

MARC

Mid-Atlantic Renal Coalition ◆ A Quality Insights Company

# 2013 Annual Report ESRD Network 5

**Presented to the Centers for Medicare & Medicaid Services**
**June 2014**

# Mid-Atlantic Renal Coalition

## MISSION

**The Mid-Atlantic Renal Coalition's mission is to lead improvement in the delivery of quality care for people with chronic kidney disease, valuing each member of the renal community and his or her role in achieving this goal.**

## VISION

**The Mid-Atlantic Renal Coalition will be a recognized leader in developing quality improvement methods used by the renal community to improve outcomes for patients with kidney failure.**

## CORE VALUES

- **There is a customer focus to all our work.**
- **All work is approached ethically and honestly.**
- **Details are important, and rework should be avoided.**
- **Information and assistance are easily accessible.**
- **Teamwork is encouraged and supported.**
- **Continuous improvement and continuous learning are essential to continued success.**
- **The work environment is relaxed but professional.**
- **Committed staff is our most important resource.**
- **Contributing to and supporting the community, both renal and local, are important.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
CONTRACT #HHSM-500-2013-NW005C
June 2014

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# Statement by Board of Directors' Chair
# John Wiesendanger, MHA

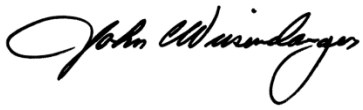
I am pleased to present this 2013 Annual Report for the Mid-Atlantic Renal Coalition (ESRD Network 5), a Quality Insights Holdings Company. Calendar year 2013 was devoted to a new ESRD Network Statement of Work designed around the aims of the National Quality Strategy and CMS priorities:

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

These aims are consistent with the values of Quality Insights Holdings, the parent company for the Mid-Atlantic Renal Coalition, and have been implemented through activities promoting patient and family engagement, continued quality improvement initiatives in the area of vascular access improvement and reducing healthcare-associated infections, and a population health innovation pilot project addressing dialysis care coordination.

MARC continues to promote its innovative 5-Diamond Patient Safety Program, which has now been adopted by 13 of the 18 Networks, covering 73 percent of all patients nationally to support the contract requirements and promote a culture of patient safety. MARC also continues to provide leadership to the Coalition for Supportive Care of Kidney Patients, a nationally recognized Coalition that has membership from professional renal and hospice organizations as well as nationally recognized experts in end-of-life care.

On behalf of the Board of Directors, I extend our appreciation to the provider community, which has partnered with us to achieve our goals and objectives. It is a privilege to work with you and to serve the Centers for Medicare & Medicaid Services as an ESRD Network contractor. We look forward to many years of continued services.



West Virginia Medical Institute & Quality Insights

# Introduction

This annual report is submitted as a contract deliverable by the Mid-Atlantic Renal Coalition (ESRD Network 5) and covers the contract period between January 1, 2013, and December 31, 2013. It reports on the work performed by the Network staff and many professional volunteers to improve the quality of care provided to 25,000 Medicare beneficiaries in the Network area of Maryland, Virginia, West Virginia, and the District of Columbia.

## Network Description

Network 5 includes the states of Maryland, Virginia, and West Virginia, and the District of Columbia. The Network has a population of 16.6 million in an area of approximately 75,600 square miles. It covers a diverse geographic area with a unique mix of urban and rural regions. For example, population density ranges from 77 per square mile in West Virginia to over 9,900 per square mile in Washington, DC. Gender and racial percentages for this area are presented in the table below. (Source: *2012 U.S. Census Population Estimates*)

**Table 1: 2012 U.S. Census Population Estimates**

| Area | Population | Race | | Gender | |
|---|---|---|---|---|---|
| | | % White | % Black | % Male | % Female |
| **DC** | 632,323 | 43.0 | 50.0 | 47.3 | 52.7 |
| **MD** | 5,884,563 | 60.1 | 30.0 | 48.4 | 51.6 |
| **VA** | 8,185,867 | 71.1 | 19.7 | 49.1 | 50.9 |
| **WV** | 1,855,413 | 94.0 | 3.5 | 49.3 | 50.7 |
| **Network 5** | 16,558,166 | 69.0 | 23.0 | 49.1 | 50.9 |

### *Network 5 State Health Rankings*

Each year, the United Health Foundation publishes its overall health rankings for the United States. Each state is ranked based on various health-related factors, such as adult prevalent rates for obesity, diabetes, and smoking. Some statistics for Network 5, from the *America's Health Rankings 2013* report, are presented in the following table.

**Table 2: 2013 Health Rankings by State**

| State | Obesity | Diabetes | Smoking | Lack of Health Insurance | Public Health Funding | Overall Rank |
|---|---|---|---|---|---|---|
| | % of Adult Population | | | % without | $ per person | |
| DC | 21.9 | 8.2 | 19.6 | 8.2 | $458 | Not Ranked |
| MD | 27.6 | 10.2 | 16.2 | 13.1 | $87 | 24 |
| VA | 27.4 | 10.6 | 19.0 | 12.9 | $69 | 26 |
| WV | 33.8 | 13.0 | 28.2 | 14.8 | $140 | 46 |

Source: America's Health Rankings 2013 © and www.americashealthrankings.org

### *ESRD Prevalence in Network 5*

At the end of calendar year 2013, there were 25,205 ESRD patients receiving treatment at 336 facilities in Network 5. The annual facility survey indicated that 90 percent of patients received in-center dialysis, while the remaining 10 percent dialyzed in their homes. Race variation in Network 5 deviates from national figures, while gender in Network 5 reflects the national gender distribution. The following figures and table compare race and gender data for Network 5 and the United States.

**Figure 1: Network 5 Compared to U.S. Patients by Race December 31, 2013**

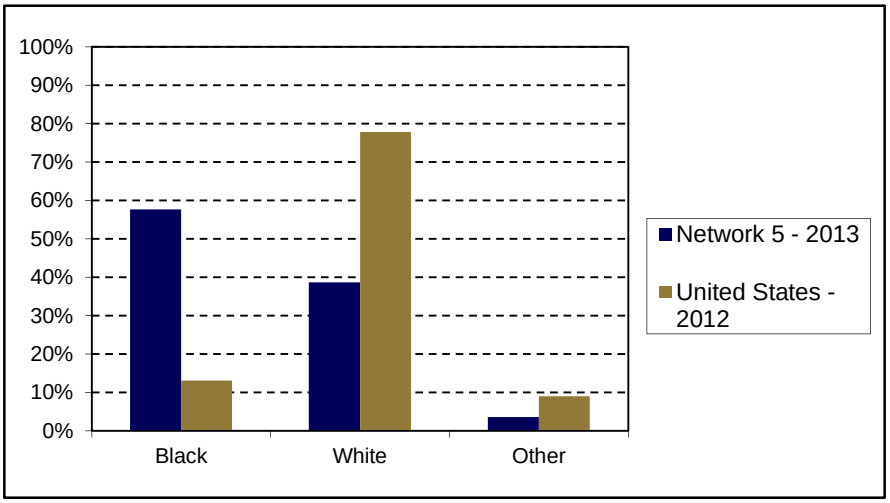


**Figure 2: Network 5 Compared to U.S. Patients by Gender**
**December 31, 2013**

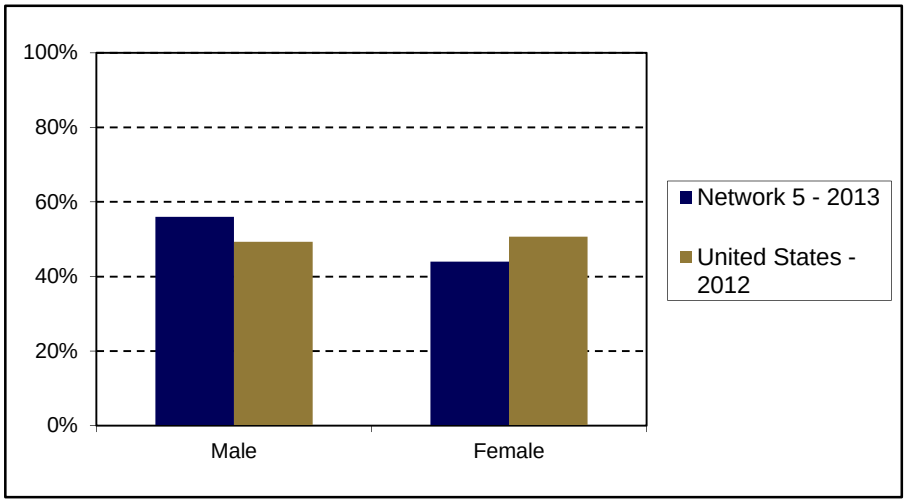
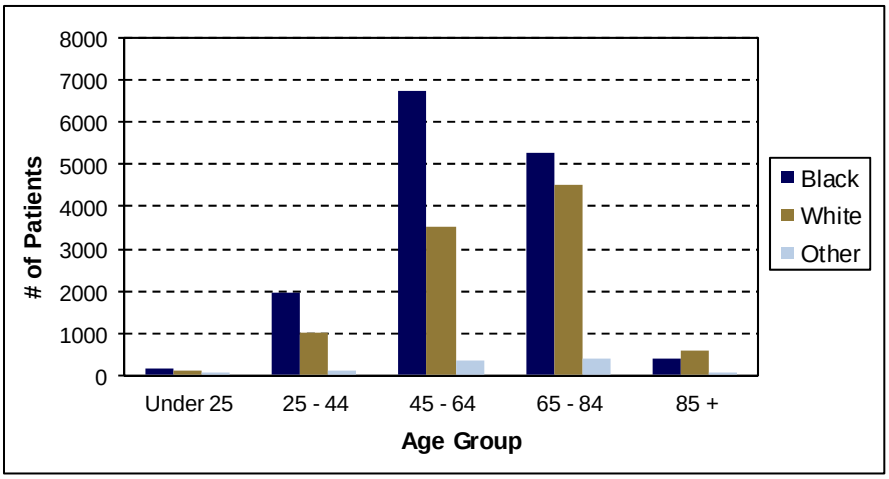



Table 3 displays the living dialysis patients treated in Network 5 units by age, gender, and race.

**Table 3: Network 5 Dialysis Patients by Age, Gender, and Race**
**December 31, 2013**

| Age | Males | | | Females | | | TOTALS |
|---|---|---|---|---|---|---|---|
| | Black | White | Other | Black | White | Other | |
| **Under 25** | 89 | 66 | 5 | 61 | 44 | 5 | 270 |
| **25 – 44** | 1,125 | 638 | 66 | 844 | 376 | 40 | 3,089 |
| **45 – 64** | 3,961 | 2,103 | 198 | 2,776 | 1,429 | 143 | 10,610 |
| **65 - 84** | 2,593 | 2,510 | 210 | 2,668 | 1,991 | 200 | 10,172 |
| **85 +** | 165 | 353 | 21 | 258 | 247 | 20 | 1,064 |
| **TOTALS** | 7,933 | 5,670 | 500 | 6,607 | 4,087 | 408 | 25,205 |

**Figure 3: Network 5 Dialysis Patients by Age and Race**
**December 31, 2013**



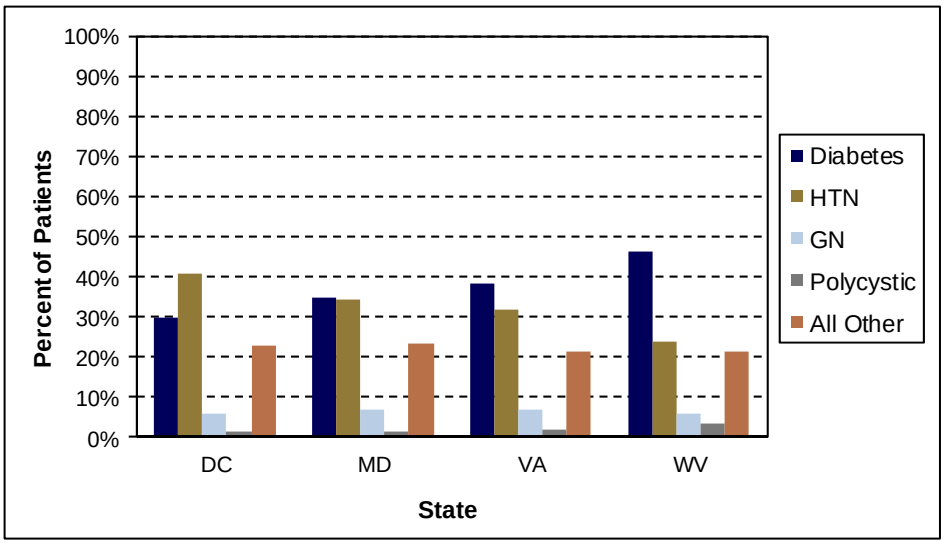

An examination of living dialysis patients by primary diagnosis indicates that the leading cause of renal failure in Network 5 is diabetes (37%), followed by hypertension (33%), glomerulonephritis (7%), and polycystic kidney disease (2%). The following table and figure display Network 5 dialysis patients by primary diagnosis.

**Table 4: Network 5 Dialysis Patients by Primary Diagnosis**
**December 31, 2013**

| Disease Category | DC | MD | VA | WV | TOTALS |
|---|---|---|---|---|---|
| **Diabetes** | 621 | 3,288 | 4,356 | 999 | 9,264 |
| **Hypertension** | 843 | 3,268 | 3,606 | 508 | 8,225 |
| **Glomerulonephritis** | 122 | 626 | 788 | 123 | 1,659 |
| **Polycystic Kidney** | 27 | 143 | 223 | 66 | 459 |
| **All Others*** | 470 | 2,214 | 2,451 | 463 | 5,598 |
| **TOTALS** | 2,083 | 9,539 | 11,424 | 2,159 | 25,205 |

*Includes those patients with an unknown primary diagnosis.

**Figure 4: Network 5 Dialysis Patients by Primary Diagnosis December 31, 2013**




### *Transplant Patients in Network 5*

During 2013, the 13 transplant centers in Network 5 performed 1,072 transplants. Sixty-seven percent (67%) were from cadaveric donors, while 33 percent were from living related or living non-related donors.

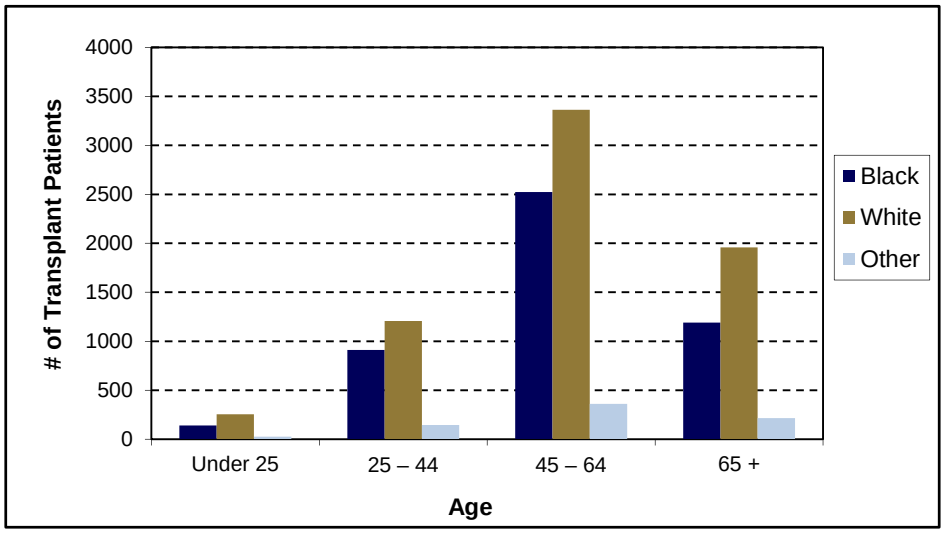
As of December 31, 2013, there were 12,298 functioning transplant recipients being followed by Network 5 transplant centers. The following table and figure display age, race, and gender demographics for functioning transplant patients in Network 5.

**Table 5: Network 5 Transplant Recipients by Age, Gender, and Race December 31, 2013**

| Age | Males | | | Females | | | TOTALS |
|---|---|---|---|---|---|---|---|
| | Black | White | Other* | Black | White | Other* | |
| **Under 25** | 99 | 155 | 17 | 42 | 100 | 9 | 422 |
| **25 – 44** | 536 | 713 | 69 | 375 | 493 | 77 | 2,263 |
| **45 – 64** | 1,493 | 2,018 | 189 | 1,031 | 1,346 | 172 | 6,249 |
| **65 +** | 691 | 1,184 | 118 | 500 | 774 | 97 | 3,364 |
| **TOTALS*** | 2,819 | 4,070 | 393 | 1,948 | 2,713 | 355 | 12,298 |

* Includes other races and unknown race

**Figure 5: Network 5 Transplant Patients by Age and Race**
**December 31, 2013**




## *ESRD Incidence in Network 5*

The United States Renal Data System (USRDS) has studied the geographic variation of end-stage renal disease (ESRD) and indicates that this variation may be influenced by comorbidities such as obesity and diabetes, but also by pre-ESRD care.

Unadjusted incidence rates are calculated using the U.S. Census Bureau population for 2012. The formulas used to compute state and national incidence rates follow.

**Figure 6: Incidence Rates**

$$\textbf{Incidence rate/state} = \frac{\text{\# of new ESRD patients for state}}{\text{General state population}}$$

$$\textbf{Incidence rate/national} = \frac{\text{Sum (\# of new ESRD patients for states)}}{\text{Sum (General state populations)}}$$

The following table displays incidence rates for all states comprising Network 5, as well as the national incidence rate using the previously described method. Since incidence rates were calculated by state of residence, these figures differ slightly from incidence computed by patients dialyzing within Network 5.

**Table 6: 2013 Incidence Rates for Network 5 by State of Patient Residence**

| Patients' Residence | ESRD Began 2013 | General Population 2012 | Incidence Rate per Million Persons |
|---|---|---|---|
| **DC** | 359 | 632,323 | 568 |
| **MD** | 2,219 | 5,884,563 | 377 |
| **VA** | 2,767 | 8,185,867 | 338 |
| **WV** | 736 | 1,855,413 | 411 |
| **Network 5** | 6,227 | 16,558,166 | 376 |

*Sources: U.S. Census Bureau, Census 2012, and CMS CROWNWeb Database.

# Network Structure

## *Staffing*

**Nancy Armistead, MPA, Executive Director**
The Executive Director provides advice to the Board of Directors and Council on goals, objectives, workplans, policies, and procedures; identifies and assists in the establishment of relationships with ESRD providers and other health-related organizations; administers the operational and financial aspects of the corporation and contract requirements; makes reports to the Council and committees and is responsible for their activities; processes all patient grievances following established procedures; manages the staff and daily office operations; and, performs other duties assigned by the Board of Directors or contracting officer. The Executive Director serves as the project director and as such is responsible for adherence to all contract provisions and is the primary source of information between the Network organization and the Centers for Medicare & Medicaid Services (CMS).

**Janet Lynch, PhD, CPHQ, Deputy Director**
The Deputy Director provides oversight and direction to the quality improvement department and coordinates activities with the data department through integrating data systems to support quality improvement activities; serves as the organization's compliance officer; develops and implements the organization's internal quality improvement program using state-of-the-art quality improvement approaches and techniques; performs data analysis and develops facility-specific feedback reports; coordinates with Director of Operations and Executive Director in submission of contract deliverables, including quarterly progress reports and the annual report; and, serves as member of the leadership team to guide the organization in its mission.

**Brandy Vinson, Quality Improvement Director**
The Quality Improvement Director assists in the development of a quality improvement approach to include evaluating the quality of patient care; encouraging patient rehabilitation; conducting quality improvement projects and trend analysis; assuring achievement of Fistula First goals; writing reports for the Medical Review Board (MRB) and Network Council; assisting in data collection, display, and analysis for the MRB; serving as a resource for providers and facility quality improvement personnel; and, assisting with the Network's internal quality improvement program. The Quality Improvement Director also serves as staff for the MRB and the Vascular Access Subcommittee and assists with the Kidney End-of-Life Coalition.

**Octavia Wynn, MSN, BSN, RN, Quality Improvement Coordinator**
The Quality Improvement Coordinator serves as a liaison between the Network and facility personnel with respect to their quality improvement programs; works with the State Survey Agencies and Quality Improvement Organizations; coordinates with staff on the quality improvement program; provides technical assistance to dialysis units as necessary and

appropriate; leads the Network's Healthcare-Associated Infections Learning & Action Network; and, provides guidance to facilities on the use of the National Healthcare Safety Network. The Quality Improvement Coordinator also staffs the Infection Prevention Subcommittee.

**Jason Robins, MIS, Information Management Director**
The Information Management Director is responsible for identifying and resolving data system issues; assuring the confidentiality of patient data; assuring office security; developing programs to produce special reports; generating reports in response to internal and external data requests; managing and maintaining the Network's information technology infrastructure; and, serving as a resource to providers and Network staff.

**Alison Crittenden, Information Management Specialist**
The Information Management Specialist provides support to the Information Management Director and the Quality Improvement Director; serves as a resource for the provider community regarding questions on patient data; resolves errors in the CROWNWeb system; tracks and enters project (LAN) data in the ESRD IQC tracking system; and assists in meeting contract deliverables for the Data and QI departments.

**Renée Bova-Collis, MSW, LCSW, Patient Services Director**
The Patient Services Director is responsible for directing the patient related activities, including those of the Patient Advisory Committee and the Patient Engagement LAN. This individual is responsible for investigating, resolving, and summarizing patient grievances; identifying correct mailing address information for returned New ESRD Patient Orientation Packets (NEPOP); developing a rehabilitation approach and educational materials to increase awareness of treatment options; and, conducting facility staff training. The Patient Services Director maintains a liaison role with unit social workers and proposes special studies to the QI Director as appropriate.

**Terri Cally, LMSW, Community Outreach Director**
The Community Outreach Director is responsible to assisting the Patient Services Director in processing patient grievances and working with facilities to resolve patient concerns. She is also responsible for developing and evaluating an educational component for the Network by coordinating with staff, the MRB, and the Board of Directors to assure that appropriate subject matter is being addressed and to promote quality improvement initiatives in the Network.

**Kelly Brooks, MPA, Director of Operations**
The Director of Operations provides administrative support to the Executive Director, Deputy Director, QI Director, and Information Management Director; supervises the Executive Assistant and Receptionist; serves as office manager; assists in meeting arrangements; assists in special studies; serves as the emergency preparedness coordinator for Network 5; and, assists the Executive Director with personnel and financial responsibilities.

**Heather Cecil, AAS, Education Coordinator**
The Education Coordinator is responsible for administrative aspects of special projects; managing MARC's *5-Diamond Patient Safety Program;* managing and coordination of MARC's educational programs, including continuing education credits, webinars, and MARC's Annual Council Meeting; maintains the Network's websites; and provides administrative support to all departments.

**Susan Kennedy, Receptionist**
The Receptionist answers telephones; provides copying support; processes all incoming and outgoing mail; maintains databases of incoming forms, surveys, and QI activities and conducts appropriate follow-up; and, tracks and distributes all Clearinghouse materials.

## *Boards and Committees*

**Board of Directors**
Network 5 activities are under the direction of the Mid-Atlantic Renal Coalition Board of Directors. This 13-member group manages the business affairs of the corporation and is responsible for accomplishing the contract deliverables and providing contract oversight. The Board of Directors also establishes goals and policies for Council consideration and assesses facility progress in meeting the goals. During 2013, the Board of Directors met four times, once face-to-face and three times by conference call. The Board receives updates from the Executive Director via progress reports, financial statements, and a summary of important issues being addressed by the Network staff and committees.

The Board receives reports from the Medical Review Board (MRB) about oversight activities and quality improvement initiatives. The Board also monitors achievement of goals and recommendations for the contract period and works with the staff to propose and develop any special projects. The Board is also responsible for responding to any sanction recommendations brought forward by the MRB.

In 2013, the Board composition was changed to comply with CMS requirements. The Board has two Medicare beneficiaries, only one representative per dialysis organization, and two representatives from outside the renal community (nursing home association and hospice organization). The members are listed on the Network's website.

**Medical Review Board**
The Medical Review Board (MRB) represents all geographic areas within the Network, as well as the following disciplines from the renal care team: nephrology (8), interventional nephrology (1), transplant surgery (1), nursing (3), social work (1), dietary (1), and consumer (2); new to the MRB in 2013 was the inclusion of vascular surgery (1). The MRB met four times during 2013.

The MRB is charged with overseeing the Network's quality program, which includes measuring, evaluating, implementing, and monitoring improvement activities. The MRB operates in

accordance with established procedures and observes strict conflict of interest guidelines as defined in Section 1126(a)(1) of the Social Security Act.

The MRB identifies Network-wide and facility-specific opportunities for improvement through routine monitoring of data profiles and pattern analysis; designs and implements activities to address areas needing improvement and/or further examination; assists units in correcting identified problems; and, makes recommendations to facilities to assist in correcting problems and improving care. The MRB conducts on-site visits to facilities as necessary per established procedures. The Board reviews and updates the Network's Goals and Recommendations to provide best practice criteria for facilities. The Board also identifies facilities that are not providing quality care, are negligent in correcting identified problems, or are not meeting Network goals; conducts educational activities to heighten awareness regarding alternative treatment modalities, technical advances, or identified problem areas; assists in the resolution of patient grievances as necessary; and, assists facilities in establishing and maintaining effective internal quality programs. In addition to quality oversight activities, the MRB identifies high-performing facilities, recognizes their success through an annual awards program, and works with the units to identify benchmark practices to share with other facilities.

The subcommittees that report to the MRB include Anemia, Vascular Access, and Infection Prevention.

**Patient Advisory Committee**

The Network currently has a 12-person Patient Advisory Committee (PAC). The Committee represents all treatment modalities, including transplant. Members are recruited from each of the Network's states and the District of Columbia. In 2013, membership included representation from the District of Columbia (1), Maryland (4), Virginia (4), and West Virginia (3). The majority have experience with more than one modality. Many have arteriovenous fistulas (AVFs), and several self-cannulate. During 2013, the PAC met four times via conference call (3) and face-to-face (1) meetings. This committee serves as an extension of the Network to keep it abreast of current patient issues and to provide a patient perspective for Network projects and tasks. It also provides feedback and suggestions for reaching beneficiaries.

The PAC also serves as a focus group and assists in the development of patient resources. Members assist with the development of the patient-focused educational materials, as well as the patient section of the Network's website. In 2013 the Committee formed a workgroup to develop a plan for patient engagement. A virtual educational opportunity was created and launched in July. Topics included *Joining Your Learning & Action Network, Participating in Care Plans and ICH-CAHPS and KD-QOL Surveys, Dialysis and Depression, Dialysis Holiday Dieting,* and *Get Rid of the Catheter.*

The Committee assisted in planning the Network's annual Council meeting, where individual members participated on a panel presentation and staffed a table with patient education materials and promotion of AVFs, self-cannulation, and PAC membership.

**Network Council**

The Council for Network 5 consists of representatives from Medicare-certified ESRD facilities and is responsible for providing advice and assistance to the Board of Directors regarding the general direction of the Network organization. The Council provides the mechanism for information exchange between the Network and the facility membership. All ESRD-certified facilities are responsible for adhering to Network goals and recommendations, as well as following recommendations from the MRB.

Each of the Medicare-approved ESRD outpatient providers is offered the opportunity to appoint a representative and an alternate to serve on the Council. There are no restrictions placed on the qualifications of individuals appointed or the disciplines they represent. Presently, all operational outpatient dialysis programs have appointed representatives to serve on the Council, and all of the 13 transplant programs have appointed representatives. The Patient Advisory Committee has also appointed a patient representative in each facility to ensure that patient concerns are addressed.

The Council meets once per year. In 2013, the Network convened a meeting in Fredericksburg, Virginia, which was attended by over 200 people. The theme of the meeting was "Patient Engagement in Action: Working Together to Improve Outcomes" and included presentations on the 2013 Statement of Work, a patient panel discussion, success stories about facilities and patients working together, and the benefits of patient-centered care. In the afternoon, there were concurrent sessions on communicating with the engaged patient, dialysis and depression, and the impact of the Affordable Care Act on nephrology. In repeating the sessions, attendees had an opportunity to learn about two of the three topics.

The Council meeting is also an opportunity to recognize dialysis programs that exhibit outstanding outcomes or special achievements. An awards ceremony was held to honor those in Network 5 that excelled during the 2013 calendar year. In total, 39 facilities were acknowledged:

- The *5-Diamond Patient Safety Program* acknowledged 38 facilities that had completed at least five patient safety modules during the year.
- The *Facility of the Year Award* was initiated this year and awarded to Renal CarePartners-Woodbridge, which demonstrated superior patient-centered care practices.

The *Patient of the Year Award* was presented to a patient who serves as a role model to his/her peers, who has been dialyzing for at least 10 years, and who shows an active engagement in his/her own health and safety. There were a total of 13 outstanding nominations. MARC also bestowed the seventh annual *Shelia Dabney Memorial Award* to a unit staff member for his commitment to patient care and support of the renal community. There were 10 nominees for this prestigious award.

# Network-Specific Activites & Information

The Network continued to collaborate with CMS leadership, the Network Coordinating Center, state survey agencies, and Network peers, as well as other renal-related and quality organizations to promote CMS program goals. Two initiatives, the *5-Diamond Patient Safety Program* and the Coalition for Supportive Care of Kidney Patients, built upon Network 5's collaborative efforts to support national program goals and improve care for ESRD patients. In 2013, the Network conducted eight live and 25 web-based educational programs, in addition to implementing a monthly patient education series. Electronic newsletters continued to provide quality improvement information to the provider community, and the website was a much-utilized resource.

## Network Goals and Recommendations

The goals and recommendations listed below were adopted by the Network 5 Board of Directors to focus Network 5 activities during 2013. In addition to the areas addressed below, the Medical Review Board examined other quality indicators (such as patient grievances, hospitalization, mortality, etc.) and conducted improvement initiatives as reported in subsequent sections of this report.

**Goals**

1. Anemia Management for Adult Patients (≥ 18 years and on dialysis for ≥ 90 days)
    - Ten percent or less of all patients (hemodialysis and peritoneal dialysis) should have a pre-dialysis hemoglobin < 9g/dL.
2. Vascular Access for Adult Patients (≥18 years)
    - By October 2013, at least 60 percent of all prevalent hemodialysis patients (adult ≥ 18) should receive care with an AV fistula.
    - No more than 10 percent of all prevalent hemodialysis patients (adult > 18) should be maintained on catheters > 90 days with no internal access in place.

**Recommendations**

1. Adequacy
    - Residual renal function should be incorporated into adequacy measures when appropriate.
2. Conflict resolution
    - All facilities should provide staff training on professionalism by utilizing resources found on the MARC website.
    - All facilities should provide staff training on dealing with difficult patient situations by utilizing resources found on the MARC website.
    - Facilities should actively consult with the Network regarding difficult patient situations prior to any situation escalating to the consideration of an involuntary discharge.

3. Emergency Preparedness
   - All facilities will have a policy and plan for emergency preparedness and response, which includes a plan for communications and assignment of a local point person in charge.
   - All facilities will send the Network two disaster contacts and their contact information, which must include two non-facility phone numbers.
   - Facilities should notify the Network in the event of an emergency.
4. Facility Quality Assessment and Performance Improvement (QAPI) Program
   - All facilities must develop, implement, maintain, and evaluate an effective, data-driven QAPI program with participation by the professional members of the interdisciplinary team.
   - QAPI activities at the facility level should enhance the facility's ability to provide high quality care and to meet and/or exceed Network 5 goals.
5. Patient Safety
   - All facilities are urged to embrace a "culture of safety" and initiate specific measures to enhance safety and prevent/reduce medical errors, such as:
     - Use a standardized abbreviation list
     - Use stickers to warn of allergies, like or similar names, and anticoagulation therapy
     - Post a list of drug dialyze-ability, or drugs to avoid during dialysis
     - Track adverse events/incidents
     - Identify and track healthcare-associated infections (HAIs) that develop during the course of care in the facility and report in NHSN
     - Identify, track, and use preventative measures against central line-associated blood stream infections (CLABSIs) that include
       - Routine review of central venous line care procedures with healthcare workers and patients
       - Removal of non-essential central venous lines
   - All facilities are encouraged to participate in the *5-Diamond Patient Safety Program*.
   - All facilities should follow the CDC's *Recommendations for Preventing Transmission of Infections among Chronic Hemodialysis Patients*.
6. Preventative Care

   A. Immunization
   - All adult hemodialysis and peritoneal dialysis patients should be vaccinated against influenza, hepatitis B, and pneumococcal pneumonia, in accordance with the ESRD Conditions for Coverage and Advisory Committee on Immunization Practices (ACIP) and CDC recommendations.
     - Influenza vaccination:
       - Offered yearly to adult and pediatric patients
       - Offered yearly to all healthcare workers
     - Hepatitis B vaccine:
       - Offer a 3-dose series to patients not vaccinated or not completely vaccinated as recommended by the CDC dosing schedule and appropriate timeframe. Vaccine response, annual testing, and revaccination for anti-HBs should be documented and tracked.

- All healthcare workers should be screened and offered the Hepatitis B vaccine with anti-Hb compliance and record keeping as mandated by OSHA requirements.
- Policies should be in place for healthcare workers who do not respond to the vaccine or who are unable to receive it.

o Tuberculin Skin Test (TST):
- All dialysis patients should be tested for baseline TST and re-screened if TB exposure is detected. Chest x-rays may be used if TST is not an option.
- All newly hired healthcare workers should be screened for potential active TB infection with test results and follow-up recorded.

o Pneumococcal polysaccharide vaccine (PPSV) is recommended for patients with ESRD over age two. Confirm all patients' vaccination status including a recommended 1-time revaccination after five years for persons aged 19 through 64.
- Pneumococcal conjugate vaccine (PCV) series for children with underlying medical conditions as recommended by CDC immunization schedule.

B. Other

All facilities should offer smoking cessation materials to patients who use tobacco.

7. Transplantation
- All facilities should establish the transplant status of patients.
- All facilities should have a written policy defining delivery of transplant information to all patients, including when transplant information will be presented to new patients, what tools (brochures, video) are used, and who conducts follow-up education/contact with patient.
- All facilities should designate one staff member to facilitate transplant education, evaluation referrals, submission of laboratory samples, and patient status changes.
- All Network 5 transplant centers will provide written kidney transplant inclusion and exclusion criteria to the Network. The Network will post a link to this information on the MARC website.

8. Vascular Access
- All facilities should employ a prospective monitoring (assessment) program for vascular accesses where staff trend results.
- All facilities should employ a surveillance program that utilizes one of the K-DOQI preferred and CROWNWeb collected methods: Intra-access flow measures, direct or derived static venous pressure, or duplex ultrasound.
- All facilities should have a written policy addressing referral to a surgeon for vascular access.

9. End of Life
- All facilities should have a written policy addressing advance directives and healthcare proxy.
- All dialysis patients should have an advance directive and healthcare proxy on file.

10. Medication Reconciliation
    - All facilities should have a written protocol/policy defining medication reconciliation and the processes required for a systematic and comprehensive review of all medications to determine current medication accuracy.
    - Medication reconciliation should be done quarterly and at the time of patient care assessments.

## Emergency Preparedness Activities

In 2013, there were a handful of winter storms and one storm in June, which did briefly affect phone service in the Network office. Phones were forwarded to the back-up Network (14, ESRD Network of Texas) for half a day, but otherwise there were no issues. Network staff was able to refine the internal process for management emergency events. Before each anticipated event (snowstorm, windstorm, etc.), the Network continued its protocol for disseminating blast faxes and emails to all Network providers. These notifications included information on emergency preparedness as well as reminders to notify the Network of any closures with a variety of ways to accomplish this, including an online emergency notification form, which saw increased use in 2013. In an effort to streamline processes, Network staff stayed in contact with regional LDO/SDO representatives for situational updates on multiple facilities and divided contact lists among staff to speed up the process of obtaining status updates in large-scale emergency events. All staff has access to an internal tracking database, which allows for quick data entry and ease of reporting. In 2013, the vast majority of facility closures were planned, and facilities did a better job of keeping the Network informed of their status.

Per contract requirements, the Network completed a Comprehensive Emergency Management Plan (CEMP) and participated in the October 23, 2013, Kidney Community Emergency Response Coalition (KCER) tabletop exercise. Network staff participated in all relevant KCER calls and notified KCER, CMS, its back-up Network, and representatives from the Office of the Assistant Secretary for Preparedness and Response (ASPR) of all events affecting the Network and facilities. Staff also provided status reports on situational calls with federal agents as needed.

In 2013, the Network continued to conduct outreach on emergency preparedness for dialysis facilities, patients, and community partners. The Network website has an emergency preparedness section at www.esrdnet5.org/Dialysis-Providers/Emergency-Preparedness.aspx. This section includes

- Information on how the Network can assist providers and patients
- Listing of emergency contacts
- Facility closure notification form
- Listing of closed facilities
- Many tools and resources for providers and patients
- Information on the KCER Coalition with a link to its website
- Toll-free emergency hotline for patients and providers

In addition to the website, the Network provided outreach to the dialysis community via its electronic and print newsletters and fax and email blast notifications of impending weather events. Examples include

- Information on National Preparedness Month and Kidney Disaster Awareness Week (both in September), the Virginia Statewide Tornado Drill (March), and the Healthcare Organizations Emergency Preparedness Seminars (HOEPS, May) included in the *REMARCS* and *elerts* newsletters.
- FDA alerts and recalls were published in each bi-weekly issue of *MARC e-lerts* as well as on the Network website at www.esrdnet5.org/Clinical/Alerts---Recalls.aspx.

The Director of Operations presented on dialysis and the needs of providers and patients in emergencies at the 2013 Virginia Healthcare Emergency Management State Forum. As a result of federal grant funding, the Network was approached by multiple regional healthcare coalitions in Virginia to establish a cooperative relationship with dialysis providers. The Director of Operations also presented on dialysis to the Northern Virginia Healthcare Coalition's Extended Care Workgroup and worked with them to map dialysis providers and provide introductions. The same was done for the Eastern Virginia Healthcare Coalition. The Network also worked with providers and the Virginia Department of Health to register all Virginia providers in the Virginia Healthcare Alerting and Status System (VHASS), a web-based system designed to develop situational awareness via notifications and alerts and to provide dialysis facilities with a way to share information on operational status and request resources during and after an emergency event. The Network hopes to replicate these initiatives in other states in 2014.

The Network is prepared to assist its counterparts in other states in carrying out contract requirements during the initial and recovery phases of an emergency or disaster. It has a signed Memorandum of Agreement with Network 14 (Texas) to provide back-up services in emergency events and can assist other Networks as needed.

## Network Collaborations

The Network is a member of the Forum of ESRD Networks. The Network's former MRB Chair currently serves as the Forum President, and MARC has two additional members who serve in an ad-hoc capacity. The Forum has established three Advisory Councils. The Chair of the Network's Medical Review Board is the appointed representative to the Medical Advisory Council, the Executive Director serves on the Executive Director Advisory Council, and the past chair of the Network 5 Patient Advisory Committee serves on the Beneficiary Advisory Council.

The Network is actively involved in partnerships and projects with other ESRD Networks to help promote the national program goals set forth by the Centers for Medicare & Medicaid Services. One example of a collaborative project is the Network's *5-Diamond Patient Safety Program*, which is a joint project with the former contractor for ESRD Network 1 (ESRD Network of New

England). The *5-Diamond Patient Safety Program* is endorsed by the American Association of Kidney Patients (AAKP), American Nephrology Nurses' Association (ANNA), the Renal Physicians Association (RPA), and the National Renal Administrators Association (NRAA). It is also endorsed by Dialysis Clinic, Inc., which is implementing the program company-wide. There are currently 15 modules within the program, with each module serving as a complete educational course with objectives, required activities, optional activities, tools and resources, and measures. There were 13 Networks participating in the program, representing 73% of the patients in the country. The Networks completed a website redesign in 2013, which launched in January 2014, and each of the modules was reviewed and updated. The website automates all submissions, allows participants to be tracked, and offers the opportunity to build in more rigorous measures using accumulated data.

The Network continues to foster partnerships through the Kidney End-of-Life Coalition, which was renamed the Coalition for Supportive Care of Kidney Patients (CSCKP) in 2013. The Coalition met in 2013 to revitalize its effort to improve supportive care for kidney patients. A number of short-term goals were identified, along with a need to develop a long-range strategic plan. An overarching goal was established: *create culture change that transforms kidney disease care through the integration of palliative care.* The CSCKP agreed that change will require a multi-pronged strategy of innovative and transformative actions in the strategic domains of policy, quality, clinical paradigms, research, and education. The Coalition has representation from all major renal-related organizations (American Society of Nephrology, American Nephrology Association, National Renal Administrators Association, American Association of Kidney Patients, Fresenius Medical Care, DaVita, Dialysis Clinic Inc., Forum of ESRD Networks, National Kidney Foundation), important hospice organizations (American Academy of Hospice and Palliative Medicine, Hospice and Palliative Nurses Association, Coalition to Transform Advanced Care, National Hospice and Palliative Care Organization, Center to Advance Palliative Care), and content experts and beneficiaries.

The Network participates on all CMS leadership calls, Network Coordinating Center (NCC) Community of Practice (COP) calls, NCC Patient Engagement LAN calls, and NCC learning sessions. Staff has contributed to the Kidney Community Emergency Response (KCER) Coalition by actively engaging in development of a comprehensive emergency preparedness plan and participating in an annual disaster drill. Network staff is engaged with their peers from other Network organizations and participate in conference calls and meetings to share best practices and identify solutions to common problems. This include data manager meetings with other subcontractors (OCT), executive director calls with senior CMS leadership, quality improvement staff who discuss projects and measures, and patient service directors who explore campaign topics and information on grievances and avoiding IVDs.

One component of partnership relationships is attending local and national meetings for staff development purposes. Attendance also affords the staff opportunities to meet professionals in the renal community and gain a better understanding of their issues and concerns. During 2013, the staff attended meetings and/or conference calls of the American Association of

Kidney Patients (AAKP), the National Kidney Foundation (NKF), the American Nephrology Nurses' Association, and the American Society of Nephrology's Renal Week. Local meetings included the Council of Nephrology Social Workers (CNSW), Baltimore ANNA Chapter, Richmond ANNA Chapter, National Kidney Foundation (NKF) patient support groups, and meetings of the Maryland Kidney Commission.

The Network maintains close contact with the State Survey Agencies (SSAs) and in 2013, provided them with ongoing updates of Network activities, including notifications of educational opportunities and an invitation to the annual Council meeting. The Network refers patient grievances that address survey and certification issues to the appropriate SSA, and consultation on complex issues and cases occurs on a regular basis. The SSAs frequently request quality information from the Network prior to conducting a renal survey. The Network hosts two teleconferences with each individual SSA and two joint teleconferences with all four agencies. During the individual conferences, issues and concerns occurring within the respective state are discussed. The joint SSA conferences are used to discuss more general Network information, such as progress with quality improvement initiatives. These calls also provide an opportunity for the Network to coordinate with the surveyors to assure that they are aware of the Network's expertise and availability to provide technical assistance as needed.

## Education And Communication

### *2013 Education Activities*

Network 5's education department serves to support CMS contract requirements by providing educational opportunities to the Network 5 renal community to address the three aims. The Network's goal is to provide valuable information that will help staff perform their duties well, and to educate patients and their family members, thereby enhancing the patient's experience of care and assuring the best outcomes. The Network develops its educational programs based on environmental scans, CMS recommendations, grievances filed, and previous program evaluations. Table 7 provides the 2013 schedule of educational activities. Due to the popularity of the 2013 educational events, the Network is doubling the number of education events in 2014.

In October 2013, the Network hosted its annual Council meeting in Fredericksburg, Virginia. The meeting drew 200 participants from Virginia, West Virginia, Maryland, and the District of Columbia. The focus of the meeting was "Patient Engagement in Action: Working Together to Improve Outcomes." The keynote speaker, Dori Schatell, MS, presented on "Patient-Centered Care: A Win-Win for Patients and the Interdisciplinary Team." The morning session included patient panels and a presentation on patients and dialysis facility staff working together. In the afternoon, there were concurrent sessions on "Communicating with the Engaged Patient," "Impact of the Affordable Care Act on Medicaid Issues Affecting Nephrology," and "Dialysis and Depression: Why it MUST be Treated." Attendees were able to attend two of the three

presentations. Award-winning facilities and patient engagement benchmark facilities were recognized. Each attendee also received handouts that addressed the Network's goals and recommendations, mission and vision, Dialysis Facility Compare, emergency preparedness, vocational rehabilitation, Fistula First, the Coalition for Supportive Care of Kidney Patients, and more.

In addition to the Council meeting, the Network presented 25 web-based educational programs for dialysis facility staff, nine live workshops, eight of which included education on vascular access, and one conference call. The educational content of the programs reinforced the recommendations of the Fistula First Breakthrough Initiative (FFBI) and its strategic plan by providing tools and resources to increase the prevalence of AVFs. One workshop was dedicated to the prevention of healthcare-associated infections (HAIs).

Webinars are designed to provide education to dialysis facility staff throughout the year in the convenience of their own facility. All Network webinars were accredited for attendees to receive continuing or professional education credit. To encourage patient participation, dialysis patients and family members were invited to attend any program free of charge. These programs were tailored to meet the scheduling and convenience needs of dialysis staff. Network programs were also evaluated for their effectiveness, and the participants who evaluated programs in 2013 reported an average 91% customer satisfaction rate.

A patient education series was developed by the Patient Advisory Committee and launched in July 2013. A new topic was offered monthly as a webinar. The series was designed so that patients without access to the internet could participate by conference call alone. Materials were provided in advance of each session to registrants. Dialysis facility social workers and patient liaisons were employed to increase patient awareness of the series. Each session was recorded and posted on the Network website. The Network hopes to make these recording available on DVD in 2014.

Each meeting and webinar in 2013 offered timely educational topics and expert knowledge for renal professionals and patients in the Network 5 area. The presentations and take-away materials provided at the meetings were also posted on the Network's website for individuals who were unable to participate in the live sessions. All of the materials were developed with the intention of providing facilities with the necessary tools to deliver the highest quality of care to patients.

## Table 7: 2013 Educational Event Schedule

| Date | Title | Location | Target Audience | Subject Matter | Attendees |
|---|---|---|---|---|---|
| 2/19/13 | 2013 Virtual Council Meeting | Webinar | Dialysis facility staff | 2013 Statement of Work | 81 |
| 2/26/13 | Moving Forward with Patient- & Family-Centered Care | Webinar | Dialysis facility staff | Overview of patient- and family-centered care | 217 |
| 2/28/13 | LAN Kick-Off | Webinar | Dialysis facility staff /LAN participants | Overview of Learning and Action Networks | 22 |
| 3/12/13 | 2013 Vascular Access Project Kick-Off | Webinar | Dialysis facility staff | Overview of vascular access management project | 115 |
| 3/28/13 | Adherence | Webinar | Dialysis facility staff | Provide tools and resources to help overcome adherence issues in the dialysis facility | 49 |
| 4/9/13 | HAI LAN: Scrub the Hub | Webinar | LAN participants | Describe and demonstrate positive outcomes after implementing the "scrub the hub" policy | 21 |
| 5/9/13 | Patient Engagement LAN | Webinar | LAN participants | Patient and family engagement in an all-teach-all-learn environment | 11 |
| 5/21/13 | The Patient Whisperer: Compassionate Care for Challenging Situations | Webinar | Dialysis facility staff | Resolving challenging situations with patients | 127 |
| 6/11/13 | HAI LAN: Rethinking Errors: A System Approach to Safety | Webinar | LAN participants | Provide best practices for preventing infections in the dialysis facility | 11 |
| 6/18/13 | Benefits of Buttonhole Cannulation | Webinar | Dialysis facility staff | Provide demonstration and benefits and barriers to buttonhole cannulation | 110 |
| 6/27/13 | Vascular Access Protocol & Physical Assessment | Woodbridge, VA | Dialysis facility staff | Demonstration of vascular access physical assessment and benefits of following protocol | 21 |
| 7/8/13 | Surgically Creating a Vascular Access | Woodbridge, VA | Dialysis facility staff | Observing various vascular access procedures | 6 |
| 7/11/13 | Patient Engagement LAN | Webinar | LAN participants | Patient and family engagement in an all-teach-all-learn environment | 11 |
| 7/23/13 | Fears & Tears: A New Way of Looking at Emotions | Webinar | Dialysis facility staff | Describe the physiology of human emotion | 55 |
| 7/25/13 | Joining YOUR LAN: What Does a LAN Do? | Webinar | Patients and families | Overview of Learning and Action Networks | 2 |
| 8/13/13 | HAI LAN: Balancing Regulation & Innovation | Webinar | LAN participants | Describe infection prevention interventions | 11 |
| 8/20/13 | Nutrition and the Dialysis Patient: Improving Adherence | Webinar | Dialysis facility staff | Describe interventions to improve diet adherence | 67 |

| Date | Title | Location | Target Audience | Subject Matter | Attendees |
|---|---|---|---|---|---|
| 8/22/13 | Surgically Creating a Vascular Access | Woodbridge, VA | Dialysis facility staff | Observing various vascular access procedures | 2 |
| 8/29/13 | Participating in YOUR Care Plan | Webinar | Patients and families | Overview of benefits to participating in care plans | 2 |
| 9/12/13 | Patient Engagement LAN | Webinar | LAN participants | Patient and family engagement in an all-teach-all-learn environment | 9 |
| 9/24/13 | Dialysis & Depression: Why It MUST Be Treated | Webinar | Dialysis facility staff | Signs of depression and tools to implement to benefit dialysis patients | 66 |
| 10/9/13 | 2013 Vascular Access Project Outcomes Congress | Fredericksburg, VA | Dialysis facility staff | Share best practices for vascular access management | 97 |
| 10/9/13 | HAI LAN: Infection Prevention…Why it is Everyone's Concern | Fredericksburg, VA | Dialysis facility staff/ LAN participants | Provide useful tools to decrease infections in the dialysis facility | 61 |
| 10/10/13 | Annual Council Meeting | Fredericksburg, VA | Dialysis facility staff, patients | Benefits of patient and family engagement, overview of the Affordable Care Act, demonstration of positive communication strategies with patients and staff, and signs of depression and resources available for patients | 200 |
| 10/15/13 | Vascular Access Assessment Training | Mechanicsville, VA | Dialysis facility staff | Hands-on training for assessing vascular accesses | 9 |
| 10/18/13 | Surgically Creating a Vascular Access | Woodbridge, VA | Dialysis facility staff | Observing various vascular access procedures | 11 |
| 10/31/13 | Dialysis and Depression | Webinar | Patients and families | Identify the signs of depression and provide resources for treatment | 9 |
| 11/14/13 | Patient Engagement LAN | Webinar | LAN participants | Patient and family engagement in an all-teach-all-learn environment | 6 |
| 11/15/13 | Surgically Creating a Vascular Access | Woodbridge, VA | Dialysis facility staff | Observing various vascular access procedures | 1 |
| 11/21/13 | Being an Engaged Patient | Webinar | Patients and families | Provide examples and benefits to being an engaged patient | 4 |
| 12/10/13 | HAI LAN | Conference Call | LAN participants | Designing an infection prevention quality improvement activity | 31 |
| 12/12/13 | Quality Incentive Program | Webinar | Dialysis facility staff | Provide an overview of the QIP for payment year 2016 | 19 |
| 12/12/13 | Holiday Diet Tips for Dialysis | Webinar | Patients and families | Safe eating when tempted by holiday treats | 4 |

| Date | Title | Location | Target Audience | Subject Matter | Attendees |
|---|---|---|---|---|---|
| 12/17/13 | Embracing Patient Engagement | Webinar | Dialysis facility staff | Enhancing self-efficacy | 35 |
| 12/20/13 | Resolve to Get Rid of the CVC in 2014 | Webinar | Patients and families | Benefits of permanent access | 2 |

### *Communications*

The Network communicates with its stakeholders through a variety of media, including an electronic newsletter, a resource-rich website, and periodic mass communications (fax blasts, mailings, etc.).

In 2013, the Network stopped publishing its quarterly hard copy newsletter *REMARCS* and began utilizing its electronic *MARC elerts* newsletter for mass communication. *MARC e-lerts* is distributed bi-weekly to all of the Network's e-mail contacts and to those individuals who have requested to receive the newsletter (approximately 1350 recipients). In October 2013, *elerts* was redesigned and dissemination began via Constant Contact, the vehicle used by MARC's parent company, the West Virginia Medical Institute. Each edition of *e-lerts* provides important information affecting the renal community, such as FDA alerts and recalls, upcoming provider and patient educational opportunities, regulatory information, the Quality Incentive Program, infection prevention, transplantation, and more. "Special Alert" bulletins are sent as needed to share urgent information, such as certification deadlines or legislative changes.

Network 5 maintains a 508-compliant website at www.esrdnet5.org. Highlights include:

- Information on Network and CMS quality improvement initiatives, including vascular access, infection prevention and NHSN, the Quality Incentive Program, and patient and family engagement
- Featured initiatives, including
    - Fistula First Breakthrough Initiative (FFBI)
    - 5-Diamond Patient Safety Program
    - CROWNWeb
    - Coalition for Supportive Care of Kidney Patients
    - Kidney Community Emergency Response (KCER) Coalition
- FDA alerts and recalls
- Decreasing Dialysis Patient-Provider Conflict (DPC) training (WebEx)
- Network 5 Annual Reports
- Links to national data sources
- Links to secure online registration for continuing education
- Presentations, including webinars, from Network educational activities
- Patient Chronic Kidney Failure educational series
- *News* and *Quick Links* features

- Professional and patient tools and resources
- Online facility staff updating
- Toll-free patient phone number for contacting the Network

## Business Continuity and Contingency Plan (BCCP)

Network 5 maintains a Business Continuity and Contingency Plan (BCCP) based on a template provided by the CMS. The core purpose of the BCCP is to outline the processes and teams required to maintain business continuity in the event there is a disruption. Detailed processes for system recovery and options for contingent operations are provided. The BCCP is updated annually, or immediately when process or staff changes are made, and the document is submitted annually to CMS for review.

# CMS Aims, Domains, and Network Activities

Network 5 fullfilled the requirements of the contract period between January 1, 2013, and December 31, 2013, with an approach that aligns with the Department of Health and Human Services' National Quality Strategy, the CMS Triple Aims, and other CMS priorities designed to result in improvements in the care of individuals with ESRD. The Aims specified in the contract include:

Aim 1: Better care for the individual through beneficiary and family centered care;
Aim 2: Better health for the ESRD population; and
Aim 3: Reduce costs of ESRD care by improving care.

## Aim 1: Better Care for the Individual through Beneficiary- and Family-Centered Care

### *Introduction*

In 2013, Network 5 promoted positive change that resulted in better care for the individual by infusing Network activities with the patient's voice. Continuous quality improvement led to innovations in care delivery, the Network identified and responded to unmet patient and family needs and encouraged its partners to appreciate and make use of the patient's voice in all that they do. Special attention was given to addressing disparities by including individuals from underserved groups in planning, meetings, and Learning and Action Networks (LANs). Best practices were spread through an integrated marketing and communication plan that relied on patient stories, facility success stories, the Network's web presence, CMS-approved social media tools, online learning and sharing, partner communication channels, electronic and print publications, and face-to-face communications.

### *Patient and Family Engagement*

**Foster Patient and Family Engagement at the Facility Level**
The Network launched its first patient engagement initiative to facilities in 2013. Represented by the acronym ENGAGE, each letter represents a specific activity facilities can conduct to demonstrate commitment to patient-centered care and the value of patient involvement at all levels of the engagement continuum:

- Enrollment in the Patient Engagement Learning and Action Network
- Naming a patient liaison for each treatment shift
- Giving patients invitations and making them feel welcome to participate in care plans, quality improvement projects, and governing body meetings

- Assessing the degree of commitment and involvement the facility has toward patient engagement
- Gathering information and resources for both patients and staff for increased knowledge and skills
- Encouraging all patients and staff to partner for better, safer care

The initiative serves to help familiarize facilities with the Network's goals and expectations, and encourages participation in the Learning and Action Network and the establishment of a patient liaison.

The theme of the Network's Annual Council Meeting was *Patient Engagement in Action: Working Together to Improve Outcomes*. Presentations included a patient panel and success stories of facilities and patients working together. The awards luncheon recognized the Network's Patient of the Year and Facility of the Year. Facilities are asked to submit nominations for the Patient of the Year based on criteria reflecting patient engagement behaviors. The Facility of the Year Award was newly introduced in 2013 to showcase a provider that has embraced patient engagement. Facilities were asked to nominate themselves for this award and provide examples of what sets them apart from others.

The Network held monthly educational webinars for facilities throughout 2013 (see Network Specific Activities: Education and Communication). All of the topics supported patient engagement efforts. A benefit of webinars is that they can be recorded and posted to the website for more convenient viewing by providers later.

In an effort to reach a broader audience, and in keeping with CMS guidelines, the Network established a Twitter account (@ESRDNetwork5) targeting the Network's renal professional groups. At the end of 2013, this account had 177 followers and contributed 69 Tweets. Efforts to establish a Facebook presence for the Network continue in 2014.

**Involve Patients/Families in CMS Meetings**

Of the Network's 15 Subject Matter Experts (SMEs), four indicated interest in participating on the NCC's national Beneficiary/Family LAN (NCCBFLAN). A patient SME was present for nearly every monthly COR call and participated throughout the meetings. Two SMEs were asked to participate during the annual evaluation; one became ill at the last minute and was unavailable and the other attended via conference call. Some of the SMEs also served members of the Network PAC and were able to provide feedback regarding their experiences. In the past, Network 5 has assisted with identifying patients to participate in CMS quality meetings; however a meeting did not take place in 2013.

**Convene Patient Engagement Learning and Action Network (LAN)**

The Network solicited all facilities, through the social workers and patient liaisons, for SMEs and received more than enough to meet the requirements of geographic diversity. They came with a wide range of education, work experiences, interests, and talents, which proved useful to the

processes. The SMEs met weekly after identifying several areas of interest to more deeply explore and narrow down the final selection for projects. This worked well by allowing them to thoroughly discuss the issues and share their views. They also reported a greater sense of belonging and support for each other and their shared experiences. They were notably disappointed when this process concluded.

Facilities were encouraged to become partners, and recruitment remained open throughout the year. Forty-one partners joined, representing all geographic areas, LDOs, SDOs, independent facilities, and professional organizations.
LAN meetings took place every odd month. The meetings offered education, information, and opportunities to share. Review of processes and projects were staple agenda items. Provider participants indicated they gained inspiration from others and were generally pleased with the inclusion of patients.

As of January 1, 2013, the Network is required to conduct annually one quality improvement activity (QIA) and two patient educational campaigns. The QIA must impact 10 percent of the patient population and demonstrate improvement of 5 percent. Campaigns must impact 20 percent of the patient population and demonstrate improvement of 10 percent. Patient SMEs determined the focus of projects in 2013, which were to increase diet adherence and patient engagement at various levels.

**Table 8: 2013 Patient & Family Engagement Learning & Action Projects**

| Project Title | Patient Education Campaign 1: Diet Adherence (Phosphorus) | Patient Education Campaign 2: Patient Engagement | QIA: Patient Engagement at the Facility Level |
|---|---|---|---|
| **Scope** | ~4,600 patients | ~4,600 patients | ~2,300 patients |
| **AIM** | Increase number of patients with phosphorus within desired range (3.4-5.5 mg/d) by 10% | Increase number of patients participating in various activities related to their healthcare by 10% | Increase facility involvement of patients at various levels of healthcare systems by 5% |
| **Baseline** | 54% (June 2013) | 33% (June 2013)<br>Adjusted: 18% (July 2013) | 66% (June 2013)<br>Adjusted: 57% (July 2013) |
| **Goal** | 64% (December 2013) | 43% (December 2013)<br>Adjusted: 28% | 71% (December 2013)<br>Adjusted: 62% |
| **Outcome** | 54% (November 2013) (no data available for December from CROWNWeb) | 21% (December 2013) | 65% (December 2013) |

The first patient education campaign narrowed the diet adherence focus to phosphorus and drew the data from the Clinical Measures and Missing Data Report in CROWNWeb. It was unforeseeable that December data would not be available to the Network with the closing out of clinical data in January. Therefore, the Network has no concluding data for this project. However, based on monthly flat trends, we believe the goal was not met. Though CROWNWeb data did not support evidence of any change in patient phosphorus levels, many facilities reported their rates as being much higher. Additionally, patient feedback from needs assessments indicated they have concerns about diet-related issues and want more information about how to better control it. Facilities should be encouraged by this as it reflects less of a disinterest on the part of the patient and more of a desire to change dietary habits and struggling to do so, as exists in the general population.

The second patient education campaign addressed patient engagement in various activities related to their health, such as participating in care plans, KD-QOL and ICH-CAHPS assessments, and self-care activities. Facilities reported data monthly. The baseline report in June 2013 provided a false high rating due to misinterpretation of the reporting tool by facilities. With education, rates were lower, and believed more accurate, the next month. Unfortunately, CMS would not accept the adjusted baseline measures. Another barrier faced was lack of full participation from all facilities, which resulted in zero reporting for those facilities and skewed the aggregate rate downward. If the adjusted baseline rate is considered, the adjusted goal was still not met. However, there was improvement, and the Network believes this to be no less successful. What is most important is the growing awareness and adoption of patient engagement.

The QIA also addressed patient engagement, but the focus was on activities the facility could do to increase opportunities for patient engagement at various levels of the healthcare system. Such opportunities included educating and encouraging patient involvement in all the areas previously described in the patient engagement campaign with the additional inclusion of patients in quality improvement activities and policy/procedure development. Again, facilities reported data monthly, and the same barriers existed: false high at baseline and lack of full participation from all facilities. The goal was met when the adjusted baseline rate is considered.

We attribute our successes mostly to the enthusiasm and commitment of the patients. The SMEs were the strength of the LAN activities. They brought great energy and freshness to the discussions, their stories were powerful and effective, and they were instrumental in ensuring that content in materials developed was appropriate to the patient audience.

The primary approaches utilized in promoting patient engagement to both patients and providers were tip sheets, flyers, and educational webinar offerings. Both SMEs and LAN partners participated in the development of documents. SMEs' talents were used to generate personal stories to share for learning, and one SME contributed his graphic art talents to make the documents visually appealing. The webinars directed at the patient audience were designed so those without access to the internet could participate by phone only. Fax blast, electronic

newsletter, social media, verbal communication/consultation, and direct mail were the means used to promote the availability of these resources.

With CMS' permission, the Network also broadened its outreach efforts to patients through social networking by establishing patient-targeted Twitter (@kp_mar) and Facebook accounts (Kidney Patients of the Mid-Atlantic Region.) These social media outlets direct patients to educational offerings, resources, LAN activities, advances in technology, treatment options, and other positive health-related information. Availability of these social media resources are included on documents and mentioned in presentations.

## *Patient Experience of Care*

**Evaluate and Resolve Grievances**

The Network follows the procedures outlined in the *ESRD Network Organization Manual* for addressing grievances. When the Network receives a grievance, the Network determines if the case meets criteria for immediate advocacy, or is a more serious issue requiring quality review or referral to the state survey agency. When appropriate, the Medical Review Board (MRB) is involved. All MRB members are available for this purpose and are selected based on geographic distance and non-corporate connection to ensure there is no conflict of interest. All identifiers are removed from the information they are asked to review, and members recuse themselves from commenting on the case when appropriate. When opportunities for improvement are identified in facilities, recommendations are made for addressing plans of correction. All contacts in 2013 were documented in the Network Contact Utility (NCU) or Patient Contact Utility (PCU) as directed by CMS. Hardcopy files are maintained in separate locked file cabinets.

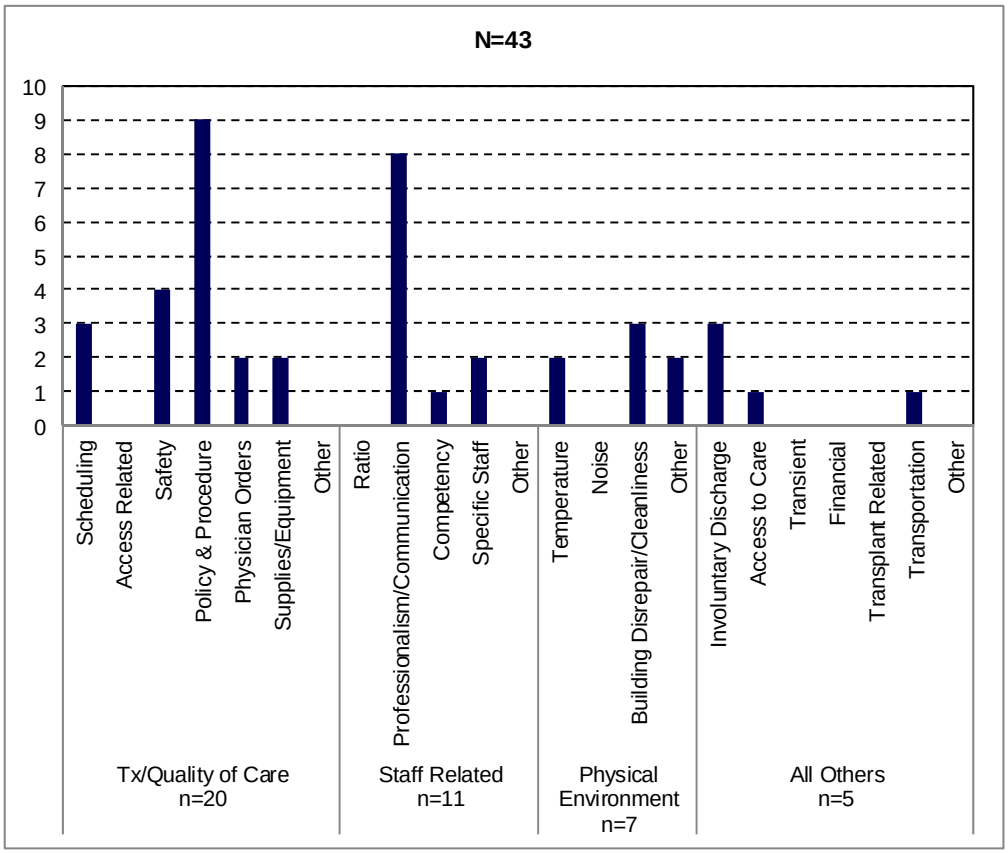
The Network analyzes grievance information and reports quarterly to the MRB. Trending information generated from this analysis is used to develop programs and resources. The Network collaborates with the State Survey Agencies (SSAs) in certain grievance situations, particularly when the grievance involves the Medicare Conditions for Coverage. In addition, the Network assists regional dialysis administrators to increase their awareness of available resources. All grievants are informed that they may appeal their grievance to the Network, the appropriate SSA, or CMS.

Patients are informed of the grievance process through Network communications, the website, and a poster in each dialysis facility. Every facility is provided with a poster and directed to display it in a place easily visible to patients. Replacements are provided upon request. Facility patient liaisons are also encouraged to familiarize themselves with this information in order to better direct fellow patients.

In July 2013, CMS began requiring Networks to utilize the Patient Contact Utility (PCU), a new data system for grievance reporting/tracking. Additionally, grievance procedures have changed, and there are differences between the old and new utilities that make it impractical to combine data for reporting. Therefore, analysis from each is reviewed separately in this report.

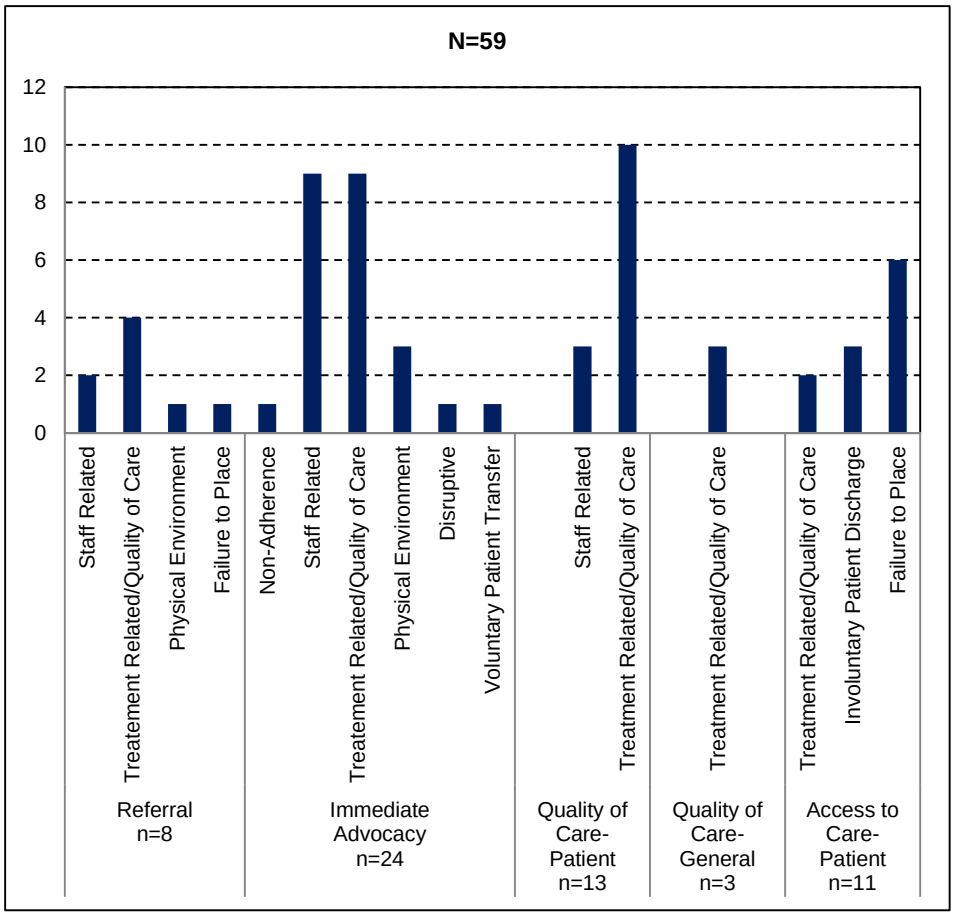
Figure 7 illustrates primary cause of patient grievances for the first half of the contract year in which the Network Contact Utility was used. As the graph illustrates, the majority of patient concerns related to perceived quality of care and interactions with staff, primarily as related to policy and procedure, and the professionalism or communication issues with staff.

**Figure 7: Patient Grievances**
**January-June 2013**



Data in Figure 8 is from the new PCU. Only the method of processing the grievances and primary area of concern are considered here. The larger themes regarding concerns remain treatment/quality of care (28) and staff related (11).

**Figure 8: Patient Grievances**
**July-December 2013**




The Network was required to conduct a quality improvement activity with facilities based on 1st Quarter 2013 grievance trends, however the Network was not able to identify trends out of the 17 grievances received during that period. The Network reviewed 2012 grievances for similar issues with facilities noted in grievances in 2013. Five facilities were identified. The Network believed that many of the issues in these facilities were avoidable with better communication between staff and patients.

The Network initiated a project to increase staff communication skills with an emphasis on cultural sensitivity (see Table 9.) Participating facilities were required to provide the Network with results from ICH-CAHPS. These scores were used to determine opportunities for quality improvement projects in each of the facilities. The *5-Diamond Patient Safety Program* module *Communication* was utilized as part of the intervention along with elements of the module

*Patient/Provider Conflict* related to cultural sensitivity (www.esrdnet5.org/Dialysis-Providers/5-Diamond-Program.aspx.)

**Table 9: Grievance Quality Improvement Activity**

| | |
|---|---|
| **Scope** | ~705 patients, 5 facilities |
| **AIM** | Decrease the number of complaints received on enrolled facilities by 1% |
| **Baseline** | 1 grievance, May 2013 |
| **Goal** | 0 grievances |
| **Outcome** | 2 grievances |

The Network was required to use May 2013 grievance data as the baseline. This differed from the 1st Quarter where issues occurred with each of the enrolled facilities and contributed to their selection for the project. Furthermore, as part of the Network's protocol, interventions had been conducted to address these grievances as they occurred. The interventions potentially reduced the related grievance rate for May. The goal and mechanism for measurement in this project were therefore not realistic as prescribed, and the goal was not met.

**Promote Use of In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) and/or Any Similar Survey Identified by CMS**

The Network promoted use of the ICH-CAHPS tool to both patients and providers through the following means:

- Patient education fliers
- Patient presentations
- *e-lerts* electronic newsletter
- Fax blasts
- Quality improvement projects

**Address Issues Identified through Data Analysis**

No additional issues beyond those previously discussed were identified in 2013.

**Recommend Sanctions**

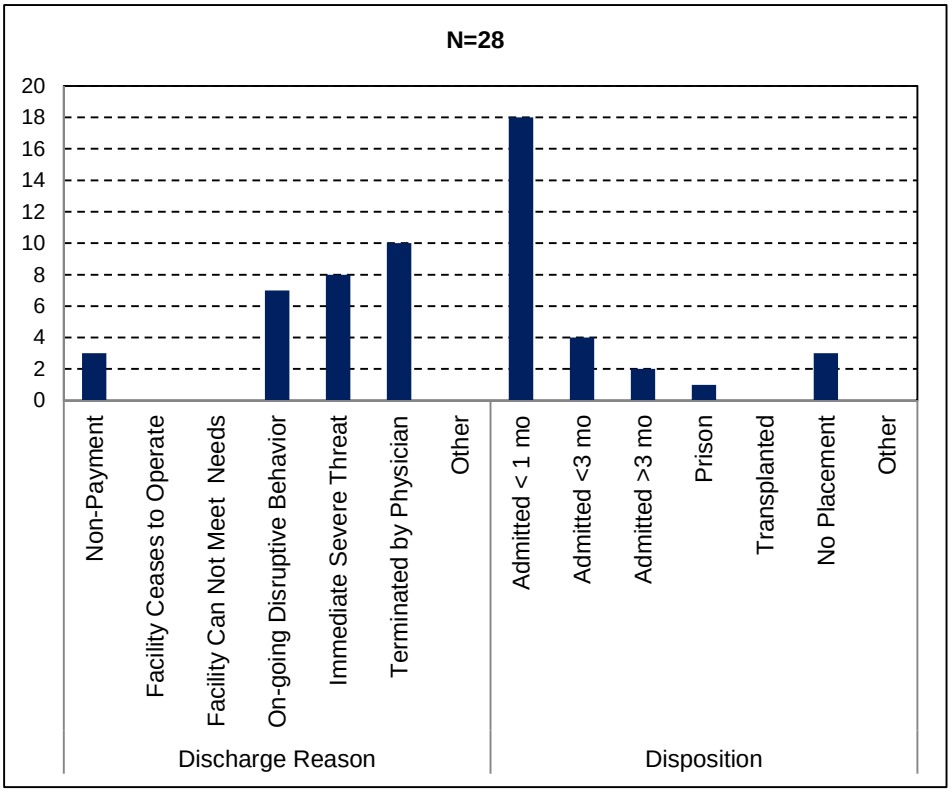
No sanctions related to patient experience of care were recommended in 2013.

## *Patient-Appropriate Access to Dialysis Care*

**Decrease Involuntary Discharges (IVDs) and Involuntary Transfers (IVTs)**

Facilities are encouraged to contact the Network early in situations of conflict, which allows for a more thorough evaluation of the situation and options available for management from an impartial perspective. In 2013, 28 patients were reported as involuntarily discharged (IVD) from units, representing a 75 percent increase from 2012. Physician termination was the primary reason for IVD in 2013 (see Figure 9), followed by behavioral issues. Underlying causes of physician termination were due to adherence issues with patients not showing for prolonged periods of time (4), direct threat to physician (3), physician's lawyer recommended termination due to patient lawsuit (1), hostile behavior between patient and staff (1), and patient not cooperating with fistula placement (1). The average patient involuntarily discharged in 2013 was a black male between the ages of 36 and 55 years, with a 14 percent chance of having been previous discharged from another facility and a 27.6 percent chance of having a mental health issue.

**Figure 9: 2013 Reasons for IVD and Disposition of Patients**



**Address Patients at Risk for IVD/IVT and Failure to Place**

When the Network receives calls from facilities inquiring about discharge, the Network provides the caller with information about the Conditions for Coverage and the Network's position on discharge. Facilities are encouraged to contact the Network proactively before a situation escalates to the point at which staff is considering discharge. The Network is often able to provide feedback, recommendations, and resources to help the facility better manage the situation. One hundred thirty-four (134) patients were reported as at-risk for discharge in 2013; 105 (78%) of those were averted.

**Report Access to Dialysis Care Data Monthly**

The Network reports access to dialysis care data monthly in the format prescribed by CMS.

## *Vascular Access Management*

**Improve AVF Rates and Reduce Catheter Rates for Prevalent Patients**

In 2003, the Centers for Medicare & Medicaid Services (CMS) implemented, with all Networks, the National Vascular Access Improvement Initiative (NVAII), which became the Fistula First Breakthrough Initiative (FFBI) in 2005. The FFBI is a joint effort of the ESRD Networks and CMS to improve quality in the area of vascular access, specifically by increasing the proportion of all patients who dialyze using an arteriovenous fistula (AVF). An AVF is the preferred access due to lower complication rates, increased longevity, and lower costs than alternatives. Hemodialysis patients need optimal vascular access and care to lead productive lives and achieve the highest quality of life.

Data from the December 2002 CDC survey were used to calculate initial baseline AVF use among prevalent hemodialysis patients. For Network 5, this measure was 26.6 percent. Each year CMS sets Network performance goals. Although CMS' ultimate goal is for 68 percent of prevalent patients to dialyze using an AVF, for the time period of October 2012 to October 2013, Network 5's goal was to increase AVF use by 2 percent, from 58.3 percent to 60.3 percent. According to October 2013 data, the Network exceeded this goal with measured AVF use at 60.5 percent.

With over 80 percent of hemodialysis patients starting dialysis with a central venous catheter (CVC), CMS emphasized the importance of decreasing long-term catheter use, and Fistula First became Fistula First, Catheter Last (FFCL) in 2013. Networks were assigned a performance goal to decrease the aggregate CVC ≥ 90 days rate of facilities that had a CVC ≥ 90 days rate ≥ 10 percent at baseline in October 2012 by 2 percent. This represents a decrease from 16.3 percent to 14.3 percent. According to October 2013 data, the Network exceeded this goal with measured CVC ≥ 90 days use at 13.4 percent. CMS's ultimate goal is for 10 percent or fewer patients to dialyze using a CVC ≥ 90 days.

**Provide Technical Assistance and Spread Best Practices**

To achieve the above results, the Network implemented numerous interventions, including goal setting, data feedback, targeted quality improvement assistance, dialysis facility education, and patient engagement. In addition, the Network collaborated with FFBI Coalition members and other stakeholders to achieve results.

Network 5 requested facilities develop facility-specific AVF and CVC ≥ 90 days goals based on October 2012 facility measures and a process similar to that used by CMS to set Network goals. Each facility medical director and nurse manager received a letter requesting him/her to set a facility AVF and CVC ≥ 90 days goal for October 2013. Each was also asked to establish a stretch goal for the facility.

The Network identified a group of 72 facilities that could benefit from assistance in achieving their goals: 23 facilities focused on AVF improvement and 49 focused on reducing long-term catheter rates. These facilities were enrolled in the Network's Vascular Access Collaborative. Facilities were required to complete a "Change Concept Tracking Tool" to identify the Change Concepts they had implemented in the past, changes that could be improved, and new changes planned for the duration of the project. Throughout the project, facilities were provided data feedback reports, with which the Network's MRB Vascular Access Committee assisted. The facility-specific 2-page reports were distributed monthly and included 1) facility AVF use and CVC use ≥ 90 days counts and rates and 2) AVF use and CVC ≥ 90 days use rates over time compared to their goals. Facilities were required review the monthly feedback reports, submit monthly updates, participate in webinar trainings, and attend an Outcomes Congress to share successes. Additionally, the Network led coaching sessions to provide one-on-one technical assistance.

Vascular access education remained at the forefront during 2013. In addition to the training offered to Collaborative participants, educational programs were made available to all Network facility staff. Topics included cannulation techniques, vascular access management, Fistula First and CVC reduction, patient self-management, and quality assessment and performance improvement (See Table 10). Educational materials and the Fistula First Change Concepts were distributed upon request and to all attendees during the annual Council meeting in October 2013. Fistula First Change Concepts were emphasized in the *MARC e-lerts* electronic newsletter as were tools available to assist with implementation.

**Table 10: 2013 Presentations and Meetings Featuring Vascular Access Topics**

| Month | Topic | Location | Attendees |
|---|---|---|---|
| March | Vascular Access Management Project Kick-Off | Webinar | 115 |
| April | Healthcare Associated Infections – Learning and Action Network: Scrub the Hub | Webinar | 21 |
| June | Buttonhole Cannulation | Webinar | 110 |
| June | Vascular Access Protocol and Physical Assessment | Woodbridge, VA | 21 |
| July, August, October, November | Clinical Shadowing | Woodbridge, VA | 20 |
| October | Vascular Access Management Project Outcomes Congress | Fredericksburg, VA | 97 |
| October | Vascular Access Physical Assessment Training | Mechanicsville, VA | 9 |
| December | Resolve to Get Rid of the CVC in 2014 | Webinar | 2 |

In addition to gaining feedback from MRB members and the Vascular Access Committee, the Network gained insight from the Patient Advisory Committee to develop its approach to vascular access improvement. Patient stories were highlighted to motivate improvement, and patient self-management was encouraged.

**Support Facility Vascular Access Reporting**

The Consolidated Renal Operations in a Web-enabled Network (CROWNWeb) was rolled out nationally in May 2012. At that time, facilities were required to begin reporting vascular access data through CROWNWeb. The Network is required under CMS contract to provide support to dialysis facilities for the submission of vascular access data. The Network encourages facilities to monitor data entry into CROWNWeb monthly to ensure that all patients have accesses reported. Additionally, the Network collaborates with the Batch Submitting Organizations to identify interventions to improve data entry.

Due to this change, the Network has limited data to do additional analysis.

### *Patient Safety: Healthcare-Acquired Infections*

The focus on Healthcare-Acquired Infections (HAIs) is to improve patient safety and reduce hospital readmissions, patient morbidity, and mortality. HAIs are infections patients may get during the course of their medical treatment. They are caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. These infections can be devastating and even deadly. As the ability to prevent HAIs grows, these infections are increasingly unacceptable.[1] The Harbarth study concluded that approximately 20 percent of all HAIs are probably preventable based on current medical practice and technology.[2]

According to the Centers for Disease Control and Prevention (CDC), in 2011, more than 395,000 patients were treated with maintenance hemodialysis in the United States.[3] Recognizing the necessity to promote infection reduction, the Network developed a Learning and Action Network (LAN) to collaborate with healthcare professionals in identifying best practices. A LAN is a promising innovation that brings together healthcare professionals, subject matter experts, and other stakeholders around an evidence-based agenda to achieve rapid, wide-scale improvement. The LAN model can include collaborative projects, online interactions, and peer-to-peer education to facilitate shared commitment, energy, and knowledge that allows participants to learn from each other.

The primary goals of a LAN are to promote the quality of healthcare services by convening, organizing, and motivating others to act as change agents.[4] The Network's HAI LAN encourages participants to identify ways to reduce and prevent infections within the dialysis setting. The collaboration consists of trusted stakeholders sharing knowledge and information that the Network then disseminates. Healthcare quality improvement is unmatched when everyone teaches and everyone learns. This LAN creates an opportunity for communities to harness the knowledge, skills, and abilities of their peers and vested partners.

In 2013, the HAI LAN hosted bimonthly learning sessions as the primary communication vehicle for LAN participants. These were teleconferences, webinars, and face-to-face sessions. Evidence-based tools or practices were identified, and guest presenters often attended the learning sessions to share with the group. Learning sessions sometimes opened with a patient sharing their story related to infection prevention. Best Practice Intervention Practices (BPIPs) are evidence-based, best practice tools (e.g. CUSP, Scrub the Hub) that have been successfully implemented in other care settings. BPIPs are the primary educational resources for LAN

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[1] Healthcare-Associated Infections. October 2012. Centers for Disease Control and Prevention website. Available at: http://www.cdc.gov/hai. Accessed November 15, 2012.

[2] Harbarth, S, Sax H, Gastmeier P. The preventable proportion of nosocomial infections: An overview of published reports. *J Hosp Infect* 2003;54.4:258-266.

[3] Dialysis Event Protocol. January 2014. Centers for Disease Control and Prevention website. Available at: http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf. Accessed March 22, 2014.

[4] Learning and Action Networks. n.d. Colorado Foundation for Medical Care website. Available at: http://www.cfmc.org/provider/provider_lans.aspx. Accessed November 15, 2012.

participants, and they were released bimonthly with a focus on specific best practices that were the subject of the previous month's learning session. Twitter and Facebook were utilized as innovative methods to spread LAN notifications. Other communication avenues included the *e-lerts* newsletter and email.

In October 2013, the Network hosted one face-to-face HAI LAN learning session that was also shared live nationally by webinar. An infection preventionist from the Maryland Quality Improvement Organization was the group's guest speaker. This presenter incorporated patient-centered care into infection prevention best practices and shared numerous methods of establishing patient-centered infection prevention initiatives in the dialysis setting. Approximately 30 new LAN members joined during this session. Table 11 identifies the topics of the 2013 HAI LAN learning sessions.

**Table 11: 2013 HAI LAN Learning Sessions**

| Month | Topic | Location |
|---|---|---|
| February | LAN Kick-off Orientation | Webinar |
| April | Healthcare Associated Infections – Learning and Action Network: Scrub the Hub | Webinar |
| June | Rethinking Errors: A Systems Approach to Safety | Webinar |
| August | Balancing Regulation & Innovation: Applying the Science of Patient Safety in Outpatient Dialysis | Webinar |
| October | Infection Prevention: Why It Is Everyone's Concern | Fredericksburg, VA |
| December | A Look Ahead: 2014 | Conference Call |

In 2013, hemodialysis units were required to report infection data (dialysis event data) to the National Healthcare Safety Network (NHSN) each month. NHSN is the nation's most widely used HAI tracking system. As part of the required monthly surveillance, facilities reported the number of hemodialysis outpatients who were dialyzed during the first two working days of the month. This count was used to estimate the number of patient-months that there was a risk of HAIs. Throughout the month, all outpatients were monitored for three dialysis events: positive blood cultures, evidence of local access site infections, and IV antimicrobial starts.[5] In 2013, 307/311 (98.7%) of Network 5's NHSN-eligible facilities met the reporting criteria for all 12 months. The Network provided quarterly feedback reports to each NHSN-eligible facility. These reports provided the following information:

- Missing data preventing the facility from meeting CMS QIP reporting criteria

[5] Dialysis Event Protocol. January 2014. Centers for Disease Control and Prevention website. Available at: http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf. Accessed March 22, 2014.

- Number of NHSN dialysis events by category trended over the specified timeframe
- Pathogen trending over the specified timeframe
- Number and rate of access-related bloodstream infections for the facility and the facility's state

The HAI LAN project continues in 2014.

# Aim 2: Better Health for the ESRD Population

## *Introduction*

The End Stage Renal Disease (ESRD) Network Statement of Work provided an opportunity to conduct an innovative pilot project to improve the quality of and access to ESRD care in one of five pre-approved CMS priority areas. The objective of the Innovation Pilot Project is to support achievement of national quality improvement goals and statutory requirements as set forth in Section 1881 of the Social Security Act and the Omnibus Budget Reconciliation Act of 1986. Network 5 chose "Dialysis Care Coordination with a Focus on Reducing Hospital Utilization." Care coordination is a priority area with an opportunity for improvement, and there is an identified disparity in the delivery of care, as described herein.

## *Population Health Innovation Project*

Dialysis patients are hospitalized more frequently than the general Medicare population.[6] Higher hospitalization rates are driven in part by the nature of their chronic disease and complex care needs, but some hospitalizations are preventable. In fact, hospitalizations within 30 days of discharge represent potentially avoidable admissions. According to Jencks et al, Medicare patients with ESRD have a 40 percent higher risk of hospitalization within 30 days of discharge than Medicare patients without ESRD.[7] In Network 5, the 2011 30-day readmission rate among dialysis patients was 33.2 percent, compared to a national rate among dialysis patients of 31.1 percent and a national rate among the general Medicare population of 18.0 percent.[8,9] Clearly, this represented an opportunity for improvement within the Network.

In defining the geographic focus for the project, several factors were considered. The Network examined standardized hospitalization ratios (SHRs) for the US, Network, and states within the Network. While the SHR for Network 5 exceeds the national SHR by about 4 percent, it is highest in West Virginia, suggesting a good location for the pilot project.

The general poor health of the West Virginia population also contributed to the decision to focus improvement efforts in the state. For example, according to results from the 2009 and 2010 Behavioral Risk Factor Surveillance System (BRFSS), West Virginia ranked 2nd highest nationally in 2009 and 3rd highest in 2010 in reporting the general health of adults as either "fair" or "poor" (23.7 percent in 2009; 23.4 percent in 2010). The obese proportion of the adult population was 31.7 percent in 2009 and 32.9 percent in 2010, 6th highest nationally in 2009, and 3rd highest nationally in 2010. This no doubt contributes to the high prevalence of diabetes

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[6] United States Renal Data System. *2012 USRDS Annual Data Report*. p.69, Fig.3.4.

[7] Jencks, SF, Williams, MV, Coleman EA. Rehospitalizations among patients in the Medicare fee-for-service program. *N Engl J Med* 2009 Apr 2;360(14):1418-28.

[8] Arbor Research Collaboration for Health and the University of Michigan Kidney Epidemiology and Cost Center. 2012 Dialysis Facility Reports. Available at: http://www.dialysisreports.org.

[9] United States Renal Data System. *2012 USRDS Annual Data Report*, p.66.

among the population of West Virginia. The state ranked 2nd nationally in 2009 and 4th nationally in 2010 in adults with diabetes (12.4 percent in 2009; 11.7 percent in 2010). West Virginia also ranked highest in the nation in 2009 and 2nd in the nation in 2010 in the prevalence of heart attack among adults (6.5 percent in 2009; 6.3 percent in 2010). These same health problems contribute to kidney failure and are prevalent in the dialysis population.[10]

Using patient population reports generated through CROWNWeb, Medicare Part A claims, and in collaboration with Fresenius Medical Care (FMC), the LDO with the largest market share in the state, we selected eight West Virginia facilities that collectively cared for 735 prevalent patients during the baseline period of July-December 2012. These facilities were found to have an average monthly census of 545 patients during the same period. The eight project facilities had 30-day hospital readmission rates ranging from 26.7 percent to 69.2 percent for July-October 2012. There are few Black or African American, Hispanic, or Latino dialysis patients in West Virginia. Consequently, these are small populations, and no disparity was found on either race or ethnicity. The greatest disparity occurred with respect to geographic location (rural vs. urban). Rural facilities were found to have a 43.9 percent 30-day hospital readmission rate, while urban facilities had a 30.4 percent 30-day readmission rate. The urban/rural disparity met the CMS criteria that at least a five percent disparity must be observed.

CMS is requiring that all innovative projects follow six attributes:

1. **Rapid Cycle Improvement in Quality Improvement Activities and Outputs:** The Network regularly reassess the value of the interventions and technical assistance used for the project. The Network makes interim adjustments based on the feedback it receives from its participants and CMS as well as from its own performance monitoring toward achieving contractual bold goals. This includes details on how well the Network builds a system for monitoring performance and how well it uses rapid cycle improvement to make adjustments to achieve ever-higher performance and remove defects.
2. **Customer Focus and Value of the Quality Improvement Activities to Beneficiaries, Participants, and CMS:** The Network regularly seeks to meet the needs of its customers, involving beneficiaries and other stakeholders in all aspects of quality improvement activities. Customer input helps shape the design and ongoing operations of activities. Beneficiaries representing the diversity of the population served are actively engaged in activities. Solicitation of customer feedback may focus on questions such as: How relevant were the topics to the work of the participants? How well did the project meet the needs of beneficiaries, other participants, and CMS? What was the perceived quality of the activities as reported by the beneficiaries, participants, and CMS? What are suggested areas of improvement?
3. **Ability to Prepare the Field to Sustain the Improvement**: Early on in the project, the Network begins establishing a plan to increase the probability that the quality improvement(s) are maintained or improvement continues when the Network completes its

[10] West Virginia Health Statistics Center. *2009 - 2010 West Virginia behavioral risk factor survey report*; 2012.

formal work with the participants. The Network is expected to provide a framework and education for the project participants that will allow them to sustain or continue improvement in the absence of the Network.

4. **Value Placed on Innovation:** The Network demonstrates solicitation and/or creation of new ideas that maximize improvement for the project participants. This includes designing a mechanism by which all entities with which the Network works and/or has contact as part of the project are able to contribute ideas that may be of value to the Network's improvement work. It may also include the development of one or more new products, services, or features for the benefit of the project participants.
5. **Commitment to Boundarilessness:** The Network demonstrates the ability to identify and engage multiple entities to impact improvement for patients and/or providers. This includes but is not limited to entities outside of CMS, such as state, local, and national healthcare organizations, patient advocacy groups, professional associations, and others.
6. **Unconditional Teamwork:** The Network demonstrates its ability to work with other Networks and stakeholders to spread improvement activities that are working. The Network demonstrates sharing of best practices with other Networks as well as project participants and partners.

Results from this ongoing initiative are reported monthly to CMS and will be analyzed and submitted in a final report at the project's conclusion.

# Aim 3: Reduce Costs of ESRD Care by Improving Care

## *Introduction*

The need for accurate, timely, and complete data has never been more important than it is now as CMS continues its implementation of the ESRD Quality Incentive Program (QIP), the nation's first pay-for-performance program mandated under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) Section 153c. Data collection through CROWNWeb and the CDC's National Healthcare Safety Network (NHSN) support quality improvement and cost reduction and supply data to calculate the performance score under the QIP. The Network is well positioned to assist providers as they contribute data to these systems and use these data for quality improvement.

## *Support for ESRD QIP and Performance Improvement on QIP Measures*

For over 30 years, CMS, with help from the ESRD Networks, has monitored and worked to improve the quality of care provided to beneficiaries with ESRD. In 2008, MIPPA required the Secretary of the Department of Health and Human Services to create an ESRD QIP, the nation's first pay-for-performance program. The Network was tasked with assisting facilities in improving their performance on QIP measures. The Network is well positioned to support facilities; Network staff are fully educated about the QIP, staying up-to-date as the program evolves. Each year when the Final Rule is release the Network hosts an educational webinar on the QIP for Network and dialysis facility staff; these webinars are recorded and are available on the MARC website. Additionally, Network staff participate on the CMS National Provider Calls and encourage Network 5 providers to do the same. Resources that are made available to participants on the CMS National Provider Calls are distributed to Network 5 dialysis facilities through the *MARC e-lerts* newsletter and posted to the MARC website. Table 12 identifies the interventions the Network implemented in 2013 to assist facilities in improving their performance on the clinical and reporting measures.

**Table 12: Network Interventions to Support the QIP**

| Measure | Network Intervention |
|---|---|
| Vascular Access Type:<br>Fistula<br>Catheter | • Analyze data available in CROWNWeb monthly<br>• Analyze data provided by the Network Coordinating Center (NCC) monthly<br>• Analyze claims data<br>• Provide technical assistance<br>• Provide monthly feedback reports<br>• Spread best practices |
| Hemoglobin > 12 g/dL | • Analyze claims data<br>• Analyze Dialysis Facility Reports |
| Reporting<br>NHSN<br>ICH CAHPS | • Analyze data available in NHSN monthly<br>• Provide technical assistance<br>• Spread best practices<br>• Develop and distribute quarterly feedback reports on dialysis events<br>• Provide reminders of requirements and due dates. |

In addition to implementing quality improvement projects to assists with improving QIP performance, the Network formed a collaborative and reciprocal relationship with the four State Survey Agencies (SSAs) within the Network 5 service area. The Network met with each agency individually, and the QIP was a standing agenda item. During these calls the Network provided education to the SSA and information regarding specific facilities' performance. When the Network is contacted by the SSA prior to a survey the Network is able to provide areas of concern; the SSA then notifies the Network of the facilities that have had citations as they relate to the QIP. This provides an opportunity for the SSA and the Network to collaborate to identify interventions that may benefit the facility.

For the past several years, there has been emphasis on reducing Healthcare-Associated Infections (HAIs). With that in mind, Network 5 remains a member of the Virginia Quality Improvement Organization's HAI Learning and Action Network (LAN) that focuses on reducing HAIs in Virginia. This allows resources and tools to be shared with dialysis centers in Network 5, including best practices for utilizing the NHSN, which is required by the QIP. This collaboration has given the Network an opportunity to engage and meet other stakeholders, including the Virginia Department of Health (VDH). An epidemiologist from the VDH has joined the MRB's Infection Prevention Subcommittee and the Network's HAI LAN. The Network continues to explore opportunities to partner with additional stakeholders to achieve improvements on QIP measures on behalf of beneficiaries.

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

Network 5 served as a resource to dialysis facilities to support their data submission requirements in CROWNWeb and other CMS-designated systems. During 2013, the Network fielded over 1,500 phone calls and spent over 145 hours offering phone support to unit staff. Network 5 answered staff questions, directed staff to online resources, and provided one-on-one training when applicable.

Utilizing data provide from other CMS data contractors, the Network provided facilities with reports that detailed their data submission efforts and informed them of compliance in meeting CMS requirements for data submission. Since transplant and Veterans Health Administration units were not using CROWNWeb during 2013, all data for those units were collected and entered by Network 5 staff.

Network 5 assisted facilities with completing and submitting their 2012 CMS-2744, also known as the Annual ESRD Facility Survey. It was a transition year for the Annual ESRD Facility Survey, with all CMS-2744 forms completed electronically for the first time in the CROWNWeb data collection system.

Table 13 provides totals for the number of CMS forms entered into CROWNWeb in 2013.

**Table 13: CMS Forms Entered into CROWNWeb CY2013**

| Form Type | TOTAL |
|---|---|
| Medical Evidence - CMS-2728 | 6,626 |
| Death Notification - CMS-2746 | 4,566 |
| Annual Survey - CMS-2744 | 350 |
| TOTAL | 11,544 |

# Sanction Recommendations

No sanction recommendations were made in 2013.

# Recommendations for Additional Facilities

The Network has no recommendations for additional facilities.

# Data Tables

The following data tables are presented in the CMS-prescribed format:*

Table 1: ESRD Incidence

Table 2: ESRD Dialysis Prevalence

Table 3: Dialysis Modality by Setting – Home

Table 4: Dialysis Modality by Setting – In-Center

Table 5: Renal Transplants – Number by Transplant State

Table 6: Renal Transplants – Number by Transplant Type, Age, Race, Sex and Primary Diagnosis

Table 7: Dialysis Deaths

Table 8: Vocational Rehabilitation

***Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

## Table 1: ESRD Incidence - One Year Statistics
## As of 1/1/2013 - 12/31/2013

| Age Group | DC | MD | VA | WV | Other | Total |
|---|---|---|---|---|---|---|
| 00-04 | 0 | 6 | 9 | 1 | 0 | **16** |
| 05-09 | 0 | 3 | 4 | 0 | 0 | **7** |
| 10-14 | 1 | 3 | 7 | 0 | 1 | **12** |
| 15-19 | 3 | 7 | 9 | 2 | 2 | **23** |
| 20-24 | 4 | 17 | 19 | 6 | 3 | **49** |
| 25-29 | 10 | 22 | 37 | 3 | 4 | **76** |
| 30-34 | 7 | 53 | 54 | 9 | 4 | **127** |
| 35-39 | 17 | 51 | 83 | 12 | 4 | **167** |
| 40-44 | 23 | 97 | 110 | 20 | 10 | **260** |
| 45-49 | 20 | 139 | 182 | 32 | 7 | **380** |
| 50-54 | 43 | 212 | 218 | 64 | 6 | **543** |
| 55-59 | 41 | 245 | 295 | 80 | 15 | **676** |
| 60-64 | 43 | 281 | 348 | 103 | 24 | **799** |
| 65-69 | 30 | 300 | 385 | 103 | 21 | **839** |
| 70-74 | 46 | 286 | 355 | 109 | 19 | **815** |
| 75-79 | 32 | 221 | 277 | 82 | 18 | **630** |
| 80-84 | 23 | 167 | 224 | 70 | 12 | **496** |
| >=85 | 17 | 115 | 145 | 44 | 4 | **325** |
| **Total** | **360** | **2,225** | **2,761** | **740** | **154** | **6,240** |
| **Gender** | DC | MD | VA | WV | Other | **Total** |
| Female | 155 | 963 | 1,175 | 304 | 71 | **2,668** |
| Male | 205 | 1,262 | 1,586 | 436 | 83 | **3,572** |
| Not Specified | 0 | 0 | 0 | 0 | 0 | **0** |
| **Total** | **360** | **2,225** | **2,761** | **740** | **154** | **6,240** |
| **Race** | DC | MD | VA | WV | Other | **Total** |
| American Indian/Alaska Native | 0 | 1 | 1 | 0 | 0 | **2** |
| Asian | 4 | 75 | 103 | 1 | 3 | **186** |
| Black or African American | 287 | 1,151 | 1,174 | 52 | 36 | **2,700** |
| Multiracial | 2 | 4 | 1 | 0 | 0 | **7** |
| Native Hawaiian or Other Pacific Islander | 0 | 8 | 22 | 1 | 0 | **31** |
| White | 66 | 974 | 1,453 | 686 | 115 | **3,294** |
| Not Specified | 1 | 12 | 7 | 0 | 0 | **20** |
| **Total** | **360** | **2,225** | **2,761** | **740** | **154** | **6,240** |
| **Primary Diagnosis** | DC | MD | VA | WV | Other | **Total** |
| Cystic/Hereditary/Congenital Diseases | 3 | 61 | 71 | 19 | 12 | **166** |
| Diabetes | 127 | 802 | 1,082 | 339 | 57 | **2,407** |
| Glomerulonephritis | 8 | 107 | 156 | 42 | 12 | **325** |
| Hypertension/Large Vessel Disease | 160 | 842 | 956 | 207 | 42 | **2,207** |
| Interstitial Nephritis/Pyelonephritis | 4 | 26 | 65 | 14 | 1 | **110** |
| Miscellaneous Conditions | 23 | 152 | 199 | 69 | 14 | **457** |
| Neoplasms/Tumors | 9 | 31 | 66 | 19 | 5 | **130** |
| Secondary GN/Vasculitis | 3 | 35 | 50 | 12 | 5 | **105** |

| | | | | | | |
|---|---|---|---|---|---|---|
| Not Specified | 23 | 169 | 116 | 19 | 6 | **333** |
| **Total** | **360** | **2,225** | **2,761** | **740** | **154** | **6,240** |

Source of Information: CROWNWeb
Race: The categories are from the CMS-2728 Form.
Diagnosis: The categories are from the CMS 2728 Form.
This table cannot be compared to the CMS facility survey because the CMS Facility Survey is limited to dialysis patients receiving outpatient services from Medicare approved dialysis facilities.
This table includes 170 patients with transplant therapy as an initial treatment.
This table includes 72 patients receiving treatment at VA facilities.

***Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

## Table 2: ESRD Dialysis Prevalence - One Year Statistics
## As of 1/1/2013 - 12/31/2013

| Age Group | DC | MD | VA | WV | Other | Total |
|---|---|---|---|---|---|---|
| 00-04 | 1 | 11 | 10 | 1 | 0 | **23** |
| 05-09 | 2 | 5 | 3 | 0 | 0 | **10** |
| 10-14 | 1 | 6 | 6 | 0 | 1 | **14** |
| 15-19 | 2 | 12 | 13 | 2 | 2 | **31** |
| 20-24 | 17 | 71 | 87 | 14 | 8 | **197** |
| 25-29 | 29 | 150 | 164 | 14 | 7 | **364** |
| 30-34 | 54 | 218 | 287 | 40 | 7 | **606** |
| 35-39 | 92 | 288 | 390 | 57 | 7 | **834** |
| 40-44 | 142 | 487 | 566 | 87 | 21 | **1,303** |
| 45-49 | 147 | 698 | 804 | 119 | 21 | **1,789** |
| 50-54 | 221 | 935 | 1,066 | 177 | 36 | **2,435** |
| 55-59 | 282 | 1,098 | 1,380 | 256 | 51 | **3,067** |
| 60-64 | 285 | 1,221 | 1,453 | 269 | 49 | **3,277** |
| 65-69 | 218 | 1,215 | 1,489 | 297 | 45 | **3,264** |
| 70-74 | 202 | 1,037 | 1,243 | 276 | 46 | **2,804** |
| 75-79 | 107 | 857 | 1,071 | 203 | 50 | **2,288** |
| 80-84 | 107 | 573 | 759 | 155 | 25 | **1,619** |
| >=85 | 76 | 409 | 433 | 90 | 16 | **1,024** |
| **Total** | **1,985** | **9,291** | **11,224** | **2,057** | **392** | **24,949** |
| **Gender** | DC | MD | VA | WV | Other | **Total** |
| Female | 884 | 4,079 | 4,939 | 903 | 157 | **10,962** |
| Male | 1,101 | 5,212 | 6,285 | 1,154 | 235 | **13,987** |
| **Total** | **1,985** | **9,291** | **11,224** | **2,057** | **392** | **24,949** |
| **Ethnicity** | DC | MD | VA | WV | Other | **Total** |
| Hispanic or Latino | 119 | 299 | 535 | 14 | 8 | **975** |
| Not Hispanic or Latino | 1,865 | 8,968 | 10,673 | 2,043 | 380 | **23,929** |
| Not Specified | 1 | 24 | 16 | 0 | 4 | **45** |
| **Total** | **1,985** | **9,291** | **11,224** | **2,057** | **392** | **24,949** |
| **Race** | DC | MD | VA | WV | Other | **Total** |
| American Indian/Alaska Native | 1 | 4 | 7 | 1 | 1 | **14** |
| Asian | 12 | 233 | 389 | 3 | 7 | **644** |
| Black or African American | 1,735 | 6,028 | 6,312 | 244 | 139 | **14,458** |
| More than one race selected | 2 | 6 | 5 | 2 | 0 | **15** |
| Native Hawaiian or Other Pacific Islander | 3 | 47 | 84 | 4 | 2 | **140** |
| White | 231 | 2,954 | 4,413 | 1,803 | 241 | **9,642** |
| Not Specified | 1 | 19 | 14 | 0 | 2 | **36** |
| **Total** | **1,985** | **9,291** | **11,224** | **2,057** | **392** | **24,949** |
| **Primary Diagnosis** | DC | MD | VA | WV | Other | **Total** |
| Acquired obstructive uropathy | 7 | 40 | 67 | 19 | 2 | **135** |
| Acute interstitial nephritis | 2 | 15 | 20 | 4 | 0 | **41** |

| | | | | | | |
|---|---|---|---|---|---|---|
| AIDS nephropathy | 57 | 134 | 54 | 4 | 2 | **251** |
| Amyloidosis | 2 | 17 | 24 | 6 | 0 | **49** |
| Analgesic abuse | 1 | 6 | 11 | 1 | 0 | **19** |
| Cholesterol emboli, renal emboli | 0 | 8 | 11 | 3 | 1 | **23** |
| Chronic interstitial nephritis | 9 | 54 | 63 | 15 | 1 | **142** |
| Chronic pyelonephritis, reflux nephropathy | 2 | 17 | 32 | 10 | 2 | **63** |
| Complications of other specified transplanted organ | 0 | 1 | 1 | 1 | 0 | **3** |
| Complications of transplanted heart | 1 | 4 | 7 | 1 | 0 | **13** |
| Complications of transplanted intestine | 0 | 2 | 0 | 0 | 0 | **2** |
| Complications of transplanted kidney | 8 | 134 | 213 | 41 | 10 | **406** |
| Complications of transplanted liver | 0 | 1 | 19 | 4 | 3 | **27** |
| Complications of transplanted lung | 0 | 0 | 1 | 2 | 0 | **3** |
| Complications of transplanted organ unspecified | 1 | 7 | 3 | 2 | 0 | **13** |
| Congenital nephrotic syndrome | 0 | 9 | 3 | 1 | 0 | **13** |
| Congenital obstruction of ureterpelvic junction | 2 | 7 | 6 | 2 | 0 | **17** |
| Congenital obstruction of uretrovesical junction | 0 | 2 | 4 | 0 | 1 | **7** |
| Cystinosis | 0 | 1 | 2 | 0 | 0 | **3** |
| Dense deposit disease, MPGN type 2 | 0 | 3 | 1 | 3 | 0 | **7** |
| Diabetes with renal manifestations Type 1 | 51 | 259 | 325 | 61 | 14 | **710** |
| Diabetes with renal manifestations Type 2 | 583 | 2,997 | 4,042 | 920 | 138 | **8,680** |
| Drash syndrome, mesangial sclerosis | 2 | 7 | 1 | 1 | 0 | **11** |
| Etiology uncertain | 114 | 529 | 539 | 88 | 23 | **1,293** |
| Fabry's disease | 0 | 0 | 2 | 0 | 0 | **2** |
| Focal Glomerulonephritis, focal sclerosing GN | 60 | 304 | 398 | 45 | 10 | **817** |
| Glomerulonephritis (GN) (histologically not examined) | 35 | 260 | 294 | 50 | 5 | **644** |
| Goodpasture's syndrome | 0 | 4 | 16 | 4 | 0 | **24** |
| Gouty nephropathy | 0 | 4 | 4 | 0 | 0 | **8** |
| Hemolytic uremic syndrome | 0 | 9 | 9 | 4 | 2 | **24** |
| Henoch-Schonlein syndrome | 0 | 2 | 4 | 1 | 0 | **7** |
| Hepatorenal syndrome | 1 | 5 | 13 | 6 | 1 | **26** |
| Hereditary nephritis, Alport's syndrome | 0 | 12 | 15 | 7 | 1 | **35** |
| Hypertension: Unspecified with renal failure | 861 | 3,314 | 3,640 | 480 | 97 | **8,392** |
| IgA nephropathy, Berger's disease (proven by immunofluorescence) | 8 | 36 | 80 | 16 | 5 | **145** |
| IgM nephropathy (proven by immunofluorescence) | 0 | 5 | 6 | 1 | 0 | **12** |
| Lead nephropathy | 0 | 0 | 1 | 0 | 0 | **1** |
| Lupus erythematosus, (SLE nephritis) | 23 | 112 | 146 | 14 | 5 | **300** |
| Lymphoma of kidneys | 1 | 1 | 0 | 1 | 1 | **4** |
| Medullary cystic disease, including nephronophthisis | 0 | 0 | 5 | 0 | 0 | **5** |
| Membranoproliferative GN type 1, diffuse MPGN | 4 | 15 | 36 | 4 | 1 | **60** |
| Membranous nephropathy | 5 | 33 | 55 | 8 | 4 | **105** |
| Multiple myeloma | 7 | 26 | 39 | 8 | 2 | **82** |
| Nephrolithiasis | 1 | 15 | 17 | 6 | 0 | **39** |
| Nephropathy caused by other agents | 1 | 19 | 30 | 3 | 4 | **57** |

| | | | | | | |
|---|---|---|---|---|---|---|
| Nephropathy due to heroin abuse and related drugs | 0 | 5 | 2 | 0 | 0 | **7** |
| Other (congenital malformation syndromes) | 1 | 4 | 7 | 1 | 2 | **15** |
| Other Congenital obstructive uropathy | 2 | 17 | 13 | 5 | 0 | **37** |
| Other disorders of calcium metabolism | 0 | 3 | 2 | 0 | 0 | **5** |
| Other immuno proliferative neoplasms (including light chain nephropathy) | 0 | 4 | 7 | 1 | 1 | **13** |
| Other proliferative GN | 6 | 29 | 37 | 4 | 5 | **81** |
| Other renal disorders | 20 | 91 | 94 | 12 | 3 | **220** |
| Other Vasculitis and its derivatives | 6 | 10 | 15 | 3 | 2 | **36** |
| Polyarteritis | 0 | 2 | 9 | 1 | 0 | **12** |
| Polycystic kidneys, adult type (dominant) | 23 | 150 | 216 | 62 | 8 | **459** |
| Polycystic, infantile (recessive) | 1 | 2 | 4 | 3 | 0 | **10** |
| Post infectious GN, SBE | 0 | 5 | 3 | 4 | 0 | **12** |
| Post partum renal failure | 0 | 2 | 3 | 0 | 0 | **5** |
| Primary oxalosis | 0 | 0 | 2 | 0 | 0 | **2** |
| Prune belly syndrome | 0 | 1 | 1 | 0 | 1 | **3** |
| Radiation nephritis | 0 | 1 | 1 | 0 | 0 | **2** |
| Renal artery occlusion | 1 | 3 | 7 | 4 | 2 | **17** |
| Renal artery stenosis | 2 | 19 | 56 | 22 | 3 | **102** |
| Renal hypoplasia, dysplasia, oligonephronia | 1 | 10 | 21 | 3 | 0 | **35** |
| Renal tumor (benign) | 1 | 2 | 1 | 0 | 0 | **4** |
| Renal tumor (malignant) | 3 | 18 | 36 | 5 | 1 | **63** |
| Renal tumor (unspecified) | 0 | 1 | 1 | 1 | 0 | **3** |
| Scleroderma | 0 | 4 | 7 | 2 | 0 | **13** |
| Secondary GN, other | 1 | 9 | 8 | 2 | 1 | **21** |
| Sickle cell disease/anemia | 2 | 10 | 13 | 1 | 0 | **26** |
| Sickle cell trait and other sickle cell (HbS/Hb other) | 0 | 1 | 1 | 0 | 0 | **2** |
| Traumatic or surgical loss of kidney(s) | 1 | 12 | 10 | 1 | 1 | **25** |
| Tuberous sclerosis | 0 | 6 | 1 | 1 | 0 | **8** |
| Tubular necrosis (no recovery) | 10 | 113 | 132 | 36 | 8 | **299** |
| Urinary tract tumor (malignant) | 0 | 3 | 6 | 2 | 0 | **11** |
| Urinary tract tumor (unspecified) | 0 | 1 | 0 | 0 | 0 | **1** |
| Urolithiasis | 0 | 2 | 3 | 0 | 0 | **5** |
| Wegener's granulomatosis | 0 | 8 | 36 | 9 | 1 | **54** |
| With lesion of rapidly progressive GN | 1 | 14 | 18 | 7 | 0 | **40** |
| Not Specified | 54 | 299 | 192 | 18 | 18 | **581** |
| **Total** | **1,985** | **9,291** | **11,224** | **2,057** | **392** | **24,949** |

When a category count = 0, the category may not be displayed on the report.

***Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

# Table 3: Dialysis Patients Modality and Setting - In Home
# For Survey Years 2012 and 2013

**State: DC**

| | Hemo | | CAPD | | CCPD | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| Facility CCN | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 090003* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 090004 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 090011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 09002F | 0 | 0 | 1 | 1 | 3 | 2 | 0 | 0 | 4 | 3 |
| 092501 | 0 | 0 | 1 | 0 | 3 | 3 | 0 | 0 | 4 | 3 |
| 092503 | 0 | 0 | 6 | 3 | 4 | 14 | 0 | 0 | 10 | 17 |
| 092505 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092508 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092510 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092515 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092516 | 13 | 15 | 0 | 1 | 0 | 6 | 0 | 0 | 13 | 22 |
| 092517 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092518 | 0 | 0 | 5 | 10 | 37 | 37 | 0 | 0 | 42 | 47 |
| 092519 | 0 | 0 | 5 | 2 | 3 | 6 | 0 | 0 | 8 | 8 |
| 092520 | 0 | 0 | 6 | 5 | 7 | 5 | 0 | 0 | 13 | 10 |
| 092521 | 3 | 4 | 2 | 1 | 10 | 7 | 0 | 0 | 15 | 12 |
| 092522 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092524 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092525 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| 092526 | 0 | 0 | 23 | 29 | 9 | 8 | 0 | 0 | 32 | 37 |
| 092527 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 092528 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 2 |
| 093300 | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 10 | 10 |
| **DC Totals** | **16** | **19** | **50** | **54** | **86** | **100** | **0** | **0** | **152** | **173** |

**State: MD**

| | Hemo | | CAPD | | CCPD | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| Facility CCN | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 210004 | 0 | 0 | 5 | 10 | 9 | 6 | 0 | 0 | 14 | 16 |
| 210009 | 0 | 0 | 0 | 0 | 6 | 7 | 0 | 0 | 6 | 7 |
| 210013 | 0 | 0 | 3 | 1 | 0 | 2 | 0 | 0 | 3 | 3 |
| 210024 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 210027 | 1 | 0 | 2 | 4 | 5 | 4 | 0 | 0 | 8 | 8 |
| 210056 | 0 | 0 | 8 | 3 | 9 | 6 | 0 | 0 | 17 | 9 |
| 21007F | 0 | 0 | 3 | 2 | 0 | 0 | 0 | 0 | 3 | 2 |
| 212003 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212501 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212503 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212504 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212507 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 212510 | 2 | 0 | 2 | 2 | 20 | 24 | 0 | 0 | 24 | 26 |
| 212511 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212512 | 0 | 0 | 31 | 33 | 6 | 13 | 0 | 0 | 37 | 46 |
| 212513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212515 | 0 | 0 | 10 | 5 | 29 | 28 | 0 | 0 | 39 | 33 |
| 212516 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212520 | 0 | 0 | 4 | 7 | 5 | 4 | 0 | 0 | 9 | 11 |
| 212522 | 0 | 0 | 2 | 2 | 12 | 12 | 0 | 0 | 14 | 14 |
| 212523 | 0 | 0 | 2 | 3 | 16 | 10 | 0 | 0 | 18 | 13 |
| 212525 | 0 | 0 | 4 | 1 | 0 | 2 | 0 | 0 | 4 | 3 |
| 212528 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212529 | 3 | 3 | 0 | 0 | 4 | 2 | 0 | 0 | 7 | 5 |
| 212530 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212531 | 0 | 0 | 2 | 2 | 1 | 3 | 0 | 0 | 3 | 5 |
| 212534 | 7 | 7 | 8 | 8 | 2 | 4 | 0 | 0 | 17 | 19 |
| 212535 | 0 | 0 | 3 | 0 | 22 | 23 | 0 | 0 | 25 | 23 |
| 212536 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212537 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 1 | 0 | 9 |
| 212538 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212539 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212541 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212542 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212543 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212544 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212545 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 212546 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212548 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212549 | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 2 | 2 |
| 212551 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212552 | 5 | 7 | 1 | 1 | 28 | 29 | 0 | 0 | 34 | 37 |
| 212556 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212557 | 3 | 3 | 3 | 0 | 4 | 6 | 0 | 0 | 10 | 9 |
| 212560 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 212563 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212564 | 0 | 0 | 1 | 2 | 7 | 7 | 0 | 0 | 8 | 9 |
| 212565 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212566 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212568 | 0 | 0 | 8 | 7 | 7 | 6 | 0 | 0 | 15 | 13 |
| 212573 | 0 | 0 | 0 | 1 | 5 | 9 | 0 | 0 | 5 | 10 |
| 212574 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212576 | 0 | 0 | 4 | 0 | 10 | 4 | 0 | 0 | 14 | 4 |
| 212577 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212578 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212582# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212583 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212585 | 0 | 0 | 6 | 5 | 2 | 7 | 0 | 0 | 8 | 12 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 212586 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212587 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212588 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212590 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212592 | 19 | 17 | 5 | 3 | 19 | 15 | 0 | 0 | 43 | 35 |
| 212593 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 212594 | 0 | 0 | 1 | 0 | 4 | 3 | 0 | 0 | 5 | 3 |
| 212595 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212596 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212597 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212598 | 9 | 9 | 3 | 2 | 14 | 17 | 0 | 0 | 26 | 28 |
| 212603 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212605 | 0 | 0 | 0 | 2 | 17 | 13 | 0 | 0 | 17 | 15 |
| 212609 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212610 | 0 | 0 | 2 | 6 | 13 | 12 | 0 | 0 | 15 | 18 |
| 212611 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212612 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212613 | 0 | 0 | 1 | 0 | 10 | 4 | 0 | 0 | 11 | 4 |
| 212614 | 4 | 4 | 0 | 3 | 5 | 5 | 0 | 0 | 9 | 12 |
| 212615 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212616 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212618 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212619 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212620 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 212621 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212622 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212625 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212626 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| 212627 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212628 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212629 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212630 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212631 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212632 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212633 | 2 | 1 | 2 | 2 | 5 | 5 | 0 | 0 | 9 | 8 |
| 212634 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212636 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212637 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212638 | 10 | 7 | 5 | 9 | 8 | 11 | 0 | 1 | 23 | 28 |
| 212639 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212640 | 0 | 0 | 0 | 2 | 19 | 20 | 0 | 0 | 19 | 22 |
| 212641 | 0 | 0 | 4 | 3 | 11 | 10 | 0 | 0 | 15 | 13 |
| 212642 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| 212643 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 0 | 4 | 1 |
| 212646 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212647 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 212649 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212650 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212651 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212653 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212654 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212655 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212656 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212657 | 0 | 0 | 3 | 0 | 3 | 5 | 0 | 0 | 6 | 5 |
| 212659 | 25 | 24 | 18 | 13 | 45 | 59 | 0 | 0 | 88 | 96 |
| 212660 | 0 | 0 | 1 | 2 | 0 | 4 | 0 | 0 | 1 | 6 |
| 212661# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212662 | 3 | 7 | 0 | 2 | 8 | 3 | 0 | 0 | 11 | 12 |
| 212663 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 2 |
| 212664 | 1 | 4 | 16 | 18 | 11 | 11 | 0 | 0 | 28 | 33 |
| 212665 | 0 | 0 | 3 | 0 | 2 | 3 | 0 | 0 | 5 | 3 |
| 212666 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212667 | 0 | 0 | 0 | 0 | 7 | 10 | 0 | 0 | 7 | 10 |
| 212668 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212669 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212670 | 0 | 1 | 2 | 3 | 13 | 15 | 0 | 0 | 15 | 19 |
| 212671 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212672 | 0 | 0 | 0 | 2 | 2 | 2 | 0 | 0 | 2 | 4 |
| 212673 | 0 | 0 | 0 | 2 | 0 | 16 | 0 | 0 | 0 | 18 |
| 212674^ | 0 | 0 | 0 | 0 | 0 | 20 | 0 | 0 | 0 | 20 |
| 212675 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212676^ | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 3 |
| 212677^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212678^ | 0 | 0 | 0 | 5 | 0 | 3 | 0 | 0 | 0 | 8 |
| 212679^ | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| 213503 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **MD Totals** | **96** | **108** | **182** | **181** | **429** | **501** | **0** | **2** | **707** | **792** |

**State: VA**

| | Hemo | | CAPD | | CCPD | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Facility CCN** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** |
| 490007 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 490009 | 1 | 8 | 25 | 35 | 6 | 12 | 0 | 0 | 32 | 55 |
| 490032 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 490067 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49006F | 0 | 0 | 1 | 1 | 7 | 6 | 0 | 0 | 8 | 7 |
| 49008F | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49010F | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 5 |
| 49011F | 0 | 0 | 0 | 0 | 3 | 2 | 0 | 0 | 3 | 2 |
| 492501 | 0 | 0 | 8 | 4 | 8 | 10 | 0 | 0 | 16 | 14 |
| 492502 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492503 | 0 | 2 | 1 | 2 | 2 | 7 | 0 | 0 | 3 | 11 |
| 492504 | 0 | 0 | 3 | 1 | 3 | 8 | 0 | 0 | 6 | 9 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 492505 | 0 | 0 | 23 | 20 | 0 | 4 | 0 | 0 | 23 | 24 |
| 492506 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492507 | 8 | 10 | 1 | 2 | 14 | 19 | 0 | 0 | 23 | 31 |
| 492508 | 1 | 5 | 6 | 2 | 7 | 18 | 0 | 0 | 14 | 25 |
| 492513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492516 | 0 | 0 | 6 | 2 | 11 | 13 | 0 | 0 | 17 | 15 |
| 492517 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492521 | 0 | 0 | 0 | 2 | 15 | 22 | 0 | 0 | 15 | 24 |
| 492522 | 0 | 0 | 1 | 1 | 19 | 20 | 0 | 0 | 20 | 21 |
| 492523 | 4 | 3 | 1 | 1 | 38 | 42 | 2 | 4 | 45 | 50 |
| 492524 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492525 | 0 | 0 | 0 | 0 | 4 | 5 | 0 | 0 | 4 | 5 |
| 492526 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492527 | 5 | 5 | 8 | 4 | 3 | 7 | 0 | 0 | 16 | 16 |
| 492528 | 0 | 0 | 1 | 0 | 3 | 1 | 0 | 0 | 4 | 1 |
| 492529 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| 492530 | 5 | 4 | 2 | 1 | 9 | 12 | 0 | 0 | 16 | 17 |
| 492531 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492532 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 492533 | 4 | 4 | 2 | 2 | 11 | 11 | 0 | 0 | 17 | 17 |
| 492534 | 0 | 0 | 7 | 5 | 10 | 11 | 0 | 0 | 17 | 16 |
| 492535 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492536 | 0 | 0 | 0 | 0 | 3 | 2 | 0 | 0 | 3 | 2 |
| 492537 | 0 | 0 | 2 | 2 | 11 | 10 | 0 | 0 | 13 | 12 |
| 492538 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492539 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 2 |
| 492541 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492543 | 0 | 0 | 5 | 2 | 2 | 6 | 0 | 0 | 7 | 8 |
| 492545 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492546 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492548 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 492549 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492551 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492552 | 0 | 0 | 3 | 6 | 12 | 13 | 0 | 0 | 15 | 19 |
| 492554 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492556 | 17 | 18 | 10 | 4 | 69 | 80 | 0 | 0 | 96 | 102 |
| 492558 | 14 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 8 |
| 492559 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492560 | 3 | 7 | 0 | 1 | 12 | 13 | 0 | 0 | 15 | 21 |
| 492561 | 14 | 15 | 2 | 2 | 30 | 29 | 0 | 0 | 46 | 46 |
| 492562 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492563 | 0 | 0 | 3 | 1 | 12 | 12 | 0 | 0 | 15 | 13 |
| 492564 | 0 | 0 | 8 | 5 | 8 | 14 | 0 | 0 | 16 | 19 |
| 492565 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492567 | 3 | 5 | 12 | 8 | 16 | 15 | 0 | 0 | 31 | 28 |
| 492570 | 1 | 6 | 10 | 13 | 22 | 27 | 0 | 0 | 33 | 46 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 492572 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 492573 | 0 | 0 | 0 | 0 | 7 | 12 | 0 | 0 | 7 | 12 |
| 492574 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492575 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492576 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492578 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492579 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492580 | 10 | 10 | 7 | 4 | 11 | 7 | 0 | 3 | 28 | 24 |
| 492581 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492583 | 0 | 0 | 1 | 0 | 9 | 13 | 0 | 0 | 10 | 13 |
| 492587 | 0 | 0 | 4 | 6 | 2 | 7 | 0 | 0 | 6 | 13 |
| 492588 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492589 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492590 | 0 | 0 | 4 | 6 | 10 | 6 | 0 | 0 | 14 | 12 |
| 492591 | 3 | 2 | 13 | 7 | 18 | 23 | 0 | 0 | 34 | 32 |
| 492592 | 1 | 2 | 2 | 2 | 21 | 22 | 0 | 0 | 24 | 26 |
| 492593 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492594 | 4 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 9 |
| 492595 | 3 | 4 | 2 | 2 | 8 | 8 | 0 | 0 | 13 | 14 |
| 492596 | 1 | 3 | 1 | 6 | 4 | 1 | 0 | 0 | 6 | 10 |
| 492598 | 2 | 2 | 0 | 2 | 25 | 21 | 0 | 0 | 27 | 25 |
| 492599 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492600 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492602 | 0 | 0 | 5 | 5 | 1 | 1 | 0 | 0 | 6 | 6 |
| 492603 | 0 | 0 | 9 | 11 | 9 | 6 | 0 | 0 | 18 | 17 |
| 492604 | 0 | 1 | 9 | 18 | 37 | 29 | 0 | 0 | 46 | 48 |
| 492605 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492607 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492608 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492610 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 492614 | 3 | 0 | 5 | 0 | 12 | 0 | 0 | 0 | 20 | 0 |
| 492615 | 1 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 3 | 2 |
| 492616 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492617 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492618 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492619 | 14 | 12 | 2 | 2 | 2 | 9 | 1 | 0 | 19 | 23 |
| 492620 | 0 | 2 | 9 | 9 | 4 | 5 | 0 | 0 | 13 | 16 |
| 492622 | 0 | 0 | 3 | 2 | 4 | 3 | 0 | 0 | 7 | 5 |
| 492623 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492624 | 0 | 0 | 2 | 0 | 2 | 2 | 0 | 0 | 4 | 2 |
| 492625 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492626 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492627 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492628 | 2 | 2 | 6 | 9 | 4 | 3 | 0 | 0 | 12 | 14 |
| 492629 | 0 | 0 | 5 | 3 | 13 | 6 | 0 | 0 | 18 | 9 |
| 492630 | 1 | 1 | 1 | 0 | 4 | 6 | 0 | 0 | 6 | 7 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 492631 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492632 | 0 | 0 | 2 | 3 | 1 | 1 | 0 | 0 | 3 | 4 |
| 492633 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492634 | 0 | 0 | 16 | 21 | 17 | 11 | 0 | 0 | 33 | 32 |
| 492635 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492636 | 8 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 5 |
| 492637 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492638 | 23 | 0 | 4 | 1 | 12 | 1 | 0 | 0 | 39 | 2 |
| 492639 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492640 | 29 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 29 | 28 |
| 492641 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492643 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492645 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492646 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492647 | 0 | 0 | 3 | 4 | 4 | 2 | 0 | 0 | 7 | 6 |
| 492648 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492649 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492650 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492651 | 7 | 7 | 7 | 6 | 8 | 11 | 0 | 0 | 22 | 24 |
| 492652 | 0 | 0 | 2 | 2 | 7 | 7 | 0 | 0 | 9 | 9 |
| 492653 | 21 | 22 | 9 | 13 | 15 | 22 | 0 | 0 | 45 | 57 |
| 492654 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 492655 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492656 | 0 | 0 | 1 | 1 | 2 | 3 | 0 | 0 | 3 | 4 |
| 492657 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 2 | 1 |
| 492658 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492659 | 0 | 0 | 2 | 3 | 7 | 6 | 0 | 0 | 9 | 9 |
| 492660 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492661 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492662 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 4 |
| 492663 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492664 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492665 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492666 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492667^ | 0 | 18 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 20 |
| 492668^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 492669^ | 0 | 16 | 0 | 3 | 0 | 29 | 0 | 0 | 0 | 48 |
| 492670 | 0 | 0 | 0 | 2 | 0 | 17 | 0 | 0 | 0 | 19 |
| 492671^ | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 492672^ | 0 | 4 | 0 | 0 | 0 | 19 | 0 | 1 | 0 | 24 |
| 492673^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493301 | 0 | 0 | 1 | 0 | 3 | 2 | 0 | 0 | 4 | 2 |
| 493504 | 0 | 0 | 0 | 0 | 4 | 5 | 0 | 0 | 4 | 5 |
| 493505 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493507 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493509 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 493511 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493512 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 493513 | 33 | 34 | 2 | 2 | 3 | 5 | 8 | 7 | 46 | 48 |
| 493514 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 499996 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 499997 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **VA Totals** | **255** | **291** | **292** | **286** | **664** | **792** | **11** | **16** | **1,222** | **1,385** |

**State: WV**

| | Hemo | | CAPD | | CCPD | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Facility CCN** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** |
| 510001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 510022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512502 | 1 | 5 | 4 | 5 | 1 | 6 | 4 | 3 | 10 | 19 |
| 512503 | 6 | 8 | 2 | 6 | 6 | 8 | 0 | 0 | 14 | 22 |
| 512505 | 6 | 5 | 1 | 2 | 2 | 0 | 0 | 0 | 9 | 7 |
| 512506 | 5 | 9 | 3 | 2 | 14 | 12 | 0 | 0 | 22 | 23 |
| 512507 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512508 | 0 | 1 | 1 | 1 | 4 | 6 | 0 | 0 | 5 | 8 |
| 512509 | 2 | 1 | 0 | 0 | 6 | 4 | 0 | 0 | 8 | 5 |
| 512511 | 3 | 4 | 1 | 1 | 3 | 3 | 0 | 0 | 7 | 8 |
| 512513 | 0 | 0 | 5 | 7 | 3 | 5 | 0 | 0 | 8 | 12 |
| 512514 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| 512515 | 0 | 0 | 5 | 4 | 8 | 2 | 0 | 0 | 13 | 6 |
| 512516 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 2 | 1 |
| 512517 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512518 | 0 | 0 | 0 | 0 | 6 | 5 | 0 | 0 | 6 | 5 |
| 512519 | 0 | 0 | 1 | 1 | 26 | 18 | 0 | 0 | 27 | 19 |
| 512520 | 4 | 2 | 21 | 29 | 22 | 19 | 0 | 0 | 47 | 50 |
| 512521 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512522 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512523 | 1 | 3 | 0 | 2 | 6 | 12 | 0 | 0 | 7 | 17 |
| 512524 | 0 | 1 | 3 | 2 | 4 | 6 | 0 | 0 | 7 | 9 |
| 512525 | 0 | 0 | 1 | 0 | 7 | 6 | 0 | 0 | 8 | 6 |
| 512526 | 0 | 0 | 3 | 0 | 14 | 0 | 0 | 0 | 17 | 0 |
| 512527 | 1 | 0 | 2 | 2 | 1 | 1 | 0 | 0 | 4 | 3 |
| 512528 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512529 | 1 | 4 | 1 | 2 | 2 | 1 | 0 | 0 | 4 | 7 |
| 512530 | 0 | 0 | 2 | 1 | 1 | 1 | 0 | 0 | 3 | 2 |
| 512531 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 512532 | 6 | 6 | 1 | 3 | 10 | 9 | 0 | 0 | 17 | 18 |
| 512533 | 8 | 8 | 2 | 5 | 6 | 5 | 0 | 0 | 16 | 18 |
| 512534 | 0 | 1 | 1 | 1 | 6 | 8 | 0 | 0 | 7 | 10 |
| 512535 | 2 | 4 | 3 | 6 | 3 | 2 | 0 | 0 | 8 | 12 |
| 512536 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| 512537 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 6 |
| 512538^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 512539^ | 0 | 0 | 0 | 1 | 0 | 5 | 0 | 0 | 0 | 6 |
| **WV Totals** | **46** | **63** | **65** | **86** | **162** | **150** | **4** | **3** | **277** | **302** |

**Network**

| | Hemo | | CAPD | | CCPD | | Other | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| **Network Totals** | **413** | **481** | **589** | **607** | **1,341** | **1,543** | **15** | **21** | **2,358** | **2,652** |

Source of Information: Facility Survey (CMS 2744) and CROWNWeb
Date of Preparation: June 2014
This table includes 21 Veterans Affairs Facility patients for 2012, and 17 Veterans Affairs Facility patients for 2013.
^ Facility not operational in 2012.
# Facility not operational in 2013.
* Facility does not have a generated 2744 in 2013.

***Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

# Table 4: Dialysis Patients Modality and Setting - In Center
# For Survey Years 2012 and 2013

**State: DC**

| | Hemo | | PD | | Total | | Total In-Center & Home | |
|---|---|---|---|---|---|---|---|---|
| Facility CCN | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 090003* | 5 | 0 | 0 | 0 | 5 | 0 | 5 | 0 |
| 090004 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 090011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 09002F | 65 | 62 | 0 | 0 | 65 | 62 | 69 | 65 |
| 092501 | 88 | 90 | 0 | 0 | 88 | 90 | 92 | 93 |
| 092503 | 200 | 192 | 0 | 0 | 200 | 192 | 210 | 209 |
| 092505 | 70 | 63 | 0 | 0 | 70 | 63 | 70 | 63 |
| 092508 | 81 | 74 | 0 | 0 | 81 | 74 | 81 | 74 |
| 092510 | 112 | 112 | 0 | 0 | 112 | 112 | 112 | 112 |
| 092513 | 143 | 143 | 0 | 0 | 143 | 143 | 143 | 143 |
| 092515 | 107 | 104 | 0 | 0 | 107 | 104 | 107 | 104 |
| 092516 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 22 |
| 092517 | 127 | 132 | 0 | 0 | 127 | 132 | 127 | 132 |
| 092518 | 112 | 124 | 0 | 0 | 112 | 124 | 154 | 171 |
| 092519 | 128 | 123 | 0 | 0 | 128 | 123 | 136 | 131 |
| 092520 | 91 | 95 | 0 | 1 | 91 | 96 | 104 | 106 |
| 092521 | 188 | 182 | 0 | 3 | 188 | 185 | 203 | 197 |
| 092522 | 51 | 48 | 0 | 0 | 51 | 48 | 51 | 48 |
| 092524 | 58 | 56 | 0 | 0 | 58 | 56 | 58 | 56 |
| 092525 | 76 | 77 | 0 | 0 | 76 | 77 | 76 | 79 |
| 092526 | 0 | 0 | 0 | 0 | 0 | 0 | 32 | 37 |
| 092527 | 42 | 61 | 0 | 0 | 42 | 61 | 42 | 61 |
| 092528 | 96 | 111 | 0 | 0 | 96 | 111 | 97 | 113 |
| 093300 | 17 | 18 | 0 | 0 | 17 | 18 | 27 | 28 |
| **DC Totals** | **1,857** | **1,867** | **0** | **4** | **1,857** | **1,871** | **2,009** | **2,044** |

**State: MD**

| | Hemo | | PD | | Total | | Total In-Center & Home | |
|---|---|---|---|---|---|---|---|---|
| Facility CCN | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| 210004 | 80 | 79 | 0 | 0 | 80 | 79 | 94 | 95 |
| 210009 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 7 |
| 210013 | 148 | 143 | 0 | 0 | 148 | 143 | 151 | 146 |
| 210024 | 88 | 100 | 0 | 0 | 88 | 100 | 88 | 100 |
| 210027 | 89 | 89 | 0 | 0 | 89 | 89 | 97 | 97 |
| 210056 | 273 | 287 | 0 | 9 | 273 | 296 | 290 | 305 |
| 21007F | 26 | 27 | 0 | 0 | 26 | 27 | 29 | 29 |
| 212003 | 66 | 61 | 0 | 0 | 66 | 61 | 66 | 61 |
| 212501 | 80 | 90 | 0 | 0 | 80 | 90 | 80 | 90 |
| 212503 | 60 | 47 | 0 | 0 | 60 | 47 | 60 | 47 |
| 212504 | 74 | 59 | 0 | 0 | 74 | 59 | 74 | 59 |
| 212507 | 23 | 18 | 0 | 0 | 23 | 18 | 23 | 18 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 212510 | 105 | 91 | 0 | 0 | 105 | 91 | 129 | 117 |
| 212511 | 75 | 65 | 0 | 0 | 75 | 65 | 75 | 65 |
| 212512 | 60 | 63 | 0 | 0 | 60 | 63 | 97 | 109 |
| 212513 | 67 | 65 | 0 | 0 | 67 | 65 | 67 | 65 |
| 212515 | 96 | 96 | 0 | 0 | 96 | 96 | 135 | 129 |
| 212516 | 92 | 88 | 0 | 0 | 92 | 88 | 92 | 88 |
| 212520 | 60 | 60 | 0 | 0 | 60 | 60 | 69 | 71 |
| 212522 | 124 | 123 | 0 | 0 | 124 | 123 | 138 | 137 |
| 212523 | 85 | 88 | 0 | 0 | 85 | 88 | 103 | 101 |
| 212525 | 54 | 53 | 0 | 0 | 54 | 53 | 58 | 56 |
| 212528 | 139 | 124 | 0 | 0 | 139 | 124 | 139 | 124 |
| 212529 | 40 | 36 | 0 | 0 | 40 | 36 | 47 | 41 |
| 212530 | 129 | 135 | 0 | 0 | 129 | 135 | 129 | 135 |
| 212531 | 38 | 26 | 0 | 0 | 38 | 26 | 41 | 31 |
| 212534 | 103 | 88 | 0 | 0 | 103 | 88 | 120 | 107 |
| 212535 | 90 | 95 | 0 | 0 | 90 | 95 | 115 | 118 |
| 212536 | 100 | 104 | 0 | 0 | 100 | 104 | 100 | 104 |
| 212537 | 57 | 62 | 0 | 1 | 57 | 63 | 57 | 72 |
| 212538 | 80 | 87 | 0 | 0 | 80 | 87 | 80 | 87 |
| 212539 | 90 | 76 | 0 | 0 | 90 | 76 | 90 | 76 |
| 212541 | 70 | 71 | 0 | 0 | 70 | 71 | 70 | 71 |
| 212542 | 137 | 146 | 0 | 0 | 137 | 146 | 137 | 146 |
| 212543 | 84 | 78 | 0 | 0 | 84 | 78 | 84 | 78 |
| 212544 | 98 | 91 | 0 | 0 | 98 | 91 | 98 | 91 |
| 212545 | 94 | 101 | 0 | 0 | 94 | 101 | 95 | 101 |
| 212546 | 97 | 99 | 0 | 0 | 97 | 99 | 97 | 99 |
| 212548 | 17 | 13 | 0 | 0 | 17 | 13 | 17 | 13 |
| 212549 | 37 | 38 | 0 | 0 | 37 | 38 | 39 | 40 |
| 212551 | 127 | 163 | 0 | 0 | 127 | 163 | 127 | 163 |
| 212552 | 123 | 132 | 0 | 0 | 123 | 132 | 157 | 169 |
| 212556 | 98 | 90 | 0 | 0 | 98 | 90 | 98 | 90 |
| 212557 | 72 | 64 | 0 | 0 | 72 | 64 | 82 | 73 |
| 212560 | 51 | 50 | 0 | 0 | 51 | 50 | 52 | 50 |
| 212563 | 57 | 59 | 0 | 0 | 57 | 59 | 57 | 59 |
| 212564 | 86 | 84 | 0 | 0 | 86 | 84 | 94 | 93 |
| 212565 | 27 | 24 | 0 | 0 | 27 | 24 | 27 | 24 |
| 212566 | 90 | 77 | 0 | 0 | 90 | 77 | 90 | 77 |
| 212568 | 69 | 61 | 0 | 0 | 69 | 61 | 84 | 74 |
| 212573 | 60 | 70 | 0 | 0 | 60 | 70 | 65 | 80 |
| 212574 | 64 | 69 | 0 | 0 | 64 | 69 | 64 | 69 |
| 212576 | 96 | 75 | 0 | 1 | 96 | 76 | 110 | 80 |
| 212577 | 68 | 66 | 0 | 0 | 68 | 66 | 68 | 66 |
| 212578 | 27 | 15 | 0 | 0 | 27 | 15 | 27 | 15 |
| 212582# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212583 | 49 | 50 | 0 | 0 | 49 | 50 | 49 | 50 |
| 212585 | 46 | 40 | 0 | 0 | 46 | 40 | 54 | 52 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 212586 | 40 | 49 | 0 | 0 | 40 | 49 | 40 | 49 |
| 212587 | 46 | 48 | 0 | 0 | 46 | 48 | 46 | 48 |
| 212588 | 55 | 60 | 0 | 0 | 55 | 60 | 55 | 60 |
| 212590 | 106 | 97 | 0 | 0 | 106 | 97 | 106 | 97 |
| 212592 | 105 | 104 | 0 | 0 | 105 | 104 | 148 | 139 |
| 212593 | 63 | 77 | 0 | 0 | 63 | 77 | 64 | 78 |
| 212594 | 102 | 90 | 0 | 0 | 102 | 90 | 107 | 93 |
| 212595 | 90 | 101 | 0 | 0 | 90 | 101 | 90 | 101 |
| 212596 | 31 | 0 | 0 | 0 | 31 | 0 | 31 | 0 |
| 212597 | 1 | 3 | 0 | 0 | 1 | 3 | 1 | 3 |
| 212598 | 127 | 124 | 0 | 0 | 127 | 124 | 153 | 152 |
| 212603 | 63 | 58 | 0 | 0 | 63 | 58 | 63 | 58 |
| 212605 | 89 | 88 | 0 | 0 | 89 | 88 | 106 | 103 |
| 212609 | 71 | 62 | 0 | 0 | 71 | 62 | 71 | 62 |
| 212610 | 77 | 79 | 1 | 0 | 78 | 79 | 93 | 97 |
| 212611 | 68 | 63 | 0 | 0 | 68 | 63 | 68 | 63 |
| 212612 | 78 | 75 | 0 | 0 | 78 | 75 | 78 | 75 |
| 212613 | 85 | 87 | 0 | 0 | 85 | 87 | 96 | 91 |
| 212614 | 135 | 138 | 1 | 0 | 136 | 138 | 145 | 150 |
| 212615 | 62 | 58 | 0 | 0 | 62 | 58 | 62 | 58 |
| 212616 | 65 | 67 | 0 | 0 | 65 | 67 | 65 | 67 |
| 212618 | 43 | 64 | 0 | 0 | 43 | 64 | 43 | 64 |
| 212619 | 32 | 36 | 0 | 0 | 32 | 36 | 32 | 36 |
| 212620 | 86 | 112 | 0 | 0 | 86 | 112 | 86 | 113 |
| 212621 | 82 | 77 | 0 | 0 | 82 | 77 | 82 | 77 |
| 212622 | 56 | 51 | 0 | 0 | 56 | 51 | 56 | 51 |
| 212625 | 47 | 43 | 0 | 0 | 47 | 43 | 47 | 43 |
| 212626 | 79 | 79 | 0 | 0 | 79 | 79 | 79 | 81 |
| 212627 | 24 | 41 | 0 | 0 | 24 | 41 | 24 | 41 |
| 212628 | 66 | 59 | 0 | 0 | 66 | 59 | 66 | 59 |
| 212629 | 69 | 64 | 0 | 0 | 69 | 64 | 69 | 64 |
| 212630 | 55 | 50 | 0 | 0 | 55 | 50 | 55 | 50 |
| 212631 | 92 | 101 | 0 | 0 | 92 | 101 | 92 | 101 |
| 212632 | 21 | 24 | 0 | 0 | 21 | 24 | 21 | 24 |
| 212633 | 50 | 46 | 0 | 0 | 50 | 46 | 59 | 54 |
| 212634 | 66 | 68 | 0 | 0 | 66 | 68 | 66 | 68 |
| 212636 | 29 | 28 | 0 | 0 | 29 | 28 | 29 | 28 |
| 212637 | 77 | 63 | 0 | 0 | 77 | 63 | 77 | 63 |
| 212638 | 82 | 79 | 0 | 1 | 82 | 80 | 105 | 108 |
| 212639 | 48 | 49 | 0 | 0 | 48 | 49 | 48 | 49 |
| 212640 | 92 | 105 | 0 | 0 | 92 | 105 | 111 | 127 |
| 212641 | 20 | 19 | 0 | 0 | 20 | 19 | 35 | 32 |
| 212642 | 41 | 24 | 0 | 0 | 41 | 24 | 41 | 34 |
| 212643 | 55 | 52 | 0 | 0 | 55 | 52 | 59 | 53 |
| 212646 | 30 | 29 | 0 | 0 | 30 | 29 | 30 | 29 |
| 212647 | 79 | 73 | 0 | 0 | 79 | 73 | 79 | 74 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 212649 | 21 | 19 | 0 | 0 | 21 | 19 | 21 | 19 |
| 212650 | 86 | 80 | 0 | 0 | 86 | 80 | 86 | 80 |
| 212651 | 23 | 23 | 0 | 0 | 23 | 23 | 23 | 23 |
| 212653 | 62 | 68 | 0 | 0 | 62 | 68 | 62 | 68 |
| 212654 | 45 | 46 | 0 | 0 | 45 | 46 | 45 | 46 |
| 212655 | 106 | 108 | 0 | 0 | 106 | 108 | 106 | 108 |
| 212656 | 44 | 14 | 0 | 0 | 44 | 14 | 44 | 14 |
| 212657 | 86 | 85 | 0 | 0 | 86 | 85 | 92 | 90 |
| 212659 | 0 | 0 | 0 | 0 | 0 | 0 | 88 | 96 |
| 212660 | 32 | 30 | 0 | 0 | 32 | 30 | 33 | 36 |
| 212661# | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 212662 | 72 | 80 | 0 | 0 | 72 | 80 | 83 | 92 |
| 212663 | 25 | 28 | 0 | 0 | 25 | 28 | 26 | 30 |
| 212664 | 94 | 94 | 0 | 0 | 94 | 94 | 122 | 127 |
| 212665 | 22 | 28 | 0 | 0 | 22 | 28 | 27 | 31 |
| 212666 | 55 | 70 | 0 | 0 | 55 | 70 | 55 | 70 |
| 212667 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 10 |
| 212668 | 30 | 30 | 0 | 0 | 30 | 30 | 30 | 30 |
| 212669 | 51 | 68 | 0 | 0 | 51 | 68 | 51 | 68 |
| 212670 | 28 | 47 | 0 | 0 | 28 | 47 | 43 | 66 |
| 212671 | 3 | 15 | 0 | 0 | 3 | 15 | 3 | 15 |
| 212672 | 15 | 50 | 0 | 0 | 15 | 50 | 17 | 54 |
| 212673 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 |
| 212674^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 20 |
| 212675 | 7 | 36 | 0 | 0 | 7 | 36 | 7 | 36 |
| 212676^ | 0 | 31 | 0 | 0 | 0 | 31 | 0 | 34 |
| 212677^ | 0 | 26 | 0 | 0 | 0 | 26 | 0 | 26 |
| 212678^ | 0 | 40 | 0 | 0 | 0 | 40 | 0 | 48 |
| 212679^ | 0 | 16 | 0 | 0 | 0 | 16 | 0 | 19 |
| 213503 | 65 | 73 | 0 | 0 | 65 | 73 | 65 | 73 |
| **MD Totals** | **8,487** | **8,620** | **2** | **12** | **8,489** | **8,632** | **9,196** | **9,424** |

**State: VA**

| | Hemo | | PD | | Total | | Total In-Center & Home | |
|---|---|---|---|---|---|---|---|---|
| **Facility CCN** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** |
| 490007 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 490009 | 102 | 97 | 1 | 0 | 103 | 97 | 135 | 152 |
| 490032 | 40 | 33 | 0 | 0 | 40 | 33 | 40 | 33 |
| 490067 | 88 | 79 | 0 | 0 | 88 | 79 | 88 | 79 |
| 49006F | 70 | 65 | 0 | 0 | 70 | 65 | 78 | 72 |
| 49008F | 11 | 12 | 0 | 0 | 11 | 12 | 11 | 12 |
| 49010F | 47 | 43 | 0 | 0 | 47 | 43 | 53 | 48 |
| 49011F | 35 | 33 | 0 | 0 | 35 | 33 | 38 | 35 |
| 492501 | 127 | 139 | 0 | 0 | 127 | 139 | 143 | 153 |
| 492502 | 114 | 118 | 0 | 0 | 114 | 118 | 114 | 118 |
| 492503 | 126 | 120 | 0 | 0 | 126 | 120 | 129 | 131 |
| 492504 | 70 | 66 | 0 | 0 | 70 | 66 | 76 | 75 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 492505 | 109 | 122 | 0 | 0 | 109 | 122 | 132 | 146 |
| 492506 | 65 | 75 | 0 | 0 | 65 | 75 | 65 | 75 |
| 492507 | 115 | 115 | 0 | 0 | 115 | 115 | 138 | 146 |
| 492508 | 120 | 109 | 0 | 0 | 120 | 109 | 134 | 134 |
| 492513 | 88 | 89 | 0 | 0 | 88 | 89 | 88 | 89 |
| 492516 | 105 | 101 | 0 | 0 | 105 | 101 | 122 | 116 |
| 492517 | 140 | 133 | 0 | 0 | 140 | 133 | 140 | 133 |
| 492521 | 120 | 119 | 0 | 0 | 120 | 119 | 135 | 143 |
| 492522 | 29 | 31 | 0 | 0 | 29 | 31 | 49 | 52 |
| 492523 | 96 | 111 | 0 | 0 | 96 | 111 | 141 | 161 |
| 492524 | 103 | 107 | 0 | 0 | 103 | 107 | 103 | 107 |
| 492525 | 60 | 62 | 0 | 0 | 60 | 62 | 64 | 67 |
| 492526 | 84 | 79 | 0 | 0 | 84 | 79 | 84 | 79 |
| 492527 | 52 | 64 | 0 | 0 | 52 | 64 | 68 | 80 |
| 492528 | 50 | 66 | 0 | 0 | 50 | 66 | 54 | 67 |
| 492529 | 46 | 43 | 0 | 0 | 46 | 43 | 47 | 44 |
| 492530 | 101 | 107 | 0 | 0 | 101 | 107 | 117 | 124 |
| 492531 | 21 | 22 | 0 | 0 | 21 | 22 | 21 | 22 |
| 492532 | 28 | 28 | 0 | 0 | 28 | 28 | 29 | 28 |
| 492533 | 40 | 43 | 0 | 0 | 40 | 43 | 57 | 60 |
| 492534 | 79 | 61 | 0 | 0 | 79 | 61 | 96 | 77 |
| 492535 | 71 | 62 | 0 | 0 | 71 | 62 | 71 | 62 |
| 492536 | 31 | 33 | 0 | 0 | 31 | 33 | 34 | 35 |
| 492537 | 119 | 114 | 0 | 0 | 119 | 114 | 132 | 126 |
| 492538 | 60 | 65 | 0 | 0 | 60 | 65 | 60 | 65 |
| 492539 | 36 | 44 | 0 | 0 | 36 | 44 | 37 | 46 |
| 492541 | 94 | 86 | 0 | 0 | 94 | 86 | 94 | 86 |
| 492543 | 64 | 63 | 0 | 0 | 64 | 63 | 71 | 71 |
| 492545 | 103 | 104 | 0 | 0 | 103 | 104 | 103 | 104 |
| 492546 | 33 | 17 | 0 | 0 | 33 | 17 | 33 | 17 |
| 492548 | 77 | 82 | 0 | 0 | 77 | 82 | 78 | 82 |
| 492549 | 66 | 73 | 0 | 0 | 66 | 73 | 66 | 73 |
| 492551 | 87 | 82 | 0 | 0 | 87 | 82 | 87 | 82 |
| 492552 | 94 | 91 | 0 | 0 | 94 | 91 | 109 | 110 |
| 492554 | 67 | 75 | 0 | 0 | 67 | 75 | 67 | 75 |
| 492556 | 94 | 94 | 0 | 0 | 94 | 94 | 190 | 196 |
| 492558 | 56 | 55 | 0 | 0 | 56 | 55 | 70 | 63 |
| 492559 | 91 | 94 | 0 | 0 | 91 | 94 | 91 | 94 |
| 492560 | 58 | 63 | 0 | 0 | 58 | 63 | 73 | 84 |
| 492561 | 89 | 98 | 0 | 0 | 89 | 98 | 135 | 144 |
| 492562 | 54 | 57 | 0 | 0 | 54 | 57 | 54 | 57 |
| 492563 | 45 | 48 | 0 | 0 | 45 | 48 | 60 | 61 |
| 492564 | 70 | 81 | 0 | 0 | 70 | 81 | 86 | 100 |
| 492565 | 43 | 48 | 0 | 0 | 43 | 48 | 43 | 48 |
| 492567 | 89 | 99 | 0 | 0 | 89 | 99 | 120 | 127 |
| 492570 | 72 | 84 | 0 | 0 | 72 | 84 | 105 | 130 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 492572 | 41 | 38 | 0 | 0 | 41 | 38 | 41 | 39 |
| 492573 | 48 | 50 | 0 | 0 | 48 | 50 | 55 | 62 |
| 492574 | 136 | 137 | 0 | 0 | 136 | 137 | 136 | 137 |
| 492575 | 99 | 106 | 0 | 0 | 99 | 106 | 99 | 106 |
| 492576 | 64 | 63 | 0 | 0 | 64 | 63 | 64 | 63 |
| 492578 | 39 | 39 | 0 | 0 | 39 | 39 | 39 | 39 |
| 492579 | 49 | 49 | 0 | 0 | 49 | 49 | 49 | 49 |
| 492580 | 76 | 78 | 0 | 2 | 76 | 80 | 104 | 104 |
| 492581 | 46 | 50 | 0 | 0 | 46 | 50 | 46 | 50 |
| 492583 | 46 | 40 | 0 | 0 | 46 | 40 | 56 | 53 |
| 492587 | 66 | 59 | 0 | 0 | 66 | 59 | 72 | 72 |
| 492588 | 82 | 92 | 0 | 0 | 82 | 92 | 82 | 92 |
| 492589 | 93 | 93 | 0 | 0 | 93 | 93 | 93 | 93 |
| 492590 | 44 | 42 | 1 | 0 | 45 | 42 | 59 | 54 |
| 492591 | 96 | 102 | 0 | 0 | 96 | 102 | 130 | 134 |
| 492592 | 77 | 89 | 0 | 0 | 77 | 89 | 101 | 115 |
| 492593 | 38 | 33 | 0 | 0 | 38 | 33 | 38 | 33 |
| 492594 | 44 | 44 | 0 | 0 | 44 | 44 | 48 | 53 |
| 492595 | 24 | 22 | 0 | 0 | 24 | 22 | 37 | 36 |
| 492596 | 62 | 67 | 0 | 0 | 62 | 67 | 68 | 77 |
| 492598 | 78 | 76 | 1 | 1 | 79 | 77 | 106 | 102 |
| 492599 | 54 | 77 | 0 | 0 | 54 | 77 | 54 | 77 |
| 492600 | 127 | 123 | 0 | 0 | 127 | 123 | 127 | 123 |
| 492602 | 50 | 55 | 0 | 0 | 50 | 55 | 56 | 61 |
| 492603 | 82 | 86 | 0 | 0 | 82 | 86 | 100 | 103 |
| 492604 | 108 | 103 | 1 | 1 | 109 | 104 | 155 | 152 |
| 492605 | 80 | 81 | 0 | 0 | 80 | 81 | 80 | 81 |
| 492607 | 75 | 76 | 0 | 0 | 75 | 76 | 75 | 76 |
| 492608 | 65 | 57 | 0 | 0 | 65 | 57 | 65 | 57 |
| 492610 | 93 | 80 | 0 | 0 | 93 | 80 | 93 | 81 |
| 492614 | 11 | 0 | 1 | 0 | 12 | 0 | 32 | 0 |
| 492615 | 57 | 60 | 0 | 0 | 57 | 60 | 60 | 62 |
| 492616 | 62 | 70 | 0 | 0 | 62 | 70 | 62 | 70 |
| 492617 | 89 | 80 | 0 | 0 | 89 | 80 | 89 | 80 |
| 492618 | 73 | 81 | 0 | 0 | 73 | 81 | 73 | 81 |
| 492619 | 51 | 46 | 2 | 1 | 53 | 47 | 72 | 70 |
| 492620 | 58 | 46 | 0 | 0 | 58 | 46 | 71 | 62 |
| 492622 | 52 | 56 | 0 | 0 | 52 | 56 | 59 | 61 |
| 492623 | 61 | 53 | 0 | 0 | 61 | 53 | 61 | 53 |
| 492624 | 11 | 9 | 0 | 0 | 11 | 9 | 15 | 11 |
| 492625 | 36 | 46 | 0 | 0 | 36 | 46 | 36 | 46 |
| 492626 | 58 | 54 | 0 | 0 | 58 | 54 | 58 | 54 |
| 492627 | 49 | 41 | 0 | 0 | 49 | 41 | 49 | 41 |
| 492628 | 50 | 47 | 1 | 0 | 51 | 47 | 63 | 61 |
| 492629 | 86 | 82 | 0 | 0 | 86 | 82 | 104 | 91 |
| 492630 | 57 | 53 | 0 | 0 | 57 | 53 | 63 | 60 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 492631 | 72 | 86 | 0 | 0 | 72 | 86 | 72 | 86 |
| 492632 | 84 | 88 | 0 | 0 | 84 | 88 | 87 | 92 |
| 492633 | 49 | 48 | 0 | 0 | 49 | 48 | 49 | 48 |
| 492634 | 160 | 160 | 0 | 0 | 160 | 160 | 193 | 192 |
| 492635 | 53 | 35 | 0 | 0 | 53 | 35 | 53 | 35 |
| 492636 | 30 | 28 | 0 | 0 | 30 | 28 | 38 | 33 |
| 492637 | 31 | 32 | 0 | 0 | 31 | 32 | 31 | 32 |
| 492638 | 0 | 0 | 0 | 0 | 0 | 0 | 39 | 2 |
| 492639 | 32 | 32 | 0 | 0 | 32 | 32 | 32 | 32 |
| 492640 | 90 | 107 | 0 | 0 | 90 | 107 | 119 | 135 |
| 492641 | 44 | 47 | 0 | 0 | 44 | 47 | 44 | 47 |
| 492643 | 40 | 36 | 0 | 0 | 40 | 36 | 40 | 36 |
| 492645 | 44 | 47 | 0 | 0 | 44 | 47 | 44 | 47 |
| 492646 | 63 | 62 | 0 | 0 | 63 | 62 | 63 | 62 |
| 492647 | 65 | 63 | 0 | 0 | 65 | 63 | 72 | 69 |
| 492648 | 61 | 61 | 0 | 0 | 61 | 61 | 61 | 61 |
| 492649 | 84 | 89 | 0 | 0 | 84 | 89 | 84 | 89 |
| 492650 | 69 | 63 | 0 | 0 | 69 | 63 | 69 | 63 |
| 492651 | 67 | 75 | 0 | 0 | 67 | 75 | 89 | 99 |
| 492652 | 21 | 20 | 0 | 0 | 21 | 20 | 30 | 29 |
| 492653 | 123 | 129 | 0 | 0 | 123 | 129 | 168 | 186 |
| 492654 | 30 | 34 | 0 | 0 | 30 | 34 | 31 | 34 |
| 492655 | 21 | 18 | 0 | 0 | 21 | 18 | 21 | 18 |
| 492656 | 86 | 86 | 0 | 0 | 86 | 86 | 89 | 90 |
| 492657 | 19 | 22 | 0 | 0 | 19 | 22 | 21 | 23 |
| 492658 | 85 | 78 | 0 | 0 | 85 | 78 | 85 | 78 |
| 492659 | 55 | 58 | 0 | 1 | 55 | 59 | 64 | 68 |
| 492660 | 44 | 53 | 0 | 0 | 44 | 53 | 44 | 53 |
| 492661 | 50 | 48 | 0 | 0 | 50 | 48 | 50 | 48 |
| 492662 | 81 | 84 | 0 | 0 | 81 | 84 | 81 | 88 |
| 492663 | 25 | 53 | 0 | 0 | 25 | 53 | 25 | 53 |
| 492664 | 31 | 40 | 0 | 0 | 31 | 40 | 31 | 40 |
| 492665 | 3 | 34 | 0 | 0 | 3 | 34 | 3 | 34 |
| 492666 | 0 | 38 | 0 | 0 | 0 | 38 | 0 | 38 |
| 492667^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 20 |
| 492668^ | 0 | 19 | 0 | 0 | 0 | 19 | 0 | 19 |
| 492669^ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 48 |
| 492670 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19 |
| 492671^ | 0 | 17 | 0 | 0 | 0 | 17 | 0 | 18 |
| 492672^ | 0 | 23 | 0 | 0 | 0 | 23 | 0 | 47 |
| 492673^ | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| 493301 | 10 | 10 | 0 | 2 | 10 | 12 | 14 | 14 |
| 493504 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 5 |
| 493505 | 51 | 52 | 0 | 0 | 51 | 52 | 51 | 52 |
| 493507 | 44 | 49 | 0 | 0 | 44 | 49 | 44 | 49 |
| 493509 | 100 | 96 | 0 | 0 | 100 | 96 | 100 | 96 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 493511 | 23 | 27 | 0 | 0 | 23 | 27 | 23 | 27 |
| 493512 | 85 | 90 | 0 | 0 | 85 | 90 | 85 | 90 |
| 493513 | 224 | 226 | 0 | 0 | 224 | 226 | 270 | 274 |
| 493514 | 81 | 73 | 0 | 0 | 81 | 73 | 81 | 73 |
| 499996 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 499997 | 19 | 19 | 0 | 0 | 19 | 19 | 19 | 19 |
| **VA Totals** | **9,636** | **9,891** | **8** | **8** | **9,644** | **9,899** | **10,866** | **11,284** |

**State: WV**

| | Hemo | | PD | | Total | | Total In-Center & Home | |
|---|---|---|---|---|---|---|---|---|
| **Facility CCN** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** | **2012** | **2013** |
| 510001 | 2 | 2 | 0 | 0 | 2 | 2 | 2 | 2 |
| 510022 | 5 | 3 | 0 | 0 | 5 | 3 | 5 | 3 |
| 512502 | 107 | 119 | 0 | 0 | 107 | 119 | 117 | 138 |
| 512503 | 128 | 119 | 0 | 0 | 128 | 119 | 142 | 141 |
| 512505 | 109 | 84 | 0 | 0 | 109 | 84 | 118 | 91 |
| 512506 | 68 | 59 | 0 | 0 | 68 | 59 | 90 | 82 |
| 512507 | 24 | 26 | 0 | 0 | 24 | 26 | 24 | 26 |
| 512508 | 45 | 37 | 0 | 0 | 45 | 37 | 50 | 45 |
| 512509 | 22 | 21 | 0 | 0 | 22 | 21 | 30 | 26 |
| 512511 | 40 | 46 | 0 | 0 | 40 | 46 | 47 | 54 |
| 512513 | 93 | 92 | 0 | 0 | 93 | 92 | 101 | 104 |
| 512514 | 32 | 36 | 0 | 0 | 32 | 36 | 33 | 37 |
| 512515 | 76 | 75 | 0 | 0 | 76 | 75 | 89 | 81 |
| 512516 | 53 | 45 | 0 | 0 | 53 | 45 | 55 | 46 |
| 512517 | 52 | 41 | 0 | 0 | 52 | 41 | 52 | 41 |
| 512518 | 57 | 63 | 0 | 0 | 57 | 63 | 63 | 68 |
| 512519 | 82 | 87 | 0 | 0 | 82 | 87 | 109 | 106 |
| 512520 | 78 | 75 | 0 | 0 | 78 | 75 | 125 | 125 |
| 512521 | 75 | 86 | 0 | 0 | 75 | 86 | 75 | 86 |
| 512522 | 25 | 30 | 0 | 0 | 25 | 30 | 25 | 30 |
| 512523 | 104 | 107 | 0 | 0 | 104 | 107 | 111 | 124 |
| 512524 | 45 | 45 | 0 | 0 | 45 | 45 | 52 | 54 |
| 512525 | 39 | 42 | 1 | 0 | 40 | 42 | 48 | 48 |
| 512526 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 0 |
| 512527 | 19 | 19 | 0 | 0 | 19 | 19 | 23 | 22 |
| 512528 | 53 | 52 | 0 | 0 | 53 | 52 | 53 | 52 |
| 512529 | 40 | 37 | 0 | 0 | 40 | 37 | 44 | 44 |
| 512530 | 26 | 23 | 0 | 0 | 26 | 23 | 29 | 25 |
| 512531 | 25 | 22 | 0 | 0 | 25 | 22 | 25 | 22 |
| 512532 | 108 | 102 | 0 | 0 | 108 | 102 | 125 | 120 |
| 512533 | 61 | 66 | 0 | 0 | 61 | 66 | 77 | 84 |
| 512534 | 27 | 27 | 0 | 0 | 27 | 27 | 34 | 37 |
| 512535 | 57 | 72 | 0 | 0 | 57 | 72 | 65 | 84 |
| 512536 | 20 | 21 | 0 | 0 | 20 | 21 | 20 | 23 |
| 512537 | 20 | 27 | 0 | 0 | 20 | 27 | 20 | 33 |
| 512538^ | 0 | 12 | 0 | 0 | 0 | 12 | 0 | 12 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 512539^ | 0 | 10 | 0 | 0 | 0 | 10 | 0 | 16 |
| **WV Totals** | **1,817** | **1,830** | **1** | **0** | **1,818** | **1,830** | **2,095** | **2,132** |

**Network**

| | Hemo | | PD | | Total | | Total In-Center & Home[1] | |
|---|---|---|---|---|---|---|---|---|
| | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 | 2012 | 2013 |
| **Network Totals** | **21,797** | **22,208** | **11** | **24** | **21,808** | **22,232** | **24,166** | **24,884** |

Source of Information: Facility Survey (CMS 2744) and CROWNWeb
Date of Preparation: June 2014
[1]The last column of the report displays the total from Table 3 plus total from Table 4.
This table includes 217 Veterans Affairs Facility patients for 2012, and 203 Veterans Affairs Facility patients for 2013.
^ Facility not operational in 2012.
# Facility not operational in 2013.
* Facility does not have a generated 2744 in 2013.

***Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

## Table 5: Renal Transplant by Transplant Center
## As of 1/1/2013 - 12/31/2013

| | Total Transplants Performed | | Patients Awaiting Transplant | |
|---|---|---|---|---|
| **Transplant Center** | **2012** | **2013** | **2012** | **2013** |
| 090004 | 61 | 69 | 322 | 383 |
| 090011 | 70 | 88 | 635 | 558 |
| 09003F | 56 | 24 | 109 | 121 |
| 093300 | 9 | 11 | 10 | 16 |
| **DC Total** | **196** | **192** | **1,076** | **1,078** |
| 210002 | 303 | 270 | 1,214 | 1,354 |
| 210009 | 206 | 218 | 606 | 851 |
| **MD Total** | **509** | **488** | **1,820** | **2,205** |
| 490007 | 59 | 44 | 593 | 619 |
| 490009 | 71 | 60 | 608 | 697 |
| 490032 | 272 | 115 | 626 | 646 |
| 490063 | 106 | 91 | 586 | 603 |
| 490118 | 106 | 31 | 281 | 258 |
| 493301 | 4 | 5 | 7 | 8 |
| **VA Total** | **618** | **346** | **2,701** | **2,831** |
| 510022 | 39 | 35 | 130 | 146 |
| **WV Total** | **39** | **35** | **130** | **146** |

***Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

# Table 6: Renal Transplant Recipients
# As of 1/1/2013 - 12/31/2013

| Age Group | Transplant Type | | | | Total |
|---|---|---|---|---|---|
| | Deceased | Living Related | Living Unrelated | Unknown | |
| 00-04 | 2 | 1 | 3 | 0 | **6** |
| 05-09 | 3 | 1 | 3 | 0 | **7** |
| 10-14 | 7 | 1 | 2 | 0 | **10** |
| 15-19 | 14 | 3 | 5 | 0 | **22** |
| 20-24 | 6 | 3 | 4 | 0 | **13** |
| 25-29 | 16 | 8 | 12 | 0 | **36** |
| 30-34 | 26 | 6 | 16 | 0 | **48** |
| 35-39 | 37 | 8 | 15 | 0 | **60** |
| 40-44 | 47 | 7 | 31 | 0 | **85** |
| 45-49 | 84 | 12 | 31 | 0 | **127** |
| 50-54 | 72 | 12 | 35 | 0 | **119** |
| 55-59 | 116 | 11 | 31 | 0 | **158** |
| 60-64 | 125 | 12 | 25 | 0 | **162** |
| 65-69 | 89 | 17 | 19 | 0 | **125** |
| 70-74 | 53 | 7 | 13 | 0 | **73** |
| 75-79 | 21 | 2 | 3 | 0 | **26** |
| 80-84 | 6 | 1 | 1 | 0 | **8** |
| >=85 | 0 | 0 | 0 | 0 | **0** |
| **Total** | **724** | **112** | **249** | **0** | **1,085** |

| Gender | Transplant Type | | | | Total |
|---|---|---|---|---|---|
| | Deceased | Living Related | Living Unrelated | Unknown | |
| Female | 273 | 43 | 105 | 0 | **421** |
| Male | 451 | 69 | 144 | 0 | **664** |
| **Total** | **724** | **112** | **249** | **0** | **1,085** |

| Race | Transplant Type | | | | Total |
|---|---|---|---|---|---|
| | Deceased | Living Related | Living Unrelated | Unknown | |
| American Indian/Alaska Native | 0 | 0 | 0 | 0 | **0** |
| Asian | 36 | 7 | 16 | 0 | **59** |
| Black or African American | 399 | 24 | 57 | 0 | **480** |
| Multiracial | 1 | 0 | 0 | 0 | **1** |
| Native Hawaiian or Other Pacific Islander | 3 | 0 | 0 | 0 | **3** |
| White | 284 | 81 | 175 | 0 | **540** |
| Not Specified | 1 | 0 | 1 | 0 | **2** |
| **Total** | **724** | **112** | **249** | **0** | **1,085** |

| Primary Diagnosis | Transplant Type | | | | Total |
|---|---|---|---|---|---|
| | Deceased | Living Related | Living Unrelated | Unknown | |
| Acquired obstructive uropathy | 3 | 0 | 0 | 0 | **3** |
| Acute interstitial nephritis | 2 | 0 | 0 | 0 | **2** |

| | | | | | |
|---|---|---|---|---|---|
| AIDS nephropathy | 4 | 0 | 0 | 0 | **4** |
| Amyloidosis | 0 | 0 | 0 | 0 | **0** |
| Analgesic abuse | 4 | 0 | 0 | 0 | **4** |
| Cholesterol emboli, renal emboli | 0 | 0 | 0 | 0 | **0** |
| Chronic interstitial nephritis | 6 | 1 | 0 | 0 | **7** |
| Chronic pyelonephritis, reflux nephropathy | 0 | 0 | 1 | 0 | **1** |
| Complications of other specified transplanted organ | 0 | 0 | 0 | 0 | **0** |
| Complications of transplanted bone marrow | 0 | 0 | 0 | 0 | **0** |
| Complications of transplanted heart | 0 | 0 | 0 | 0 | **0** |
| Complications of transplanted intestine | 0 | 0 | 0 | 0 | **0** |
| Complications of transplanted kidney | 21 | 3 | 11 | 0 | **35** |
| Complications of transplanted liver | 7 | 0 | 1 | 0 | **8** |
| Complications of transplanted lung | 0 | 0 | 0 | 0 | **0** |
| Complications of transplanted organ unspecified | 1 | 0 | 0 | 0 | **1** |
| Complications of transplanted pancreas | 0 | 0 | 0 | 0 | **0** |
| Congenital nephrotic syndrome | 1 | 0 | 0 | 0 | **1** |
| Congenital obstruction of ureterpelvic junction | 2 | 0 | 1 | 0 | **3** |
| Congenital obstruction of uretrovesical junction | 2 | 0 | 0 | 0 | **2** |
| Cystinosis | 0 | 0 | 0 | 0 | **0** |
| Dense deposit disease, MPGN type 2 | 0 | 0 | 1 | 0 | **1** |
| Diabetes with renal manifestations Type 1 | 35 | 3 | 10 | 0 | **48** |
| Diabetes with renal manifestations Type 2 | 148 | 15 | 36 | 0 | **199** |
| Drash syndrome, mesangial sclerosis | 0 | 0 | 0 | 0 | **0** |
| Etiology uncertain | 49 | 7 | 8 | 0 | **64** |
| Fabry's disease | 0 | 0 | 0 | 0 | **0** |
| Focal Glomerulonephritis, focal sclerosing GN | 43 | 6 | 15 | 0 | **64** |
| Glomerulonephritis (GN) (histologically not examined) | 33 | 8 | 9 | 0 | **50** |
| Goodpasture's syndrome | 4 | 0 | 2 | 0 | **6** |
| Gouty nephropathy | 0 | 0 | 0 | 0 | **0** |
| Hemolytic uremic syndrome | 1 | 0 | 1 | 0 | **2** |
| Henoch-Schonlein syndrome | 1 | 0 | 0 | 0 | **1** |
| Hepatorenal syndrome | 8 | 1 | 0 | 0 | **9** |
| Hereditary nephritis, Alport's syndrome | 3 | 0 | 3 | 0 | **6** |
| Hypertension: Unspecified with renal failure | 209 | 28 | 48 | 0 | **285** |
| IgA nephropathy, Berger's disease (proven by immunofluorescence) | 12 | 5 | 10 | 0 | **27** |
| IgM nephropathy (proven by immunofluorescence) | 1 | 0 | 1 | 0 | **2** |
| Lead nephropathy | 0 | 0 | 0 | 0 | **0** |
| Lupus erythematosus, (SLE nephritis) | 12 | 0 | 8 | 0 | **20** |
| Lymphoma of kidneys | 0 | 0 | 0 | 0 | **0** |
| Medullary cystic disease, including nephronophthisis | 2 | 1 | 1 | 0 | **4** |
| Membranoproliferative GN type 1, diffuse MPGN | 2 | 0 | 1 | 0 | **3** |
| Membranous nephropathy | 7 | 1 | 0 | 0 | **8** |
| Multiple myeloma | 0 | 0 | 0 | 0 | **0** |
| Nephrolithiasis | 0 | 0 | 0 | 0 | **0** |
| Nephropathy caused by other agents | 2 | 0 | 1 | 0 | **3** |

| | | | | | |
|---|---|---|---|---|---|
| Nephropathy due to heroin abuse and related drugs | 0 | 0 | 0 | 0 | **0** |
| Other (congenital malformation syndromes) | 1 | 0 | 2 | 0 | **3** |
| Other Congenital obstructive uropathy | 5 | 3 | 1 | 0 | **9** |
| Other disorders of calcium metabolism | 0 | 0 | 0 | 0 | **0** |
| Other immuno proliferative neoplasms (including light chain nephropathy) | 0 | 0 | 0 | 0 | **0** |
| Other proliferative GN | 2 | 0 | 2 | 0 | **4** |
| Other renal disorders | 10 | 2 | 6 | 0 | **18** |
| Other Vasculitis and its derivatives | 0 | 1 | 2 | 0 | **3** |
| Polyarteritis | 1 | 0 | 1 | 0 | **2** |
| Polycystic kidneys, adult type (dominant) | 36 | 13 | 28 | 0 | **77** |
| Polycystic, infantile (recessive) | 0 | 0 | 2 | 0 | **2** |
| Post infectious GN, SBE | 0 | 0 | 0 | 0 | **0** |
| Post partum renal failure | 0 | 0 | 0 | 0 | **0** |
| Primary oxalosis | 0 | 0 | 0 | 0 | **0** |
| Prune belly syndrome | 0 | 0 | 0 | 0 | **0** |
| Radiation nephritis | 1 | 0 | 0 | 0 | **1** |
| Renal artery occlusion | 1 | 0 | 0 | 0 | **1** |
| Renal artery stenosis | 1 | 0 | 2 | 0 | **3** |
| Renal hypoplasia, dysplasia, oligonephronia | 3 | 0 | 5 | 0 | **8** |
| Renal tumor (benign) | 0 | 0 | 0 | 0 | **0** |
| Renal tumor (malignant) | 0 | 0 | 1 | 0 | **1** |
| Renal tumor (unspecified) | 0 | 0 | 0 | 0 | **0** |
| Scleroderma | 0 | 0 | 0 | 0 | **0** |
| Secondary GN, other | 0 | 0 | 1 | 0 | **1** |
| Sickle cell disease/anemia | 1 | 0 | 0 | 0 | **1** |
| Sickle cell trait and other sickle cell (HbS/Hb other) | 0 | 0 | 0 | 0 | **0** |
| Traumatic or surgical loss of kidney(s) | 0 | 0 | 0 | 0 | **0** |
| Tuberous sclerosis | 0 | 0 | 0 | 0 | **0** |
| Tubular necrosis (no recovery) | 2 | 3 | 2 | 0 | **7** |
| Urinary tract tumor (benign) | 0 | 0 | 0 | 0 | **0** |
| Urinary tract tumor (malignant) | 0 | 0 | 0 | 0 | **0** |
| Urinary tract tumor (unspecified) | 0 | 0 | 0 | 0 | **0** |
| Urolithiasis | 0 | 0 | 0 | 0 | **0** |
| Wegener's granulomatosis | 2 | 1 | 6 | 0 | **9** |
| With lesion of rapidly progressive GN | 1 | 0 | 1 | 0 | **2** |
| Not Specified | 32 | 10 | 18 | 0 | **60** |
| **Total** | **724** | **112** | **249** | **0** | **1,085** |

***Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

# Table 7: Dialysis Deaths
## As of 1/1/2013 - 12/31/2013

| Age Group | DC | MD | VA | WV | Other | Total |
|---|---|---|---|---|---|---|
| 00-04 | 0 | 3 | 1 | 0 | 0 | **4** |
| 05-09 | 0 | 0 | 0 | 0 | 0 | **0** |
| 10-14 | 0 | 0 | 0 | 0 | 0 | **0** |
| 15-19 | 0 | 1 | 0 | 0 | 0 | **1** |
| 20-24 | 1 | 2 | 1 | 2 | 0 | **6** |
| 25-29 | 0 | 5 | 7 | 4 | 0 | **16** |
| 30-34 | 1 | 11 | 11 | 1 | 0 | **24** |
| 35-39 | 2 | 15 | 15 | 8 | 1 | **41** |
| 40-44 | 8 | 21 | 31 | 5 | 0 | **65** |
| 45-49 | 7 | 54 | 54 | 13 | 4 | **132** |
| 50-54 | 13 | 82 | 93 | 35 | 2 | **225** |
| 55-59 | 24 | 106 | 172 | 38 | 5 | **345** |
| 60-64 | 24 | 151 | 176 | 46 | 7 | **404** |
| 65-69 | 25 | 177 | 251 | 80 | 11 | **544** |
| 70-74 | 23 | 183 | 279 | 91 | 11 | **587** |
| 75-79 | 33 | 188 | 258 | 79 | 8 | **566** |
| 80-84 | 21 | 198 | 216 | 52 | 7 | **494** |
| >=85 | 22 | 169 | 219 | 54 | 9 | **473** |
| **Total** | **204** | **1,366** | **1,784** | **508** | **65** | **3,927** |

| Gender | DC | MD | VA | WV | Other | Total |
|---|---|---|---|---|---|---|
| Female | 111 | 607 | 802 | 224 | 24 | **1,768** |
| Male | 93 | 759 | 982 | 284 | 41 | **2,159** |
| Not Specified | 0 | 0 | 0 | 0 | 0 | **0** |
| **Total** | **204** | **1,366** | **1,784** | **508** | **65** | **3,927** |

| Race | DC | MD | VA | WV | Other | Total |
|---|---|---|---|---|---|---|
| American Indian/Alaska Native | 0 | 1 | 0 | 0 | 0 | **1** |
| Asian | 1 | 24 | 47 | 4 | 0 | **76** |
| Black or African American | 180 | 740 | 796 | 41 | 16 | **1,773** |
| Multiracial | 0 | 1 | 1 | 0 | 0 | **2** |
| Native Hawaiian or Other Pacific Islander | 4 | 8 | 9 | 0 | 0 | **21** |
| White | 18 | 592 | 930 | 463 | 49 | **2,052** |
| Not Specified | 1 | 0 | 1 | 0 | 0 | **2** |
| **Total** | **204** | **1,366** | **1,784** | **508** | **65** | **3,927** |

| Primary Diagnosis | DC | MD | VA | WV | Other | Total |
|---|---|---|---|---|---|---|
| Cystic/Hereditary/Congenital Diseases | 0 | 19 | 34 | 8 | 0 | **61** |
| Diabetes | 77 | 528 | 805 | 263 | 31 | **1,704** |
| Glomerulonephritis | 5 | 60 | 87 | 15 | 2 | **169** |
| Hypertension/Large Vessel Disease | 79 | 460 | 548 | 135 | 24 | **1,246** |
| Interstitial Nephritis/Pyelonephritis | 4 | 35 | 32 | 15 | 1 | **87** |

| | | | | | | |
|---|---|---|---|---|---|---|
| Miscellaneous Conditions | 26 | 154 | 146 | 42 | 3 | **371** |
| Neoplasms/Tumors | 4 | 35 | 57 | 19 | 2 | **117** |
| Secondary GN/Vasculitis | 1 | 13 | 33 | 2 | 2 | **51** |
| Not Specified | 8 | 62 | 42 | 9 | 0 | **121** |
| **Total** | **204** | **1,366** | **1,784** | **508** | **65** | **3,927** |

| **Primary Cause of Death** | DC | MD | VA | WV | Other | **Total** |
|---|---|---|---|---|---|---|
| Cardiac | 86 | 414 | 746 | 242 | 21 | **1,509** |
| Gastro-Intestinal | 0 | 9 | 16 | 3 | 1 | **29** |
| Infection | 20 | 112 | 168 | 37 | 8 | **345** |
| Liver Disease | 1 | 9 | 15 | 7 | 1 | **33** |
| Other | 26 | 215 | 383 | 122 | 14 | **760** |
| Unknown | 62 | 450 | 286 | 47 | 16 | **861** |
| Vascular | 4 | 34 | 77 | 20 | 1 | **136** |
| Not Specified | 5 | 123 | 93 | 30 | 3 | **254** |
| **Total** | **204** | **1,366** | **1,784** | **508** | **65** | **3,927** |

Source of Information: CROWNWeb
Race: The categories are from the CMS-2728 Form
Diagnosis: The categories are from the CMS-2728 Form
This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities.
This table includes 28 Patient receiving treatment at VA facilities.

***Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

# Table 8: Vocational Rehabilitation
## As of 1/1/2013 - 12/31/2013

**DC**

| Facility CCN | Aged 18 through 54 | Patients Receiving Services from Voc Rehab | Patients Employed Full-Time or Part-Time | Patients Attending School Full-Time or Part-Time |
|---|---|---|---|---|
| 092521 | 88 | 1 | 14 | 1 |
| 092522 | 8 | 0 | 0 | 0 |
| 090011 | 0 | 0 | 0 | 0 |
| 092524 | 16 | 0 | 2 | 0 |
| 092525 | 22 | 0 | 3 | 0 |
| 092526 | 12 | 0 | 4 | 0 |
| 092527 | 11 | 0 | 0 | 0 |
| 090004 | 0 | 0 | 0 | 0 |
| 09002F | 7 | 0 | 1 | 0 |
| 092501 | 42 | 0 | 9 | 0 |
| 092503 | 67 | 0 | 11 | 0 |
| 092505 | 23 | 0 | 0 | 0 |
| 092508 | 26 | 0 | 2 | 0 |
| 092510 | 52 | 0 | 6 | 0 |
| 092513 | 59 | 0 | 2 | 0 |
| 092515 | 31 | 0 | 3 | 0 |
| 092516 | 13 | 0 | 5 | 0 |
| 092517 | 40 | 0 | 4 | 0 |
| 092518 | 77 | 0 | 12 | 0 |
| 092519 | 64 | 0 | 2 | 0 |
| 092520 | 46 | 0 | 4 | 0 |
| 093300 | 4 | 0 | 0 | 0 |
| 090004 | 0 | 0 | 0 | 0 |
| 090011 | 0 | 0 | 0 | 0 |
| 09003F | 0 | 0 | 0 | 0 |
| 093300 | 0 | 0 | 0 | 0 |
| 092528 | 47 | 0 | 5 | 0 |
| **DC Total** | **755** | **1** | **89** | **1** |

**MD**

| Facility CCN | Aged 18 through 54 | Patients Receiving Services from Voc Rehab | Patients Employed Full-Time or Part-Time | Patients Attending School Full-Time or Part-Time |
|---|---|---|---|---|
| 212597 | 0 | 0 | 0 | 0 |
| 212605 | 33 | 0 | 4 | 0 |
| 212609 | 11 | 0 | 1 | 0 |
| 212610 | 23 | 0 | 2 | 0 |
| 212611 | 22 | 0 | 1 | 0 |
| 212612 | 17 | 0 | 4 | 1 |
| 212603 | 11 | 0 | 1 | 0 |
| 212613 | 20 | 0 | 3 | 0 |
| 212614 | 49 | 0 | 9 | 0 |
| 212616 | 24 | 0 | 0 | 0 |

| | | | | |
|---|---|---|---|---|
| 212615 | 16 | 0 | 0 | 0 |
| 212618 | 9 | 0 | 0 | 0 |
| 212620 | 21 | 0 | 3 | 0 |
| 212621 | 16 | 0 | 1 | 0 |
| 212619 | 2 | 0 | 0 | 0 |
| 212622 | 8 | 0 | 0 | 0 |
| 212626 | 26 | 0 | 1 | 0 |
| 212625 | 13 | 0 | 2 | 0 |
| 212627 | 10 | 0 | 0 | 0 |
| 212629 | 19 | 0 | 2 | 0 |
| 212628 | 16 | 0 | 1 | 0 |
| 212630 | 15 | 0 | 4 | 1 |
| 212632 | 17 | 0 | 0 | 0 |
| 212634 | 23 | 1 | 1 | 0 |
| 212633 | 7 | 0 | 5 | 0 |
| 212631 | 19 | 0 | 4 | 0 |
| 213503 | 19 | 0 | 3 | 0 |
| 212636 | 7 | 0 | 1 | 0 |
| 212637 | 22 | 0 | 4 | 0 |
| 212639 | 20 | 0 | 0 | 0 |
| 212638 | 40 | 0 | 3 | 0 |
| 212640 | 48 | 0 | 5 | 0 |
| 212641 | 9 | 1 | 4 | 1 |
| 212642 | 3 | 0 | 0 | 0 |
| 212643 | 18 | 0 | 1 | 0 |
| 212646 | 5 | 0 | 0 | 0 |
| 212647 | 11 | 0 | 0 | 0 |
| 212649 | 3 | 0 | 0 | 0 |
| 212650 | 16 | 2 | 0 | 0 |
| 212651 | 3 | 0 | 0 | 0 |
| 212653 | 16 | 0 | 1 | 0 |
| 212654 | 13 | 0 | 0 | 0 |
| 212655 | 35 | 0 | 4 | 0 |
| 212656 | 0 | 0 | 0 | 0 |
| 212657 | 42 | 0 | 5 | 0 |
| 212659 | 50 | 0 | 14 | 0 |
| 212660 | 11 | 0 | 2 | 0 |
| 212663 | 9 | 0 | 2 | 0 |
| 212662 | 24 | 0 | 6 | 0 |
| 210027 | 21 | 0 | 4 | 0 |
| 212664 | 35 | 0 | 4 | 0 |
| 212666 | 26 | 0 | 5 | 0 |
| 212665 | 10 | 0 | 2 | 0 |
| 212668 | 7 | 0 | 1 | 0 |
| 212669 | 12 | 0 | 5 | 0 |
| 212667 | 3 | 0 | 1 | 0 |

| | | | | |
|---|---|---|---|---|
| 212670 | 23 | 0 | 11 | 0 |
| 210004 | 37 | 0 | 5 | 0 |
| 212598 | 35 | 0 | 4 | 0 |
| 210009 | 1 | 0 | 0 | 0 |
| 210013 | 42 | 0 | 0 | 0 |
| 210024 | 40 | 0 | 1 | 0 |
| 212592 | 59 | 0 | 10 | 0 |
| 210056 | 99 | 0 | 11 | 1 |
| 212003 | 18 | 0 | 2 | 0 |
| 212501 | 37 | 0 | 5 | 0 |
| 212503 | 7 | 0 | 1 | 0 |
| 212504 | 26 | 0 | 2 | 0 |
| 212507 | 3 | 0 | 0 | 0 |
| 212510 | 28 | 0 | 5 | 0 |
| 212511 | 23 | 0 | 2 | 0 |
| 212512 | 35 | 0 | 1 | 0 |
| 212513 | 26 | 0 | 5 | 1 |
| 212515 | 50 | 0 | 9 | 4 |
| 212516 | 32 | 0 | 7 | 0 |
| 212520 | 22 | 0 | 1 | 0 |
| 212522 | 54 | 1 | 8 | 0 |
| 212523 | 34 | 0 | 1 | 0 |
| 212525 | 11 | 1 | 0 | 0 |
| 212528 | 42 | 0 | 10 | 0 |
| 212529 | 15 | 0 | 1 | 0 |
| 212530 | 45 | 0 | 9 | 0 |
| 212531 | 7 | 0 | 1 | 0 |
| 212534 | 37 | 0 | 4 | 0 |
| 212535 | 56 | 0 | 9 | 0 |
| 212536 | 24 | 0 | 5 | 0 |
| 212537 | 12 | 0 | 3 | 0 |
| 212538 | 36 | 0 | 12 | 0 |
| 212539 | 15 | 0 | 3 | 0 |
| 212541 | 18 | 0 | 1 | 0 |
| 212542 | 62 | 0 | 5 | 0 |
| 212543 | 21 | 0 | 1 | 0 |
| 212544 | 18 | 0 | 3 | 0 |
| 212545 | 43 | 0 | 8 | 0 |
| 212546 | 29 | 0 | 5 | 0 |
| 212548 | 2 | 0 | 0 | 0 |
| 212549 | 15 | 1 | 4 | 1 |
| 212551 | 44 | 0 | 3 | 0 |
| 212552 | 70 | 0 | 8 | 0 |
| 212556 | 40 | 0 | 4 | 0 |
| 212557 | 17 | 0 | 4 | 0 |
| 212560 | 13 | 0 | 4 | 0 |

| | | | | |
|---|---|---|---|---|
| 212563 | 7 | 0 | 1 | 0 |
| 212564 | 24 | 0 | 3 | 0 |
| 212565 | 3 | 0 | 1 | 0 |
| 212566 | 25 | 0 | 3 | 0 |
| 212568 | 19 | 0 | 3 | 0 |
| 212573 | 19 | 0 | 1 | 0 |
| 212574 | 15 | 0 | 1 | 0 |
| 212576 | 25 | 0 | 3 | 0 |
| 212577 | 17 | 0 | 0 | 0 |
| 212578 | 2 | 0 | 0 | 0 |
| 212583 | 11 | 0 | 1 | 0 |
| 212585 | 18 | 0 | 3 | 0 |
| 212586 | 7 | 0 | 0 | 0 |
| 212587 | 16 | 0 | 1 | 0 |
| 212588 | 13 | 0 | 0 | 0 |
| 212590 | 48 | 0 | 8 | 0 |
| 212593 | 27 | 0 | 5 | 0 |
| 212594 | 26 | 0 | 3 | 0 |
| 212595 | 40 | 0 | 3 | 0 |
| 210002 | 0 | 0 | 0 | 0 |
| 210009 | 0 | 0 | 0 | 0 |
| 21007F | 6 | 0 | 2 | 0 |
| 212596 | 0 | 0 | 0 | 0 |
| 212671 | 1 | 0 | 0 | 0 |
| 212672 | 19 | 0 | 4 | 0 |
| 212675 | 9 | 0 | 0 | 0 |
| 212676 | 10 | 0 | 0 | 0 |
| 212674 | 8 | 0 | 3 | 1 |
| 212673 | 9 | 0 | 2 | 0 |
| 212678 | 12 | 0 | 1 | 0 |
| 212677 | 6 | 0 | 3 | 0 |
| 212679 | 3 | 0 | 0 | 0 |
| **MD Total** | **2,853** | **7** | **379** | **11** |

**VA**

| Facility CCN | Aged 18 through 54 | Patients Receiving Services from Voc Rehab | Patients Employed Full-Time or Part-Time | Patients Attending School Full-Time or Part-Time |
|---|---|---|---|---|
| 493507 | 15 | 1 | 2 | 1 |
| 492599 | 20 | 0 | 0 | 0 |
| 492600 | 45 | 0 | 4 | 2 |
| 492604 | 51 | 0 | 11 | 1 |
| 492603 | 17 | 1 | 0 | 1 |
| 492605 | 14 | 0 | 1 | 0 |
| 492608 | 16 | 0 | 2 | 0 |
| 493509 | 24 | 0 | 3 | 0 |
| 492607 | 27 | 0 | 5 | 0 |
| 492530 | 44 | 0 | 4 | 0 |

| | | | | |
|---|---|---|---|---|
| 492610 | 10 | 0 | 3 | 0 |
| 492602 | 27 | 0 | 2 | 0 |
| 499996 | 0 | 0 | 0 | 0 |
| 492614 | 0 | 0 | 0 | 0 |
| 492615 | 22 | 0 | 6 | 0 |
| 492616 | 17 | 0 | 0 | 0 |
| 493511 | 7 | 0 | 0 | 0 |
| 492617 | 28 | 0 | 3 | 0 |
| 492618 | 31 | 0 | 2 | 0 |
| 492619 | 25 | 0 | 0 | 0 |
| 492620 | 14 | 0 | 1 | 0 |
| 492622 | 16 | 0 | 3 | 0 |
| 492623 | 15 | 0 | 4 | 0 |
| 492624 | 4 | 0 | 1 | 0 |
| 492625 | 9 | 0 | 1 | 0 |
| 492626 | 12 | 0 | 4 | 0 |
| 493512 | 24 | 0 | 2 | 0 |
| 493513 | 77 | 0 | 7 | 0 |
| 492627 | 14 | 0 | 1 | 0 |
| 492628 | 14 | 0 | 3 | 0 |
| 492629 | 26 | 0 | 5 | 0 |
| 492630 | 9 | 0 | 0 | 0 |
| 493301 | 0 | 0 | 0 | 0 |
| 492631 | 29 | 0 | 5 | 0 |
| 492632 | 38 | 0 | 4 | 0 |
| 492633 | 10 | 0 | 2 | 0 |
| 492634 | 53 | 0 | 12 | 0 |
| 492635 | 10 | 0 | 0 | 0 |
| 492636 | 8 | 0 | 0 | 0 |
| 492637 | 12 | 0 | 1 | 0 |
| 492638 | 1 | 0 | 1 | 0 |
| 492639 | 10 | 0 | 2 | 0 |
| 492640 | 46 | 0 | 3 | 0 |
| 492641 | 13 | 0 | 0 | 0 |
| 492643 | 12 | 0 | 2 | 0 |
| 492645 | 12 | 0 | 3 | 0 |
| 492646 | 11 | 0 | 0 | 0 |
| 492647 | 28 | 0 | 7 | 0 |
| 492649 | 26 | 0 | 0 | 1 |
| 492648 | 6 | 0 | 1 | 0 |
| 492652 | 7 | 0 | 1 | 0 |
| 492650 | 19 | 0 | 5 | 0 |
| 492651 | 21 | 0 | 5 | 0 |
| 492653 | 63 | 0 | 7 | 0 |
| 493514 | 20 | 0 | 0 | 0 |
| 492654 | 9 | 0 | 1 | 0 |

| | | | | |
|---|---|---|---|---|
| 492655 | 5 | 0 | 1 | 0 |
| 492656 | 27 | 0 | 1 | 0 |
| 492657 | 6 | 0 | 1 | 0 |
| 492658 | 20 | 0 | 4 | 1 |
| 492660 | 22 | 0 | 2 | 0 |
| 492659 | 22 | 0 | 4 | 0 |
| 492661 | 9 | 0 | 0 | 2 |
| 492662 | 29 | 0 | 1 | 0 |
| 490007 | 0 | 0 | 0 | 0 |
| 490009 | 52 | 2 | 3 | 2 |
| 490032 | 14 | 0 | 1 | 0 |
| 490063 | 0 | 0 | 0 | 0 |
| 490067 | 26 | 0 | 1 | 0 |
| 492598 | 38 | 0 | 5 | 0 |
| 49006F | 11 | 0 | 0 | 0 |
| 49008F | 2 | 0 | 0 | 0 |
| 49010F | 3 | 0 | 1 | 0 |
| 49011F | 5 | 0 | 0 | 0 |
| 492501 | 48 | 0 | 3 | 0 |
| 492502 | 39 | 1 | 9 | 1 |
| 492503 | 30 | 0 | 14 | 0 |
| 492504 | 22 | 0 | 7 | 0 |
| 492505 | 52 | 0 | 6 | 0 |
| 492506 | 27 | 0 | 4 | 0 |
| 492507 | 40 | 0 | 4 | 0 |
| 492508 | 49 | 0 | 3 | 0 |
| 492513 | 21 | 0 | 2 | 0 |
| 492516 | 28 | 0 | 3 | 0 |
| 492517 | 35 | 0 | 2 | 0 |
| 492521 | 53 | 0 | 11 | 0 |
| 492522 | 9 | 0 | 1 | 0 |
| 492523 | 45 | 1 | 6 | 1 |
| 492524 | 31 | 0 | 3 | 0 |
| 492525 | 7 | 0 | 0 | 0 |
| 492526 | 20 | 0 | 1 | 0 |
| 492527 | 26 | 0 | 2 | 0 |
| 492528 | 16 | 0 | 0 | 0 |
| 492529 | 14 | 0 | 1 | 0 |
| 492531 | 7 | 0 | 1 | 0 |
| 492532 | 8 | 0 | 0 | 0 |
| 492533 | 20 | 0 | 0 | 0 |
| 492534 | 35 | 0 | 2 | 0 |
| 492535 | 18 | 0 | 0 | 0 |
| 492536 | 12 | 0 | 2 | 1 |
| 492537 | 57 | 0 | 9 | 0 |
| 492538 | 26 | 0 | 4 | 0 |

| | | | | |
|---|---|---|---|---|
| 492539 | 6 | 0 | 0 | 0 |
| 492541 | 39 | 0 | 20 | 0 |
| 492543 | 15 | 0 | 0 | 0 |
| 492545 | 24 | 0 | 3 | 0 |
| 492546 | 4 | 0 | 1 | 0 |
| 492548 | 27 | 0 | 2 | 0 |
| 492549 | 24 | 1 | 6 | 1 |
| 492551 | 17 | 0 | 1 | 0 |
| 492552 | 33 | 0 | 6 | 0 |
| 492554 | 31 | 0 | 6 | 1 |
| 492556 | 59 | 0 | 12 | 0 |
| 492558 | 13 | 0 | 1 | 0 |
| 492559 | 23 | 0 | 1 | 0 |
| 492560 | 33 | 0 | 2 | 0 |
| 492561 | 65 | 0 | 5 | 0 |
| 492562 | 24 | 0 | 2 | 0 |
| 492563 | 18 | 0 | 2 | 0 |
| 492564 | 28 | 0 | 9 | 0 |
| 492565 | 10 | 0 | 0 | 0 |
| 492567 | 50 | 0 | 7 | 0 |
| 492570 | 38 | 0 | 9 | 0 |
| 492572 | 5 | 0 | 0 | 0 |
| 492573 | 14 | 0 | 2 | 0 |
| 492574 | 36 | 0 | 6 | 0 |
| 492575 | 29 | 0 | 3 | 0 |
| 492576 | 18 | 0 | 3 | 0 |
| 492578 | 11 | 0 | 0 | 0 |
| 492579 | 18 | 0 | 2 | 0 |
| 492580 | 41 | 0 | 7 | 0 |
| 492581 | 15 | 0 | 2 | 0 |
| 492583 | 12 | 0 | 1 | 0 |
| 492587 | 15 | 0 | 3 | 0 |
| 492588 | 42 | 2 | 4 | 2 |
| 492589 | 32 | 0 | 2 | 0 |
| 492590 | 13 | 0 | 1 | 0 |
| 492591 | 41 | 0 | 11 | 0 |
| 492592 | 33 | 0 | 8 | 0 |
| 492593 | 6 | 0 | 1 | 0 |
| 492594 | 25 | 0 | 1 | 0 |
| 492595 | 12 | 0 | 1 | 0 |
| 492596 | 23 | 0 | 3 | 0 |
| 493301 | 11 | 0 | 1 | 1 |
| 493504 | 0 | 0 | 0 | 0 |
| 493505 | 14 | 0 | 2 | 0 |
| 499997 | 7 | 0 | 0 | 0 |
| 490007 | 0 | 0 | 0 | 0 |

| | | | | |
|---|---|---|---|---|
| 490032 | 0 | 0 | 0 | 0 |
| 490118 | 0 | 0 | 0 | 0 |
| 490009 | 0 | 0 | 0 | 0 |
| 492664 | 14 | 0 | 4 | 0 |
| 492663 | 16 | 0 | 2 | 0 |
| 492665 | 11 | 0 | 0 | 0 |
| 492666 | 14 | 0 | 2 | 1 |
| 492667 | 5 | 0 | 2 | 0 |
| 492668 | 5 | 0 | 0 | 0 |
| 492669 | 15 | 0 | 3 | 0 |
| 492670 | 6 | 0 | 4 | 0 |
| 492671 | 5 | 0 | 0 | 0 |
| 492672 | 15 | 0 | 6 | 0 |
| 492673 | 0 | 0 | 0 | 0 |
| **VA Total** | **3,384** | **9** | **449** | **20** |

**WV**

| Facility CCN | Aged 18 through 54 | Patients Receiving Services from Voc Rehab | Patients Employed Full-Time or Part-Time | Patients Attending School Full-Time or Part-Time |
|---|---|---|---|---|
| 512517 | 7 | 0 | 0 | 0 |
| 512518 | 14 | 0 | 0 | 0 |
| 510001 | 2 | 0 | 1 | 0 |
| 512519 | 32 | 0 | 2 | 0 |
| 512520 | 37 | 0 | 2 | 0 |
| 512521 | 21 | 0 | 4 | 0 |
| 510022 | 0 | 0 | 0 | 0 |
| 512522 | 4 | 0 | 0 | 0 |
| 512523 | 38 | 0 | 1 | 0 |
| 512524 | 14 | 1 | 1 | 1 |
| 512525 | 9 | 0 | 0 | 0 |
| 512526 | 0 | 0 | 0 | 0 |
| 512527 | 5 | 0 | 0 | 0 |
| 512528 | 9 | 0 | 1 | 0 |
| 512529 | 9 | 0 | 0 | 0 |
| 512531 | 4 | 0 | 0 | 0 |
| 512530 | 5 | 0 | 0 | 0 |
| 512532 | 27 | 0 | 3 | 0 |
| 512533 | 23 | 0 | 0 | 0 |
| 512534 | 7 | 0 | 0 | 0 |
| 512535 | 18 | 0 | 4 | 0 |
| 512536 | 3 | 0 | 0 | 0 |
| 512537 | 6 | 0 | 0 | 0 |
| 510022 | 1 | 0 | 0 | 0 |
| 512502 | 39 | 0 | 1 | 0 |
| 512503 | 41 | 0 | 3 | 0 |
| 512505 | 27 | 0 | 1 | 0 |
| 512506 | 24 | 0 | 2 | 0 |

| | | | | |
|---|---|---|---|---|
| 512507 | 8 | 0 | 0 | 0 |
| 512508 | 10 | 0 | 1 | 0 |
| 512509 | 7 | 0 | 0 | 0 |
| 512511 | 14 | 0 | 1 | 0 |
| 512513 | 20 | 0 | 6 | 0 |
| 512514 | 5 | 0 | 0 | 0 |
| 512515 | 28 | 0 | 3 | 0 |
| 512516 | 9 | 0 | 0 | 0 |
| 512539 | 2 | 0 | 0 | 0 |
| 512538 | 3 | 0 | 0 | 0 |
| **WV Total** | **532** | **1** | **37** | **1** |

***Tables are taken directly from CMS CROWNWeb. The counts are preliminary and subject to change; their accuracy has not been verified.***

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