1	0	N
152615	2	0	1	0	N
152616	8	0	0	0	N
152617	4	0	0	0	N
152618	2	0	0	0	N
152619	4	0	0	0	N
152620	4	0	0	0	N
152621	0	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

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
152622	4	0	0	0	N
152623	9	0	0	0	N
152624	5	0	2	0	N
152625	6	0	4	0	N
152626	7	0	0	0	N
152627	2	0	1	0	N
152628	2	0	0	0	N
152629	6	0	1	0	N
152630	4	0	0	0	N
152631	1	0	0	0	N
152632	0	0	0	0	N
153515	29	2	3	0	N
153517	0	0	0	0	N
153519	0	0	0	0	N
159801	0	0	0	0	N
IN0041	1	0	0	0	N
IN0042	4	0	0	0	N
IN0043	2	0	0	0	N
IN0044	6	0	0	0	N
IN0045	0	0	0	0	N
IN0046	2	0	0	0	N
IN0047	1	0	0	0	N
IN0048	0	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

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
IN0049	0	0	0	0	N
State Total	**2,078**	**15**	**211**	**18**	

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	15	0	2	0	N
180035	8	0	0	0	N
180040	0	0	0	0	N
18005F	2	0	0	0	N
180067	0	0	0	0	N
180088	0	0	0	0	N
180093	21	2	2	0	N
182501	98	0	0	0	Y
182502	21	0	3	1	N
182503	35	0	8	0	Y
182504	43	4	7	4	N
182505	36	0	2	0	N
182507	13	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

KENTUCKY

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
182508	25	0	0	0	Y
182509	9	0	1	0	N
182512	16	0	0	0	N
182513	13	0	0	0	N
182514	23	0	0	0	N
182516	39	1	9	0	N
182517	22	0	0	0	N
182518	24	0	2	0	N
182519	29	0	5	0	N
182520	17	2	8	1	Y
182521	34	0	0	0	N
182523	20	0	0	0	N
182524	33	0	0	0	N
182526	11	0	0	0	N
182527	15	0	0	0	N
182529	26	0	0	0	Y
182530	16	0	0	0	N
182532	24	0	0	0	N
182533	12	0	0	0	N
182534	42	0	0	0	Y
182535	17	0	0	0	N
182536	18	0	0	0	N
182537	39	1	1	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

KENTUCKY

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
182538	20	0	0	0	N
182540	20	0	0	0	N
182541	9	0	0	0	Y
182542	19	0	0	0	N
182543	25	0	0	0	N
182544	23	0	0	0	N
182547	34	0	8	2	Y
182548	8	0	0	0	N
182549	15	0	5	0	N
182550	7	0	0	0	N
182551	3	0	0	0	N
182552	31	0	0	0	N
182553	11	0	0	0	N
182555	17	0	2	0	N
182556	14	0	2	0	N
182557	10	0	6	0	N
182558	23	4	3	0	N
182559	19	0	2	1	N
182560	9	0	0	0	N
182561	7	0	0	0	N
182562	7	0	1	0	N
182563	23	0	0	0	N
182564	15	0	2	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

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	DURING THE SURVEY PERIOD: SHIFT AFTER 5 PM
182565	13	0	0	0	N
182566	6	0	0	0	N
182567	22	0	0	0	N
182568	5	0	0	0	N
182569	17	0	16	0	N
182570	32	0	4	1	N
182571	7	0	0	0	N
182572	2	0	0	0	N
182573	14	0	0	0	N
182574	5	0	0	0	N
182575	7	0	0	0	N
182576	2	0	0	0	N
182577	9	0	0	0	N
182578	7	0	0	0	N
182580	7	0	0	0	N
182581	27	0	1	1	N
182582	15	0	1	0	N
182583	6	0	0	1	N
182584	9	0	0	0	N
182585	1	0	0	0	N
182586	14	0	1	0	N
182587	9	0	0	0	N
182588	3	0	1	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

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
182589	8	0	0	0	N
182590	6	0	0	0	N
182591	6	0	0	0	N
182592	5	0	0	0	N
182593	7	0	1	0	N
182594	2	0	0	0	N
182595	5	0	1	0	N
183502	17	0	0	0	N
State Total	**1,480**	**14**	**107**	**12**	

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	2	0	0	0	N
360009	21	0	6	0	N
360024	34	0	0	0	N
360037	19	1	0	0	N
36003F	4	0	0	0	N
360048	1	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

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
36004F	5	0	0	0	N
360051	6	0	0	0	N
360053	27	0	0	0	N
360064	0	0	0	0	N
360068	3	0	0	0	N
36007F	12	0	1	0	N
360084	3	0	0	0	N
360095	17	0	3	0	N
360099	7	0	2	1	N
360112	9	0	0	2	N
360123	14	0	0	0	N
360134	29	0	9	3	Y
360137	53	0	23	4	N
360141	14	0	6	0	N
360163	23	0	0	0	Y
360180	2	0	0	0	N
360211	5	0	0	0	N
360229	0	0	0	0	N
362500	126	0	0	0	Y
362501	29	1	9	0	Y
362502	45	0	0	0	N
362503	50	0	15	1	Y
362504	67	0	0	0	Y

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

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
362505	34	0	0	0	Y
362508	27	0	0	0	N
362509	47	0	0	0	N
362510	0	0	0	0	N
362512	44	0	0	0	Y
362514	10	0	1	0	N
362516	18	0	0	0	N
362517	36	20	5	2	Y
362518	26	0	2	0	Y
362519	25	0	0	0	N
362520	20	1	9	1	Y
362521	26	0	0	0	Y
362522	24	0	8	0	Y
362523	18	0	0	0	N
362524	28	4	10	3	Y
362525	0	0	0	0	N
362526	4	0	3	0	N
362528	17	0	0	0	N
362529	6	0	0	0	N
362530	29	0	0	0	Y
362531	21	0	0	0	Y
362533	10	2	8	0	N
362534	4	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

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
362535	6	0	0	0	N
362537	15	0	2	0	N
362539	14	0	0	0	Y
362541	9	1	2	0	N
362542	18	0	12	0	N
362543	47	0	15	2	N
362545	9	0	2	0	N
362547	18	0	1	1	N
362548	6	0	1	0	N
362549	25	0	0	0	N
362550	0	0	0	0	N
362551	17	1	4	1	Y
362552	23	0	0	0	N
362553	67	0	0	0	Y
362554	17	0	0	0	N
362555	10	0	0	0	Y
362556	5	0	4	1	N
362557	2	0	0	0	N
362558	21	0	0	0	Y
362559	26	0	0	0	N
362560	23	0	0	0	N
362561	19	0	0	0	N
362562	19	0	0	0	Y

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

OHIO

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
362563	6	0	0	0	N
362564	9	0	0	0	N
362566	15	0	0	0	N
362567	55	0	0	0	N
362568	31	0	0	0	N
362569	91	0	0	0	Y
362570	19	0	0	0	N
362571	4	0	0	0	N
362572	9	0	0	0	Y
362574	48	0	13	0	N
362575	26	0	0	0	N
362576	30	0	9	0	N
362577	64	0	0	0	Y
362578	5	0	0	0	N
362579	16	0	0	0	N
362580	17	0	0	0	N
362581	10	0	4	0	Y
362582	36	0	0	0	N
362583	12	0	0	0	N
362584	18	0	8	0	N
362585	22	0	9	1	Y
362587	19	0	2	0	N
362589	34	0	0	0	Y

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

OHIO

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
362590	24	0	5	1	Y
362591	58	0	0	0	Y
362592	36	6	7	4	Y
362593	49	0	0	0	Y
362594	18	0	0	0	N
362595	82	5	9	3	N
362596	3	0	0	0	N
362597	10	0	1	1	Y
362598	54	0	0	0	N
362599	5	0	0	0	N
362600	54	0	19	1	Y
362602	15	0	0	0	N
362603	11	0	0	0	Y
362604	19	0	4	0	N
362607	28	0	9	1	Y
362608	9	0	2	0	N
362609	6	0	1	0	N
362610	16	0	5	0	N
362611	18	0	13	0	N
362612	32	0	0	0	Y
362613	39	0	0	0	Y
362614	9	0	0	0	N
362615	23	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

OHIO

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
362616	18	0	0	0	N
362617	8	0	3	0	N
362618	13	0	0	0	N
362619	21	0	4	0	N
362620	13	0	0	0	Y
362621	31	0	0	0	Y
362622	9	0	0	0	N
362623	12	0	0	0	Y
362624	16	0	6	0	N
362625	33	0	0	0	N
362626	10	0	0	0	N
362627	68	0	0	0	Y
362628	18	0	0	0	N
362629	23	3	4	1	Y
362630	8	0	0	0	N
362631	21	0	8	0	N
362632	3	0	0	0	N
362633	16	0	0	0	N
362634	8	0	4	2	N
362635	26	0	0	0	Y
362636	14	0	0	2	Y
362637	21	0	0	0	N
362638	5	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

OHIO

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
362639	6	0	1	1	N
362640	21	0	1	0	N
362641	12	0	5	0	N
362642	7	0	0	0	N
362643	20	0	2	0	N
362644	15	0	1	0	N
362645	11	0	2	0	N
362646	17	0	0	0	N
362647	23	0	6	0	N
362648	21	0	1	2	N
362649	23	0	0	0	Y
362650	26	0	0	0	N
362651	6	0	1	1	N
362652	10	0	1	1	N
362653	43	0	12	0	N
362654	9	0	1	0	N
362655	14	0	0	0	N
362656	36	0	0	0	N
362657	26	0	0	0	N
362658	3	0	1	0	N
362659	2	0	0	0	N
362660	4	0	0	0	N
362661	25	0	1	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

OHIO

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
362662	12	0	2	0	N
362663	8	0	0	0	N
362664	11	0	0	0	N
362665	9	0	0	0	N
362666	13	0	0	0	N
362667	5	0	0	0	N
362668	5	0	0	0	N
362669	14	0	0	0	N
362670	4	0	1	0	N
362671	9	0	0	0	N
362672	5	0	0	0	N
362674	6	0	2	0	N
362675	9	0	0	0	N
362677	23	0	0	0	N
362678	19	0	0	0	Y
362679	14	0	0	0	Y
362680	13	0	0	0	N
362681	36	0	2	0	N
362682	5	1	4	0	N
362683	3	0	0	0	Y
362684	7	0	0	0	N
362685	5	0	0	0	N
362686	10	0	0	0	Y

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

OHIO

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
362687	19	0	3	0	N
362688	15	0	0	0	N
362689	2	0	2	0	N
362690	11	1	1	1	N
362691	23	0	0	0	N
362692	6	0	0	0	N
362693	8	0	0	0	N
362694	6	0	0	0	N
362695	5	0	0	0	N
362696	8	0	0	0	N
362697	6	0	0	0	N
362698	8	0	0	0	N
362699	14	0	0	0	N
362700	4	0	0	0	N
362701	5	0	2	0	N
362702	11	0	2	0	N
362703	6	0	0	0	N
362704	13	0	10	0	N
362705	9	0	0	0	N
362706	7	0	0	1	N
362707	8	0	0	0	N
362708	20	0	3	0	N
362709	2	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 9

OHIO

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
362710	12	0	0	0	N
362711	3	0	1	0	N
362712	7	0	0	0	N
362713	12	0	0	0	N
362714	2	0	0	0	N
362715	13	0	1	1	N
362716	7	0	1	0	N
362717	14	0	0	0	N
362718	0	0	0	0	N
362719	24	1	6	2	N
362720	4	0	0	0	N
362721	2	0	0	0	N
362722	3	0	0	0	N
362723	6	0	1	0	N
362724	1	0	0	0	N
362725	2	0	0	0	N
362726	2	0	0	0	N
362727	2	0	0	0	N
362728	2	0	0	0	N
362729	9	0	0	0	N
362730	3	0	0	0	N
362732	2	0	0	0	N
362733	8	0	4	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

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
362763	6	0	0	0	N
363300	5	0	0	0	N
363304	3	0	0	0	N
363501	12	0	0	0	N
363504	7	0	0	0	N
363509	39	0	0	0	Y
363510	21	0	0	0	N
364000	0	0	0	0	N
365604	0	0	0	0	N
OH0039	0	0	0	0	N
OH0077	3	0	0	0	N
OH0080	2	0	0	0	N
OH0081	8	0	0	0	N
OH0082	0	0	0	0	N
OH0084	8	0	0	0	N
OH0085	1	0	0	0	N
State Total	**4,242**	**48**	**396**	**49**	
Network Total	**7,800**	**77**	**714**	**79**	
Grand Total	**7,800**	**77**	**714**	**79**	

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 2008

Age Group	IL	Other	Total
00-04	6	0	6
05-09	3	0	3
10-14	5	2	7
15-19	22	2	24
20-24	46	2	48
25-29	70	2	72
30-34	99	6	105
35-39	160	3	163
40-44	187	4	191
45-49	285	6	291
50-54	407	12	419
55-59	495	18	513
60-64	562	11	573
65-69	573	9	582
70-74	534	8	542
75-79	524	5	529
80-84	445	0	445
>=85	347	3	350
Missing	0	0	0
Total	**4770**	**93**	**4863**
Gender			
Female	2050	41	2091
Male	2720	52	2772
Missing	0	0	0
Total	**4770**	**93**	**4863**
Race			
American Indian/Alaska Native	6	0	6
Asian	139	1	140
Black or African American	1534	15	1549
More than one race selected	17	0	17
Native Hawaiian or Other Pacific Islander	12	0	12
White	3046	57	3103
Missing	16	20	36
Total	**4770**	**93**	**4863**
Primary Diagnosis			
Cystic Kidney	88	5	93
Diabetes	1795	16	1811
Glomerulonephritis	267	5	272
Hypertension	1719	14	1733
Other	517	8	525
Other Urologic	59	0	59
Missing	15	27	42
Unknown	310	18	328
Total	**4770**	**93**	**4863**

Source of information: Network SIMS Database
Date of Preparation: May 2009
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
This table includes 140 patients with transplant therapy as an initial treatment.
This table includes 66 patients receiving treatment at VA facilities.

Living ESRD Dialysis Patients

(ESRD Dialysis Prevalence)

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2008.

Age Group	**IL**	**Other**	**Total**
00-04	12	1	13
05-09	5	1	6
10-14	10	0	10
15-19	48	1	49
20-24	152	5	157
25-29	269	8	277
30-34	382	12	394
35-39	583	20	603
40-44	739	18	757
45-49	1041	15	1056
50-54	1480	39	1519
55-59	1739	40	1779
60-64	1891	26	1917
65-69	1802	46	1848
70-74	1729	44	1773
75-79	1492	41	1533
80-84	1116	29	1145
>=85	802	21	823
Missing	0	0	0
Total	**15292**	**367**	**15659**
Gender			
Female	6723	160	6883
Male	8569	207	8776
Missing	0	0	0
Total	**15292**	**367**	**15659**
Race			
American Indian/Alaska Native	29	0	29
Asian	428	11	439
Black or African American	6397	131	6528
More than one race selected	59	0	59
Native Hawaiian or Other Pacific Islander	64	3	67
White	8268	217	8485
Missing	47	5	52
Total	**15292**	**367**	**15659**
Primary Diagnosis			
Cystic Kidney	335	12	347
Diabetes	5965	127	6092
Glomerulonephritis	1308	39	1347
Hypertension	5010	111	5121
Other	1449	34	1483
Other Urologic	204	4	208
Missing	32	8	40
Unknown	989	32	1021
Total	**15292**	**367**	**15659**

Source of information: Network SIMS Database
Date of Preparation: May 2009
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
The numbers may not reflect the true point prevalence due to different definitions for transient patients.
This table includes 99 patients receiving treatment at VA facilities.

ESRD Network 10
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
140010	0	0	0	0	0	0	0	0	0	0
140015	0	0	5	6	0	2	0	0	5	8
140018	0	0	0	0	0	0	0	0	0	0
140030	0	0	2	0	0	0	0	0	2	0
14003F	0	0	0	0	0	0	0	0	0	0
140067	0	0	0	0	0	0	0	0	0	0
14007F	0	0	3	3	0	0	0	0	3	3
140088	0	0	0	0	0	2	0	0	0	2
140108	1	0	0	1	19	14	0	0	20	15
140117	0	0	0	0	0	0	0	0	0	0
140119	0	0	0	0	0	1	0	0	0	1
14011F#	0	0	0	0	0	0	0	0	0	0
140124	0	0	0	0	0	0	0	0	0	0
140148	0	0	0	0	0	0	0	0	0	0
140150	11	15	6	6	7	7	0	1	24	29
140155	3	4	4	5	27	16	0	0	34	25
140213	0	0	0	0	0	0	0	0	0	0
140276	0	0	18	13	6	4	0	0	24	17
142500	0	0	0	0	0	0	0	0	0	0
142501	0	0	0	0	0	0	0	0	0	0
142502	128	203	12	10	2	2	0	0	142	215
142503	0	0	4	3	6	9	0	0	10	12
142504	0	0	8	6	5	3	0	0	13	9
142505	0	0	14	11	1	2	0	0	15	13
142506	0	0	0	0	0	0	0	0	0	0
142507	0	2	0	0	0	0	0	0	0	2
142508	0	0	0	0	0	0	0	0	0	0
142509	0	0	7	2	7	9	0	0	14	11
142511	0	0	0	0	0	0	0	0	0	0
142514	0	0	1	0	5	4	0	0	6	4
142515	0	0	6	9	3	3	0	0	9	12
142516	0	0	1	0	0	0	0	0	1	0
142517	0	0	3	3	15	14	0	0	18	17
142518	1	1	12	14	3	3	0	0	16	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	1	0	0	0	1	0
142522	0	0	0	0	0	0	0	0	0	0
142523	0	1	0	0	0	0	0	0	0	1
142524	0	0	1	1	0	0	0	0	1	1
142525	0	0	0	0	0	0	0	0	0	0
142526	0	0	0	0	5	6	0	0	5	6
142527	4	2	6	2	11	13	0	0	21	17
142528	0	1	0	0	0	0	0	0	0	1
142529	0	0	1	0	2	3	0	0	3	3
142530	0	0	0	0	0	0	0	0	0	0

ESRD Network 10
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
142531	0	0	0	0	0	0	0	0	0	0
142533	0	0	3	5	13	9	0	0	16	14
142534	0	0	0	0	0	0	0	0	0	0
142535	0	0	2	0	1	1	0	0	3	1
142536	0	2	5	4	8	11	0	0	13	17
142537	0	0	0	0	2	1	0	0	2	1
142538	1	0	0	0	0	0	0	0	1	0
142539	0	0	6	5	2	4	0	0	8	9
142540	56	66	8	7	0	2	0	0	64	75
142541	9	3	9	4	10	7	0	0	28	14
142542	0	0	6	7	3	2	0	0	9	9
142543	0	0	8	2	13	15	0	0	21	17
142544	0	0	0	0	0	0	0	0	0	0
142545	6	2	9	11	19	29	0	0	34	42
142546	1	1	1	0	9	10	0	0	11	11
142547	0	0	0	0	0	0	0	0	0	0
142548	8	6	2	1	0	8	0	0	10	15
142549	0	0	0	0	0	0	0	0	0	0
142550	0	1	0	1	0	0	0	0	0	2
142551	0	0	0	0	0	0	0	0	0	0
142552	0	0	0	1	6	6	0	0	6	7
142553	0	0	0	0	0	0	0	0	0	0
142554	0	0	0	0	0	0	0	0	0	0
142555	0	0	2	1	3	4	0	0	5	5
142558	0	1	13	17	15	9	0	0	28	27
142559	0	0	3	3	3	2	0	0	6	5
142560	14	0	2	5	36	30	0	0	52	35
142561	0	0	1	2	3	2	0	0	4	4
142562	0	0	13	9	38	41	0	0	51	50
142563	0	0	0	0	0	0	0	0	0	0
142564	0	0	1	1	0	0	0	0	1	1
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	2	0	3	2	0	0	5	2
142568	5	4	1	0	14	15	0	0	20	19
142569	0	0	0	0	0	0	0	0	0	0
142570	1	7	3	2	3	8	0	0	7	17
142571	0	0	1	0	0	0	0	0	1	0
142572	0	0	0	0	0	0	0	0	0	0
142573	1	1	3	5	0	0	0	0	4	6
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	9	6	8	7	0	0	17	13

ESRD Network 10
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
142580	2	0	4	10	27	19	0	0	33	29
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	0	0	0	0	0	0	0	0
142584	0	0	0	0	0	0	0	0	0	0
142585	0	0	0	0	0	0	0	0	0	0
142586	3	3	4	13	32	28	0	0	39	44
142587	0	0	0	0	0	0	0	0	0	0
142588	0	0	5	5	0	0	0	0	5	5
142589	0	0	0	0	0	0	0	0	0	0
142590	0	0	0	0	1	0	0	0	1	0
142591	0	0	0	0	0	0	0	0	0	0
142592	0	0	0	0	0	0	0	0	0	0
142593	0	0	0	0	5	3	0	0	5	3
142594	0	3	5	3	23	17	0	0	28	23
142595	0	0	0	0	0	0	0	0	0	0
142596	0	0	0	0	0	0	0	0	0	0
142597	0	0	6	4	23	19	0	0	29	23
142598	0	0	1	2	0	0	0	0	1	2
142599	0	2	6	3	0	0	0	0	6	5
142600	0	0	0	0	2	2	0	0	2	2
142601	0	0	15	8	1	1	0	0	16	9
142602	1	1	0	0	0	0	0	0	1	1
142603	0	0	0	0	0	0	0	0	0	0
142604	0	0	0	0	8	11	0	0	8	11
142605	0	0	0	0	0	0	0	0	0	0
142606	0	0	13	10	17	15	0	0	30	25
142607	0	0	0	0	0	0	0	0	0	0
142608	0	0	0	0	0	0	0	0	0	0
142609	0	0	6	5	9	6	0	0	15	11
142610	0	0	5	6	7	11	0	0	12	17
142611	0	0	0	0	0	0	0	0	0	0
142612	0	0	3	4	2	1	0	0	5	5
142613	4	10	6	5	7	5	0	0	17	20
142614	2	1	0	0	7	2	0	0	9	3
142615	0	0	0	1	0	2	0	0	0	3
142616	0	0	0	0	0	0	0	0	0	0
142617	0	0	0	0	0	0	0	0	0	0
142618	0	0	4	8	0	4	0	0	4	12
142619	0	0	3	7	4	4	0	0	7	11
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
142624	0	0	1	1	0	4	0	0	1	5
142625	0	0	0	0	0	0	0	0	0	0
142626	0	0	2	2	8	12	0	0	10	14

ESRD Network 10
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
142627	0	0	1	2	2	3	0	0	3	5
142628	0	0	0	0	0	0	0	0	0	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	2	4	6	9	0	0	8	13
142633	0	0	4	7	6	14	0	0	10	21
142634	0	0	2	1	0	0	0	0	2	1
142635	0	0	0	1	4	3	0	0	4	4
142636	0	0	0	0	0	0	0	0	0	0
142637	0	0	0	1	3	3	0	0	3	4
142638	0	0	0	0	0	0	0	0	0	0
142639	0	1	0	1	3	6	0	0	3	8
142641	0	0	1	0	0	0	0	0	1	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	4	6	3	4	0	0	7	10
142645	0	0	0	0	0	0	0	0	0	0
142646	0	0	0	0	0	0	0	0	0	0
142647	0	0	0	0	0	0	0	0	0	0
142649	0	0	0	0	0	0	0	0	0	0
142650	0	1	0	0	0	0	0	0	0	1
142651	0	0	0	1	0	0	0	0	0	1
142652	0	0	5	7	15	16	0	0	20	23
142653	0	0	0	0	0	0	0	0	0	0
142654	0	0	0	0	0	0	0	0	0	0
142655	3	2	0	0	0	0	0	0	3	2
142656	0	0	5	2	4	5	0	0	9	7
142658	0	0	0	0	0	0	0	0	0	0
142659	0	0	31	28	3	1	0	0	34	29
142660	2	5	1	1	0	0	1	1	4	7
142661	0	0	0	0	0	0	0	0	0	0
142662	0	0	2	2	1	4	0	0	3	6
142663	0	0	0	0	2	2	0	0	2	2
142664	0	0	1	0	3	3	0	0	4	3
142665	1	2	0	0	0	0	0	0	1	2
142666	0	4	0	0	1	0	0	0	1	4
142667	0	0	5	12	11	8	0	0	16	20
142668	0	0	0	0	0	0	0	0	0	0
142669	0	0	0	1	0	1	0	0	0	2
142670	0	1	1	0	0	0	0	0	1	1
142671	0	0	0	0	1	4	0	0	1	4
142672	0	0	1	2	0	0	0	0	1	2
142673	0	0	1	0	4	5	0	0	5	5
142674	0	0	0	0	0	0	0	0	0	0
142675	0	0	0	0	0	0	0	0	0	0
142676	157	175	0	0	0	0	0	0	157	175

ESRD Network 10
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										
142677	0	0	0	0	0	0	0	0	0	0
142678	0	0	0	0	0	0	0	0	0	0
142679	0	2	0	0	0	5	0	0	0	7
142680	2	10	19	8	7	17	0	0	28	35
142681	0	0	0	0	0	0	0	0	0	0
142682	3	2	1	1	2	2	0	0	6	5
142683	6	12	0	0	0	0	0	0	6	12
142684	5	28	0	0	0	0	0	0	5	28
142685	0	0	0	0	0	1	0	0	0	1
142686	7	9	0	3	0	2	0	0	7	14
142687	2	4	5	7	25	28	0	0	32	39
142688#	0	0	0	0	0	5	0	0	0	5
142689#	0	0	0	0	0	0	0	0	0	0
142690#	0	0	0	0	0	0	0	0	0	0
142691#	0	6	0	0	0	0	0	0	0	6
142692#	0	0	0	0	0	0	0	0	0	0
142693#	0	0	0	0	0	0	0	0	0	0
142694#	0	0	0	1	0	0	0	0	0	1
142695#	0	0	0	0	0	0	0	0	0	0
142696#	0	5	0	0	0	0	0	0	0	5
142697#	0	3	0	0	0	0	0	0	0	3
142698#	0	0	0	0	0	0	0	0	0	0
143509	0	0	0	0	0	0	0	0	0	0
143516	0	0	1	2	17	18	0	0	18	20
143521	0	0	22	16	42	49	0	0	64	65
143523	1	0	0	0	2	2	0	0	3	2
143524	1	3	0	0	47	37	0	0	48	40
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	0	0	0	0	0
143529	0	0	0	0	0	0	0	0	0	0
IL0054#	0	0	0	1	0	4	0	0	0	5
IL0065#	0	0	0	0	0	0	0	0	0	0
IL0066#	0	0	0	0	0	0	0	0	0	0
IL0067#	0	0	0	0	0	0	0	0	0	0
IL Total	**452**	**618**	**432**	**409**	**734**	**769**	**1**	**2**	**1619**	**1798**
Network Total	**452**	**618**	**432**	**409**	**734**	**769**	**1**	**2**	**1619**	**1798**

ESRD Network 10
Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2007 and December 31, 2008

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008
Provider										

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database
Date of Preparation: May 2009
This table includes 3 Veterans Affairs Facility patients for 2007 and 3 Veterans Affairs Facility patients for 2008.
Provider not operational in 2007
^ Provider not operational in 2008

ESRD Network 10
Table #4

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
140010	0	0	0	0	0	0	0	0
140015	60	57	0	0	60	57	65	65
140018	63	62	0	0	63	62	63	62
140030	67	61	0	0	67	61	69	61
14003F	16	27	0	0	16	27	16	27
140067	0	0	0	0	0	0	0	0
14007F	61	68	0	0	61	68	64	71
140088	144	142	0	0	144	142	144	144
140108	104	106	0	0	104	106	124	121
140117	68	64	0	0	68	64	68	64
140119	7	5	0	0	7	5	7	6
14011F#	0	0	0		0	0	0	0
140124	115	101	0	0	115	101	115	101
140148	5	5	0	0	5	5	5	5
140150	133	134	0	0	133	134	157	163
140155	108	104	0	0	108	104	142	129
140213	87	88	0	0	87	88	87	88
140276	148	145	1	2	149	147	173	164
142500	60	0	0	0	60	0	60	0
142501	111	111	0	0	111	111	111	111
142502	124	116	0	0	125	117	267	332
142503	103	103	0	0	103	103	113	115
142504	163	147	0	0	163	147	176	156
142505	78	71	0	0	78	71	93	84
142506	113	94	0	0	113	94	113	94
142507	128	138	0	0	128	138	128	140
142508	190	186	0	0	190	186	190	186
142509	93	91	0	0	93	91	107	102
142511	46	48	0	0	46	48	46	48
142514	91	96	0	0	91	96	97	100
142515	92	100	0	0	92	100	101	112
142516	115	133	0	0	115	133	116	133
142517	125	120	0	0	125	120	143	137
142518	168	161	0	0	168	161	184	179
142519	167	162	0	0	167	162	167	162
142520	95	88	0	0	95	88	95	88
142521	67	59	0	0	67	59	68	59
142522	96	73	0	0	96	73	96	73
142523	43	45	0	0	43	45	43	46
142524	120	118	0	0	120	118	121	119
142525	96	87	0	0	96	87	96	87
142526	136	126	0	0	136	126	141	132
142527	129	139	0	0	129	139	150	156
142528	116	113	0	0	116	113	116	114
142529	114	122	0	0	114	122	117	125

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
142530	240	238	0	0	240	238	240	238
142531	64	51	0	0	64	51	64	51
142533	136	142	0	0	136	142	152	156
142534	106	110	0	0	106	110	106	110
142535	64	73	0	0	64	73	67	74
142536	153	151	0	0	153	151	166	168
142537	80	86	0	0	80	86	82	87
142538	143	133	0	0	143	133	144	133
142539	114	106	0	0	114	106	122	115
142540	112	115	0	0	112	115	176	190
142541	58	54	0	0	58	54	86	68
142542	67	66	0	0	67	66	76	75
142543	79	86	0	0	79	86	100	103
142544	94	92	0	0	94	92	94	92
142545	154	152	0	0	154	152	188	194
142546	55	48	0	0	55	48	66	59
142547	83	94	0	0	83	94	83	94
142548	97	110	0	0	97	110	107	125
142549	76	81	0	0	76	81	76	81
142550	90	83	0	0	90	83	90	85
142551	95	86	0	0	95	86	95	86
142552	62	62	0	0	62	62	68	69
142553	74	67	1	0	75	67	75	67
142554	52	53	0	0	52	53	52	53
142555	94	103	1	0	95	103	100	108
142558	79	87	0	0	79	87	107	114
142559	77	127	1	1	78	128	84	133
142560	0	0	0	0	0	0	52	35
142561	72	74	0	0	72	74	76	78
142562	88	84	0	0	88	84	139	134
142563	83	92	0	0	83	92	83	92
142564	57	64	0	0	57	64	58	65
142565	30	31	0	0	30	31	31	31
142566	75	78	0	0	75	78	75	78
142567	0	0	0	0	0	0	5	2
142568	136	143	0	0	136	143	156	162
142569	96	103	0	0	96	103	96	103
142570	52	49	0	0	52	49	59	66
142571	46	46	0	0	46	46	47	46
142572	82	81	0	0	82	81	82	81
142573	56	59	0	0	56	59	60	65
142574	118	115	0	0	118	115	118	115
142575	100	100	0	0	100	100	100	100
142576	50	33	0	0	50	33	50	33
142577	95	93	0	0	95	93	95	93

ESRD Network 10
Table #4

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
142578	24	24	0	0	24	24	24	24
142579	49	47	0	0	49	47	66	60
142580	53	64	0	0	53	64	86	93
142581	44	46	0	0	44	46	44	46
142582	22	26	0	0	22	26	22	26
142583	47	45	0	0	47	45	47	45
142584	78	74	0	0	78	74	78	74
142585	60	50	0	0	60	50	60	50
142586	92	96	0	0	92	96	131	140
142587	32	26	0	0	32	26	32	26
142588	126	125	0	0	126	125	131	130
142589	20	21	0	0	20	21	20	21
142590	69	78	0	0	69	78	70	78
142591	16	16	0	0	16	16	16	16
142592	17	16	0	0	17	16	17	16
142593	0	0	0	0	0	0	5	3
142594	1	0	0	0	1	0	29	23
142595	31	36	0	0	31	36	31	36
142596	30	36	0	0	30	36	30	36
142597	212	203	0	0	212	203	241	226
142598	68	76	0	0	68	76	69	78
142599	53	57	0	0	53	57	59	62
142600	71	72	0	0	71	72	73	74
142601	125	144	0	0	125	144	141	153
142602	76	78	0	0	76	78	77	79
142603	37	40	0	0	37	40	37	40
142604	11	17	0	0	11	17	19	28
142605	98	95	0	0	98	95	98	95
142606	0	0	0	0	0	0	30	25
142607	78	80	0	0	78	80	78	80
142608	48	50	0	0	48	50	48	50
142609	47	53	0	0	47	53	62	64
142610	0	0	0	0	0	0	12	17
142611	37	32	0	0	37	32	37	32
142612	123	112	0	0	123	112	128	117
142613	52	53	0	0	52	53	69	73
142614	71	81	0	0	71	81	80	84
142615	45	42	0	0	45	42	45	45
142616	82	81	0	0	82	81	82	81
142617	84	82	0	0	84	82	84	82
142618	60	54	0	0	60	54	64	66
142619	58	58	0	0	58	58	65	69
142620	27	24	0	0	27	24	27	24
142621	75	76	0	0	75	76	75	76
142622	87	87	0	0	87	87	87	87

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
142624	22	19	0	0	22	19	23	24
142625	72	80	0	0	72	80	72	80
142626	0	0	0	0	0	0	10	14
142627	46	53	0	0	46	53	49	58
142628	59	53	0	0	59	53	59	53
142630	64	57	0	0	64	57	64	57
142631	107	97	0	0	107	97	107	97
142632	68	72	0	0	68	72	76	85
142633	39	32	0	0	39	32	49	53
142634	56	62	0	0	56	62	58	63
142635	90	88	0	0	90	88	94	92
142636	37	28	0	0	37	28	37	28
142637	21	23	0	0	21	23	24	27
142638	58	58	0	0	58	58	58	58
142639	38	43	0	0	38	43	41	51
142641	93	95	0	0	93	95	94	95
142642	49	52	0	0	49	52	49	52
142643	32	24	0	0	32	24	32	24
142644	62	72	0	0	62	72	69	82
142645	19	13	0	0	19	13	19	13
142646	79	82	0	0	79	82	79	82
142647	99	107	0	0	99	107	99	107
142649	67	70	0	0	67	70	67	70
142650	50	59	0	0	50	59	50	60
142651	22	16	0	0	22	16	22	17
142652	0	3	0	0	0	3	20	26
142653	31	45	0	0	31	45	31	45
142654	54	63	0	0	54	63	54	63
142655	37	42	0	0	37	42	40	44
142656	0	0	0	0	0	0	9	7
142658	15	16	0	0	15	16	15	16
142659	0	0	0	0	0	0	34	29
142660	68	66	0	0	68	66	72	73
142661	55	59	0	0	55	59	55	59
142662	38	36	0	0	38	36	41	42
142663	47	55	0	0	47	55	49	57
142664	44	42	0	0	44	42	48	45
142665	80	78	0	0	80	78	81	80
142666	32	30	0	0	32	30	33	34
142667	62	64	0	0	62	64	78	84
142668	69	71	0	0	69	71	69	71
142669	55	65	0	0	55	65	55	67
142670	68	68	0	0	68	68	69	69
142671	38	37	0	0	38	37	39	41
142672	22	32	0	0	22	32	23	34

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2007	2008	2007	2008	2007	2008	2007	2008
Provider								
142673	25	31	0	0	25	31	30	36
142674	34	30	0	0	34	30	34	30
142675	51	64	0	0	51	64	51	64
142676	0	1	0	0	0	1	157	176
142677	26	41	0	0	26	41	26	41
142678	15	33	0	0	15	33	15	33
142679	27	44	0	0	27	44	27	51
142680	0	0	0	0	0	0	28	35
142681	11	40	0	0	11	40	11	40
142682	0	0	0	0	0	0	6	5
142683	0	0	0	0	0	0	6	12
142684	5	9	0	0	5	9	10	37
142685	15	26	0	0	15	26	15	27
142686	0	0	0	0	0	0	7	14
142687	5	0	0	0	5	0	37	39
142688#	0	19	0	0	0	19	0	24
142689#	0	20	0	0	0	20	0	20
142690#	0	19	0	0	0	19	0	19
142691#	0	0	0	0	0	0	0	6
142692#	0	4	0	0	0	4	0	4
142693#	0	7	0	0	0	7	0	7
142694#	0	0	0	0	0	0	0	1
142695#	0	12	0	0	0	12	0	12
142696#	0	0	0	0	0	0	0	5
142697#	0	0	0	0	0	0	0	3
142698#	0	17	0	0	0	17	0	17
143509	22	26	0	0	22	26	22	26
143516	134	143	0	0	134	143	152	163
143521	90	82	0	0	90	82	154	147
143523	119	114	0	0	119	114	122	116
143524	0	4	1	0	1	4	49	44
143525	60	61	0	0	60	61	60	61
143526	16	20	0	0	16	20	16	20
143527	164	160	0	0	164	160	164	160
143529	16	11	0	0	16	11	16	11
IL0054#	0	0	0		0	0	0	5
IL0065#	0	1	0		0	1	0	1
IL0066#	0	0	0		0	0	0	0
IL0067#	0	2	0		0	2	0	2
IL Total	**13534**	**13758**	**5**	**3**	**13540**	**13762**	**15159**	**15560**
Network Total	**13534**	**13758**	**5**	**3**	**13540**	**13762**	**15159**	**15560**

ESRD Network 10
Table #4

Dialysis Modality

Number of living patients by modality by dialysis facility
in-center as of December 31, 2007 and December 31, 2008
In-Center

	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
Provider	**2007**	**2008**	**2007**	**2008**	**2007**	**2008**	**2007**	**2008**

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database
*Total from Table #3 plus total from Table #4 (for last column of report year)
Date of Preparation: May 2009
This table includes 77 Veterans Affairs Facility patients for 2007 and 95 Veterans Affairs Facility patients for 2008.
Provider not operational in 2007
^ Provider not operational in 2008

ESRD Network 10
Table #5

Renal Transplant by Transplant Center

Number of transplants performed by transplant center calendar year 2007 and calendar year 2008

	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
Transplant Center	**2007**	**2008**	**2007**	**2008**
140067	32	49	0	380
140088	89	94	0	0
140119	104	116	0	0
140148	27	21	219	163
140150	99	100	380	434
140276	46	81	637	0
140281	269	260	0	0
143300	15	17	0	0
IL Total	**681**	**738**		
NETWORK TOTAL:	**681**	**738**		

Source of information: Network SIMS Database/CMS-2744
Date of Preparation: May 2009
* 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 2007
^ Provider not operational in 2008

ESRD Network 10
Table #6

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2008

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
00-04	5	1	0	6
05-09	2	0	0	2
10-14	6	1	0	7
15-19	11	9	1	21
20-24	6	14	1	21
25-29	19	15	4	38
30-34	24	20	0	44
35-39	30	31	5	66
40-44	36	26	7	69
45-49	36	30	10	76
50-54	55	32	12	99
55-59	72	27	8	107
60-64	52	29	10	91
65-69	37	15	5	57
70-74	28	7	1	36
75-79	4	3	0	7
80-84	0	0	0	0
>=85	0	0	0	0
Missing	0	0	0	0
Total	**423**	**260**	**64**	**747**
Gender				
Female	146	104	21	271
Male	277	156	43	476
Missing	0	0	0	0
Total	**423**	**260**	**64**	**747**
Race				
American Indian/Alaska Native	0	0	0	0
Asian	18	9	1	28
Black or African American	151	55	10	216
More than one race selected	3	2	2	7
Native Hawaiian or Other Pacific Islander	0	3	0	3
White	241	177	50	468
Missing	10	14	1	25
Total	**423**	**260**	**64**	**747**
Primary Diagnosis				
Cystic Kidney	16	14	8	38
Diabetes	137	60	18	215
Glomerulonephritis	51	46	19	116
Hypertension	100	48	4	152
Other	65	48	11	124
Other Urologic	10	1	0	11
Missing	11	20	1	32
Unknown	33	23	3	59
Total	**423**	**260**	**64**	**747**

Source of information: Network SIMS Database
Date of Preparation: May 2009
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table includes 0 patients receiving treatment at VA facilities.

ESRD Network 10
Table #7

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2008

Age Group	IL	Other	Total
00-04	2	0	2
05-09	0	0	0
10-14	1	0	1
15-19	0	0	0
20-24	3	0	3
25-29	17	1	18
30-34	17	1	18
35-39	32	0	32
40-44	63	4	67
45-49	111	5	116
50-54	166	5	171
55-59	234	6	240
60-64	284	8	292
65-69	410	14	424
70-74	447	9	456
75-79	518	16	534
80-84	483	6	489
>=85	468	8	476
Missing	0	0	0
Total	**3256**	**83**	**3339**
Gender			
Female	1474	34	1508
Male	1782	49	1831
Missing	0	0	0
Total	**3256**	**83**	**3339**
Race			
American Indian/Alaska Native	1	0	1
Asian	50	4	54
Black or African American	1026	30	1056
More than one race selected	9	0	9
Native Hawaiian or Other Pacific Islander	7	0	7
White	2155	47	2202
Missing	8	2	10
Total	**3256**	**83**	**3339**
Primary Diagnosis			
Cystic Kidney	26	0	26
Diabetes	1285	32	1317
Glomerulonephritis	125	4	129
Hypertension	1240	30	1270
Other	307	6	313
Other Urologic	41	1	42
Missing	7	2	9
Unknown	225	8	233
Total	**3256**	**83**	**3339**
Primary Cause of Death			
Cardiac	1002	27	1029
Gastro Intestinal	18	0	18

Infection	283	5	288
Liver Disease	24	1	25
Vascular	122	2	124
Missing	16	1	17
Other	636	17	653
Unknown	1155	30	1185
Total	**3256**	**83**	**3339**

Source of information: Network SIMS Database
Date of Preparation: May 2009
Race: The categories are from the CMS-2728 Form.
Diagnosis: Categories are from the CMS-2728. A diagnosis of 'unknown' is ICD-9 code 7999.
This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities.
This table includes 17 patients receiving treatment at VA facilities.

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 10

ILLINOIS

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
140010	0	0	0	0	N
140015	11	0	0	0	Y
140018	31	0	0	0	N
140030	20	0	0	0	Y
14003F	5	0	0	0	N
140067	0	0	0	0	N
14007F	12	0	0	0	N
140088	65	0	0	0	Y
140108	21	0	0	0	Y
140117	7	0	2	0	N
140119	4	0	0	0	N
14011F	0	0	0	0	N
140124	61	0	0	0	N
140148	2	0	0	0	N
140150	57	0	17	0	N
140155	35	0	0	0	N
140213	23	0	7	0	N
140276	60	0	0	0	N
140281	0	0	0	0	N
142500	0	0	0	0	N
142501	30	0	0	0	Y
142502	60	0	0	0	N
142503	21	0	11	1	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 10

ILLINOIS

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
142504	59	0	0	0	Y
142505	35	0	0	0	Y
142506	52	0	0	0	N
142507	34	0	0	0	N
142508	72	0	10	3	N
142509	31	0	0	0	N
142511	18	0	0	0	N
142514	36	0	0	0	N
142515	38	0	0	0	Y
142516	62	0	0	0	N
142517	51	0	22	0	Y
142518	44	0	0	0	N
142519	55	0	0	0	N
142520	14	0	14	1	N
142521	14	0	0	0	N
142522	23	0	0	0	N
142523	18	0	0	0	N
142524	45	0	0	0	N
142525	24	0	17	0	N
142526	42	0	0	0	N
142527	48	0	15	0	N
142528	34	2	14	4	N
142529	63	0	8	2	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 10

ILLINOIS

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
142530	79	0	15	2	N
142531	20	0	8	0	N
142533	53	0	19	0	N
142534	42	0	0	0	N
142535	22	0	2	0	N
142536	55	0	0	0	N
142537	34	2	6	2	N
142538	36	0	13	3	Y
142539	37	0	10	1	N
142540	72	5	20	2	N
142541	18	0	2	0	N
142542	27	0	3	1	N
142543	34	0	0	0	N
142544	33	0	0	0	N
142545	73	4	27	2	N
142546	16	0	6	0	N
142547	33	0	13	0	N
142548	47	0	0	0	N
142549	31	0	4	0	Y
142550	15	0	8	2	N
142551	16	0	9	0	N
142552	22	0	9	1	Y
142553	16	0	2	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 10

ILLINOIS

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
142554	17	0	0	0	N
142555	36	0	0	0	N
142558	42	0	0	0	N
142559	26	0	0	0	N
142560	15	0	0	0	N
142561	35	0	0	0	N
142562	35	0	13	0	N
142563	27	0	0	0	Y
142564	9	0	0	0	N
142565	6	2	3	0	N
142566	33	0	0	0	N
142567	2	0	2	0	N
142568	51	0	0	0	Y
142569	22	0	3	2	N
142570	15	0	0	0	Y
142571	7	0	0	0	Y
142572	33	0	0	0	N
142573	15	0	0	0	N
142574	42	0	8	1	N
142575	35	0	0	0	N
142576	10	0	0	0	N
142577	30	0	0	0	N
142578	5	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 10

ILLINOIS

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
142579	14	0	4	1	N
142580	26	0	0	0	N
142581	9	0	1	0	N
142582	5	0	0	0	N
142583	11	0	0	0	N
142584	25	0	0	0	N
142585	7	0	2	0	Y
142586	44	0	20	1	N
142587	4	0	0	0	N
142588	47	0	0	0	N
142589	5	0	2	0	N
142590	24	0	0	0	N
142591	0	0	0	0	N
142592	3	0	0	0	N
142593	0	0	0	0	N
142594	12	0	6	4	N
142595	5	0	0	0	N
142596	5	0	0	0	Y
142597	84	0	0	0	Y
142598	17	0	0	0	N
142599	23	0	0	0	N
142600	13	0	0	0	N
142601	56	5	23	3	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 10

ILLINOIS

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
142602	26	0	0	0	Y
142603	12	0	0	0	N
142604	4	0	1	2	N
142605	28	0	0	0	N
142606	7	0	6	1	N
142607	29	0	0	0	Y
142608	10	0	0	0	N
142609	15	0	0	0	Y
142610	5	0	5	0	N
142611	12	0	1	0	N
142612	28	0	5	5	N
142613	20	0	0	0	Y
142614	13	0	0	0	Y
142615	13	0	0	0	N
142616	25	0	5	0	Y
142617	23	0	6	2	N
142618	9	0	7	0	N
142619	17	0	0	0	N
142620	0	0	0	0	N
142621	14	0	0	0	N
142622	16	0	0	0	Y
142624	2	0	0	0	N
142625	18	0	1	1	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 10

ILLINOIS

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
142626	5	0	3	0	N
142627	15	0	0	0	N
142628	11	0	0	0	N
142630	20	0	0	0	N
142631	40	0	0	0	N
142632	18	0	0	0	N
142633	14	0	0	0	Y
142634	18	0	0	0	N
142635	39	0	11	3	Y
142636	3	0	0	0	N
142637	6	0	0	0	N
142638	16	0	5	0	Y
142639	13	0	2	1	N
142641	31	0	0	0	N
142642	14	0	1	0	Y
142643	4	0	2	0	N
142644	21	0	5	0	N
142645	4	0	0	0	N
142646	32	0	4	1	Y
142647	35	0	0	0	Y
142649	29	0	0	0	N
142650	10	2	1	0	N
142651	5	0	1	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 10

ILLINOIS

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
142652	8	0	0	0	N
142653	14	0	0	0	N
142654	14	0	0	0	N
142655	10	0	0	0	N
142656	4	0	0	0	N
142658	1	0	0	0	N
142659	16	0	0	0	N
142660	20	2	6	1	N
142661	10	0	0	0	N
142662	12	0	8	0	N
142663	13	0	0	0	N
142664	10	0	0	0	N
142665	23	0	10	0	Y
142666	6	0	6	0	N
142667	24	0	0	0	Y
142668	19	0	0	0	N
142669	18	0	0	0	N
142670	34	0	0	0	N
142671	7	0	0	0	N
142672	5	0	0	0	N
142673	8	1	3	0	N
142674	5	0	0	0	N
142675	18	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

NETWORK 10

ILLINOIS

		DURING THE SURVEY PERIOD			
FACILITIES REPORTING	**AGED 18 THROUGH 54 (as of Dec. 31)**	**PATIENTS RECEIVING SERVICES FROM VOC REHAB**	**PATIENTS EMPLOYED FULL-TIME OR PART-TIME**	**PATIENTS ATTENDING SCHOOL FULL_TIME**	**SHIFT AFTER 5 PM**
142676	51	0	0	0	N
142677	10	0	0	0	N
142678	12	0	0	0	Y
142679	17	0	6	0	N
142680	10	0	4	0	N
142681	26	0	0	0	N
142682	0	0	0	0	N
142683	7	0	0	0	N
142684	1	0	0	0	N
142685	4	0	1	0	N
142686	11	0	0	0	N
142687	8	0	0	0	N
142688	11	0	1	0	N
142689	3	0	1	0	N
142690	6	0	0	0	N
142691	4	0	0	0	N
142692	0	0	0	0	N
142693	1	0	0	0	N
142694	0	0	0	0	N
142695	4	0	0	0	N
142696	1	0	0	0	N
142697	0	0	0	0	N
142698	9	0	0	0	N

ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2008

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
143300	0	0	0	0	N
143509	7	0	0	0	N
143516	50	0	0	0	Y
143523	44	0	0	0	Y
143524	20	0	0	0	N
143526	3	0	2	0	N
143527	57	0	0	0	Y
143529	3	0	0	0	N
IL0054	3	0	0	0	N
IL0065	1	0	0	0	N
IL0066	0	0	0	0	N
IL0067	1	0	0	0	N
State Total	**4,688**	**25**	**520**	**56**	
Network Total	**4,688**	**25**	**520**	**56**	
Grand Total	**4,688**	**25**	**520**	**56**	