

NETWORK 8, INC.

2002 ANNUAL REPORT

Activities performed under this contract were sponsored
by the Centers for Medicare & Medicaid Services

CMS Contract Number 500-00-NW08

June 30, 2003

Preface

This report contains a summary of patient-centered activities during 2002 with an emphasis on improved care outcomes. Over the years, Network 8 has partnered with selected facilities on projects ranging from PD adequacy to HD adequacy to stenosis monitoring, the latter summarized in this document. In each instance, providers have stepped forward to re-evaluate and strengthen protocols, and in each instance, improved clinical outcomes have been the hallmark of these efforts.

While each of these activities has been meaningful in its context, we have not confronted the area of greatest cost in human and financial capital: placement and maintenance of inappropriate and inferior vascular access. Although this region is among the higher performers in avoidance of long-term catheters, we are at the opposite end of the performance spectrum when it comes to AV fistula prevalence.

Beginning in 2003, all U.S. providers will have the opportunity to partner with CMS, their respective Networks, and others to begin dismantling the barriers to appropriate access selection. Achieving success will require personal commitment of key players in challenging the status quo. While the required level of change will not occur overnight or maybe even in a year, others have shown that sustained improvement in placement of AV fistulas is possible when it has been the focus of attention.

It has been my privilege to serve in a volunteer capacity for the Network over too many years to count, and to witness the advances we as a community have made in adopting best evidenced-based practice. It is our commitment to you, as an improvement-focused organization, to support initiatives like these that offer long-term benefits both to the health of patients and to the health of the system of care that sustains their lives.

Philip W. Rogers, MD, Chairman
Board of Directors

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Introduction

The ESRD Network program was enabled by Congress (Public Law 92-603) passed on October 30, 1972. This was in concert with a more significant feature of the law, extension of Medicare coverage to those with ESRD meeting specified coverage criteria.

Initially there were 32 Network regions organized around delivery of care patterns and charged with assuring the effective and efficient administration of program benefits. Since that time, the role of Networks has evolved to focus less on resource allocation and more on quality improvement and information management. As a result of subsequent legislation, there are now 18 Network regions of varying geographic size but with roughly equivalent ESRD population bases.

Networks are under contract with the Centers for Medicare & Medicaid Services (CMS) to perform a variety of services. CMS contractual goals for ESRD Networks include the following:

- Improve the quality of health care services and quality of life for ESRD beneficiaries
- Improve data reliability, validity, and reporting among ESRD providers/facilities, Networks, and CMS
- Establish and improve partnerships and cooperative activities among and between the ESRD Networks, Quality Improvement Organizations (QIOs), State survey agencies, ESRD providers/facilities, ESRD facility owners, professional groups, and patient organizations.

Activities performed by Network 8 and its partners to advance these goals are summarized in this report.

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I. **Network Description.** In physical features, this region includes Alabama, Mississippi and Tennessee, covering 50,750, 46,914, and 41,220 square miles respectively (138,884 square miles total). Although all three states are typically rural, the addition of additional dialysis units in new communities over the past few years has enhanced access to ESRD care. There exists substantial cultural and economic diversity from state to state and within states. Population data were taken from the 2000 US Census.

State Profile by Race, Number and Percent, All Ages

Subject	Alabama		Mississippi		Tennessee	
	Number	Percent	Number	Percent	Number	Percent
Race						
Total population	4,447,100	100.0	2,844,658	100.0	5,689,283	100.0
White	3,162,808	71.1	1,746,099	61.4	4,563,310	80.2
Black or African American	1,155,930	26.0	1,033,809	36.3	932,809	16.4
American Indian/Alaska native	22,430	0.5	11,652	0.4	15,152	0.3
Asian	31,346	0.7	18,626	0.7	56,662	1.0
Hawaiian, Pacific Islander	1,409	0.0	667	0.0	2,205	0.0
Other Race	28,998	0.7	13,784	0.5	56,036	1.0
Two or more races	44,179	1.0	20,021	0.7	63,109	1.1
Hispanic/Latino						
Total population	4,447,100	100.0	2,844,658	100.0	5,689,283	100.0
Hispanic (any race)	75,830	1.7	39,569	1.4	123,838	2.2
Non-Hispanic	4,371,270	98.3	2,805,089	98.6	5,565,445	97.8

Source: U.S. Census Bureau, Census 2000 Redistricting Data Summary File

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State Profile by Race, All ages and 18 Years and Over

Subject	Alabama		Mississippi		Tennessee	
	All ages	18 and over	All ages	18 and over	All ages	18 and over
Race						
Total population	4,447,100	3,323,678	2,844,658	2,069,471	5,689,283	4,290,762
White	3,162,808	2,440,176	1,746,099	1,340,870	4,563,310	3,524,497
Black or African American	1,155,930	796,342	1,033,809	658,259	932,809	636,300
American Indian/Alaska native	22,430	16,144	11,652	7,629	15,152	11,530
Asian	31,346	23,724	18,626	13,604	56,662	42,365
Hawaiian, Pacific Islander	1,409	1,063	667	494	2,205	1,597
Other Race	28,998	18,977	13,784	9,575	56,036	38,188
Two or more races	44,179	27,252	20,021	12,040	63,109	36,285
Hispanic/Latino						
Total population	4,447,100	3,323,678	2,844,658	2,069,471	5,689,283	4,290,762
Hispanic (any race)	75,830	50,955	39,569	27,509	123,838	84,939
Non-Hispanic	4,371,270	3,272,723	2,805,089	2,041,962	5,565,445	4,205,823

Source: U.S. Census Bureau, Census 2000 Redistricting Data Summary File

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II. Network Structure

A. Full-time Network Personnel with Key Responsibilities

- Jerry Fuller, Executive Director (ED), administers the contract, supervises key staff, and serves as primary liaison to Network Board of Directors.
- Sylvia Catchings, Office Manager (OM), performs payroll and bookkeeping duties, provides primary audit support, coordinates employee benefits, and provides other administrative and office management support.
- Cathy Thornton-Hartzog, MHS, BSN, RN, CNN, Quality Improvement Director (QID), directs QI activities and projects, serves as liaison to the Medical Review Board, directs the activities of the QI nurse, and assists in the development and implementation of Network educational workshops.
- Rosemary McElroy, RN, CNN, Quality Improvement Coordinator(QIC), is the primary contact for the patient grievance process and is liaison to the MRB patient grievance committee. Additionally, she provides day to day technical assistance to providers, implements QI projects, and undertakes other assigned QI activities.
- Brenda Dyson, Patient Services Coordinator (PSC), assists with the patient grievance process, produces the quarterly patient newsletter, coordinates patient education, serves as liaison with allied state and national renal patient organizations, and coordinates the distribution of CMS, USRDS, and CDC data collection instruments.
- Michael Kennedy, Information Systems Director (ISD), manages the data department, supervising four data specialists. He oversees the accuracy and completeness of the patient tracking system (SIMS), coordinates the implementation of VISION, provides IT training, project management, and support across departmental lines, responds to data requests, and serves as the Network's liaison to SIMS workgroups.
- Margot Bean, Data Specialist (DS), enters and validates data from CMS and Network forms for the state of Tennessee, reconciles facility data, and oversees the integrity of nightly LAN/WAN back-ups, and manages offsite data storage.

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- April Freeman, Data Specialist, enters and validates data from CMS and Network forms for the state of Mississippi, responds to patient status requests from CMS, and provides routine LAN security and telephone maintenance functions.
- Katie Wilcher, Data Specialist, enters and validates data from CMS and Network forms for the state of Alabama, serves as backup to the Office Manager for logging incoming mail, and handles special ad hoc projects.
- Lesli Hutchins, QI/Data Support Assistant (QDA), provides cross-departmental data entry, non-routine data entry, administrative back-up support, and special projects. Additionally, she enters and validates data from CMS and Network forms for a portion of the dialysis facilities for Tennessee.
- Lynn Haynes, RN, Special Projects Coordinator, assists with educational meetings such as the Network's annual education symposium and council meeting.

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B. Committees

Board of Directors. The Board of Directors sets policy, establishes and manages the Network's financial operations, and directs the administrative staff in performance of contract requirements. The Board is composed of fifteen members and convenes four times yearly, twice in person and twice by teleconference. The Board develops and/or approves policies and procedures, administers affairs of the Network Council (an advisory body on policies and administrative matters), and appoints the Medical Review Board. Names marked with an asterisk had reached maximum tenure or had otherwise resigned from the Board as of the publication date of this report.

Board of Directors as of December 31, 2002	
Philip W. Rogers, MD, Chairman Hattiesburg, MS	Sergio Acchiardo, MD, Vice-Chairman Memphis, TN
Kent Taylor, MD Secretary/Treasurer Selma, AL	Cathy Folk, RD Nashville, TN
Wilson Parry, MD Jackson, MS	Tom Ozbirn, DO Birmingham, AL
Alp Ikizler, MD Nashville, TN	Ellen Predmore, MSW Chattanooga, TN
Cynthia Powers, Network Council Chairman Memphis, TN	Charlotte Baynes, Patient Representative Pinson, AL
Steve Gamble, RN* Bessemer, AL	A. Randle White, MD* Greenwood, MS
Carol Headley, MSN, RN, CNN Memphis, TN	Marc Stegman, MD Memphis, TN
Angie Kurosaka, Administrator Birmingham, AL	Thomas Wooldridge, MD, ex officio MRB Chairman* Tupelo, MS John D. Bower, MD, ex officio Financial Officer Jackson, MS

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Medical Review Board. The MRB oversees the Network’s quality initiatives with CMS guidance. The MRB generally mirrors the Board of Directors in composition and representation. Among its principal objectives are to develop and implement quality improvement initiatives and to evaluate facility and patient concerns. Patient and facility grievances and concerns are also considered by the MRB. On-site investigations occasionally are undertaken by the MRB or by staff under MRB direction. Names marked with an asterisk had reached maximum tenure or had otherwise resigned from the MRB as of the publication date of this report.

Medical Review Board as of December 31, 2002	
Thomas Wooldridge, MD, Chairman* Tupelo, MS	Jerry Jackson, MD, Vice-Chairman Birmingham, AL
Suzanne Bergman, MD Birmingham, AL	Kirit Joshi, MD Dothan, AL
Mahmoud Salem, MD Jackson, MS	Connie Andrews, MSN, CNN, NP-CRN Mobile, AL
Karen Bush, MSW Montgomery, AL	Gerald Schulman, MD Nashville, TN
Phyllis Egbert, MSN, RNC, ACNP, CNN Nashville, TN	Nancy Teal, RD* Jackson, MS
Marcelo Ruvinsky, MD Jackson, MS	Osama Gaber* Memphis, TN
Paul McGinnis, MD, Patient Representative and Grievance Committee Chairman Jackson, MS	

Network Council

The Network Council is an advisory body to the Board of Directors. Membership consists of one health professional representative appointed by the facility with no term limits. Additionally, the patient advisory council chairman from each state serves on the Council.

Council officers are Chairman, Vice-Chairman, and Secretary. Officers may serve up to three consecutive two-year terms, and they meet throughout the year in person or by telephone to conduct business and to plan for the annual meeting. The Chairman represents the Council on the Network 8 Board of Directors as a full voting member.

The full Council meets annually and has an opportunity to network with professional peers, participate in educational offerings, and give input to the staff and Network Board on provider issues and concerns.

Network Council Officers		
Chairman	Cynthia Powers, RN, CNN	Tennessee
Vice-Chairman	Cynthia Frazier, RN, CNN	Alabama
Secretary	Barbara, Walker, RN	Mississippi

Patient Advisory Council

Each facility in the Network designates a patient to represent its patients on the state's Patient Advisory Council (PAC). An annual educational meeting is held in each state on a range of current ESRD topics focused on health and quality of life issues. The meeting also serves to keep patients abreast of CMS and Network goals and to allow them an opportunity to comment on the strategies employed to achieve them. The Chairman of each PAC is an ex-officio member of the Network Council.

Patient Advisory Council Officers		
Chairman	Charlotte Baynes	Alabama
Chairman	Delorse Craft	Mississippi
Chairman	Ezell Gardner	Tennessee

Transplant Advisory Committee

The Transplant Advisory Committee (TAC), is a subcommittee of the MRB. The former MRB transplant surgeon continues to serve as chairman of the committee. TAC members have been instrumental in the development of an educational tool for ESRD provider, which will be completed and distributed in 2003.

Transplant Advisory Committee Members		
Chairman	Santiago Vera, MD	Tennessee
Member	Shirley Schlessenger, MD	Mississippi
Member	Martha Tankersley, RN, MSN	Alabama
Member	Luke Wright, MD	Tennessee

I. **Improving the Quality of Health Care Services and Quality of Life For ESRD Beneficiaries**

Quality Improvement Projects and Activities

2002 CMS Clinical Performance Measures

The clinical performance measures (CPM) project is currently in its ninth year. This project began in 1994 with the core indicators project. (CIP). It was initiated as a national intervention to assist dialysis providers in the improvement of patient care and outcomes. This project established the first consistent clinical ESRD database.

The CPM project grew out of the Balanced Budget Act of 1997, which required CMS to develop and implement by January 1, 2000, a method to measure and report the quality of renal dialysis services provided under the Medicare program. To implement this legislation, CMS funded the development of CPMs based on the National Kidney Foundation (NKF) Dialysis Outcomes Quality Initiative (DOQI) Clinical Practice Guidelines. On March 1, 1999, the ESRD CIP was merged with the ESRD CPM Project and this project is now known as the ESRD CPM project. The ESRD CPMs are similar to the core indicators with the addition of measures for assessing vascular access.

The ESRD CPM project annual report is disseminated each Spring and provides fourth quarter CPM results on a sample of adult in-center hemodialysis patients and adult peritoneal dialysis patients. Findings on all pediatric patients (aged < 18 years) also are included. The report does not provide results on a dialysis facility-specific basis.

Although there are no CPMs established specifically for the pediatric age group, demographic and clinical information is collected on all pediatric patients in the U.S. in order to describe several indicators of dialysis care. These indicators include hemodialysis adequacy, vascular access, anemia management and serum albumin.

In 2002 an agreement was reached between CMS and the Veterans Administration to collect a 100% patient sample from VHA for both hemodialysis and peritoneal dialysis patients. These forms were sent to Network 9/10 in hardcopy form for data entry and analysis. Although results will not be included in the annual CPM report, each VHA facility will receive individual facility-specific profiles.

For all other facilities, CPM data were collected in the Spring of 2002, entered into a database by the Network, and sent to the CMS contractor (NW 9/10) for analysis. Data validation was performed by Network staff, entered into the

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database and forwarded for analysis in early November 2002. The data were collected on 15 CPMs including KT/V, albumin, hemoglobin and vascular access. Network 8's sample size was 494 adult hemodialysis patients and there was a 97.2% response rate. The sample size for peritoneal patients was 86 and the response rate was 94.2%. (The sample size for peritoneal patients is too small to be statistically significant at individual network levels.)

Results for CY2001 in the 2002 CPM Annual Report. Network 8 facilities continued to rank high in adequacy, although the percent of adult hemodialysis patients who have a $KT/V \geq 1.2$ did not increase as in prior years. For the second year in a row 89% of patients reached this measure. The U.S. average was also 89% and Network 8 ranked fifth in the nation in this measure of adequacy. 84% of patients had a URR of $\geq 65\%$, which met the CMS goal of 80%.

Trends for adequacy are shown below:

Adult patients with Kt/V > 1.2			
Year	US	NW	NW Rank (of 18)
1999	84%	88%	3
2000	86%	89%	3
2001	89%	89%	7

Anemia management showed a pullback in performance. Network 8 had 73% of adult hemodialysis patients with a Hgb. value ≥ 11 . The average in 2001 was 74%. Despite the fact that the region met the CMS goal of 70%, Network 8 was tied for 17th in rank, indicating considerable room for improvement.

Nutritional measures showed improvement. Among adult hemodialysis patients, 36% have a mean serum albumin of 4.0 or greater. The Network average was 28% in 2001. The current U.S. average is 36% and Network 8 tied for 7th among other networks, meeting the CMS goal of 35%.

The table below shows trends for anemia and albumin:

Year	Patients with Hgb > 11			Patients with Alb > 4.0/3.7		
	US	NW	NW Rank	US	NW	NW Rank
1999	68%	69%	7	32%	33%	4
2000	74%	74%	7	29%	28%	7
2001	76%	73%	17	36%	36%	7

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Data sources on fistula prevalence are contradictory, with the 2001 CMS random sample (n<500) indicating a sudden sharp increase to 29% from a flat rate of 22% in 1999 and 2000. This is in contrast with population-based CDC data for the same period showing a prevalence rate of 24%. (At the time this report was prepared in June 2003, unpublished CDC prevalence data for the December 2002 period indicated a rate of approximately 26%, supporting the view that the 2001 CPM sample may have been adversely affected by random variation. While it is possible for prevalence rates to move in both directions, the US two-year trend was almost uniformly positive, averaging approximately 2%.)

Catheter prevalence also increased in the CPM measures. Network 8 prevalence increased from 16% in 2000 to 21% in 2001 in the CPM sample, which uses a 90-day rule to estimate the count of permanent catheters. (In contrast, facilities reported a 16% prevalence on the CDC survey when responding to the question asking if the existing catheter was the patient's only available access.) Using the higher CPM rate, Network 8 providers have consistently managed to maintain a prevalence well below the US average.

Fistula and catheter trends (using CPM data only) are shown below:

Year	Patients with AVF (See text for discussion)			Patients with catheters		
	US	NW	NW Rank	US	NW	NW Rank
1999	27%	22%	15	NA	NA	NA
2000	30%	22%	17	24%	16%	1
2001	31%	29%	10	26%	21%	5

Vascular Access Surveillance in Network 8 (CPM IV)

CMS offered three choices of improvement topics for the second QIP for this contract period: increasing AV fistula prevalence, decreasing catheter prevalence, and improving the monitoring of AV grafts for stenosis.

Network 8 submitted a proposal for the topic of stenosis monitoring in AV grafts on September 28, 2001 and the project received final approval from CMS on April 3, 2002.

Background

Failure to appropriately monitor dialysis patients results both in increased financial costs and utilization of resources to the healthcare system and clinical risks to the AV access patient. According to the USRDS Report (1977), Medicare spending for vascular access in hemodialysis patients represented between 14%-17% of the entire annual spending for hemodialysis patients. The cost for both inpatient and outpatient procedures was approximately \$1 billion (USRDS 1977). Access related morbidity is responsible for approximately 25% of all hospitalizations among ESRD patients (Schwab et. al. 2001, Neyra et. al. 1998; Hakim and Himmelfarb, 1998). Data from the 2000 Clinical Performance Measures (CMS Annual Report 2000) showed that only 55% of the AV access patients were monitored. The NKF/DOQI Work Group suggested that an organized monitoring approach with regular assessment of defined clinical parameters for vascular access would improve patency and decrease the incidence of thrombosis (NKF DOQI 1997). In order to improve monitoring among patients with AV access this project focused on developing educational intervention programs targeted at increasing the number of AV access patients monitored.

Objective

The objectives were to decrease the incidence of clotted grafts (thrombosis rate); to increase the number of patients monitored according to one of two accepted K/DOQI guidelines: static venous pressure (SVP) or intra-access flow monitoring; and to increase referral rates to radiologists, interventional nephrologists, or surgeon for patients with identified positive indicators.

Methods

Initial data for the VAS QIP project were collected during three periods of time. Baseline data were collected in March, April, and May 2002; follow-up data were collected in July 2002; and final outcome data were collected in October 2002. Facility participation in this QIP was based on responses to a questionnaire distributed to all Network 8 facilities in December 2001. The survey questionnaire focused on the type and frequency of stenosis monitoring for each facility

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(K/DOQI guidelines). Findings from this initial survey showed that 40 facilities with 1071 AV access patients were not conducting any type of stenosis monitoring among AV access patients according to accepted K/DOQI guidelines. From the original 40 facilities, 2 facilities were dropped from the study when their monitoring status was clarified, 1 facility was dropped due to low census, and 5 facilities were unable to produce both baseline and follow-up data measures. The report summarized findings on the remaining 32 facilities.

Intervention

Intervention workshops were conducted in May and June 2002 in four regional locations. The one-day stenosis workshops focused on the importance of monitoring, acceptable methods and frequency of monitoring, appropriate K/DOQI guidelines for methods and frequency of monitoring associated risk factors when graft patients are not appropriately monitored and how and where to refer patients with positive indicators. Network 8 Medical Board and Board of Director physicians and two vascular access nurse coordinators were responsible for conducting the workshops along with Network staff. Educational packets focusing on Network 8 recommended methods for vascular stenosis monitoring, K/DOQI guidelines # 10 and #12, access monitoring tools and information concerning the value of regular monitoring were included in the workshop handouts. Also included in the information packets for participants were a project timeline, the data collection tool and instructions for its use.

Discussion and Conclusion

The data analysis suggested that the VAS QIP met or exceeded expected goals. The graft thrombosis rate decreased 21% (>6714 to .5323), the number of patients monitored according to K/DOQI guidelines increased, in absolute measure, by 22.1% (5.5% to 27.3%), the number of patients identified with a positive indicator increased 76%, and finally the actual number of patients referred to a radiologist, nephrologist, or surgeon increased by 16%. The only process indicator not met in the VAS QIP was the expected percent increase (75%) in the number of patients referred for intervention, relative to the number of positive indicators. Although the analysis showed a decrease (92% to 63%) on this measure, the decrease can be explained to some extent by the large increase in observed positive stenosis indicators from 66 to 116 cases. In absolute terms, the number of patients referred increased from 61 to 73. Although the project did not include systematic analysis of reasons for non-referral, anecdotal comments from facility staff suggested that there may have been concern that observed indicators did not indicate a convincing near-term risk for clotting.

This project while recognizing the superiority of flow monitoring, promoted SVP monitoring as the most accurate *and* affordable K/DOQI method. SVP was recommended to the target audience largely because of the recognized financial

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barriers to the preferred technique. Because of legitimate concerns that strict adherence to findings from SVP monitoring may lead to overuse of interventional procedures, the Network recommended to CMS that reimbursement of flow monitoring would assure a more accurate and patient-centered method of vascular access surveillance.

Network 8 Facility Specific Data Collection Using “Elab”

In an effort to reduce the burden of work on providers and also to collect a population-based database rather than a sample, the Network 8 Board of Directors had accepted an invitation in 2001 to join several other Networks in the continuation of a project called Elab (Elab is the electronic exchange of laboratory data on ESRD patients for quality improvement purposes).

The advantages of Elab are summarized below:

- Reduces hand transcription and entry of lab data, which is labor intensive for dialysis and Network personnel.
- Minimizes errors that occur with manual data abstraction.
- Improves accuracy since data are being transferred from the primary source.
- Electronic data submission permits automated compilation and analysis of large data sets. Rather than conducting studies based on small sample sizes, quality improvement studies can include 100% of patients in 100% of dialysis units.
- Facility-specific profiles can be quickly generated with comparative data by affiliation, state, Network, and eventually national comparisons. Facilities may receive their comparative profiles within one calendar quarter.
- Data generated using the same sample selection and same definitions are consistent and reliable.
- In time, data trends can be reported by facility, state, and Network.

Most Network 8 facilities used a national lab and therefore were able to participate in the Elab project. Since data flows directly from national laboratories to project coordinators, facilities are relieved of the retrospective burden of record abstraction, and reports are more robust since they are drawn from the entire census, not a sample. Facilities not affiliated with national labs may participate by manually entering data into a standardized spreadsheet. In at least one facility group, a data extraction method was devised locally so that only a small portion of data had to be entered manually.

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After obtaining permission from both the MRB and the BOD, staff began obtaining medical director consent and laboratory affiliation from facilities in late 2001. In January, 2002, Bio-Consulting Lab (BCL), a department of the University of Minnesota began receiving the data from the national labs. The data collected is for the same time period as the CPM data, October through December. After having discerned which facilities used non-national, independent labs, forms were sent to these facilities, allowing them to manually abstract the data.

The majority of facilities using non-national labs submitted their data, which was forwarded to Network 11 to be checked for errors and then sent on to BCL. Network 11 had received all of the data by March 2002 and some clean-up was then required and facility specific reports were received on a CD in May 2002. These were sent to facilities in June 2002.

In analyzing the data received for 2001, some discrepancies between the ELAB data and the CPM data were noted. In anemia, the CPM data showed Network 8 with 73% of the population with $Hgb. \geq 11$, ELAB showed 74.6%. For adequacy, CPM showed Network 8 with 89% of the population with a $KT/V \geq 1.2$, ELAB showed 92%. The discrepancies may be attributable to differing sample sizes of the two collection methods.

After identifying high and low performers in nutrition (albumin), the MRB authorized a quality improvement activity in which high performers were surveyed to determine best practices. This activity is discussed in greater detail elsewhere in this report.

By September 2002, all new facilities in the Network had been contacted to receive permission for inclusion in the data collection and to obtain laboratory information. This information was entered into a spreadsheet and sent to Network 11 in December 2002. Facilities using non-national labs began abstracting their data in December 2002. The Network provided on-site technical assistance to the largest non-national provider group to review a partial automation of the process that has streamlined their data collection.

With one entity producing reports, Network organizations similarly are relieved of redundant data entry and report generation. Networks receive pre-formatted reports electronically and create a master report for each facility. Copies are made for each medical director, administrator, and nurse manager. Response to the project has been positive, both for the improved quality and range of standard reports and for the appreciated reduction in facility work burden.

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Network 8 Quality Work Plan

In an effort to move toward performance-based contracts, CMS sets national goals for all the Networks to meet on the Clinical Performance Measures (CPM). While CMS has indicated that each Network region may not be able to meet these goals immediately, Network organizations have been asked to develop quality work plans outlining activities and interventions to address the national goals.

The Network 8 plan was approved by CMS in October 2002. Using combined CPM and Elab results, it was determined that this region has achieved the national targets for adequacy, anemia and albumin, but these have been included on the Network's work plan in an effort to promote continuous improvement. Network 8's work plan was approved by CMS in October 2002 and includes the following indicators, goals and targets:

AV Graft Stenosis Monitoring

Goal: 100%, Network 8 Performance: 68%, US: 51% Failure rate: 32%, Target Performance: 90.4%

Because the 2002 Quality Improvement Project for Network 8 was stenosis monitoring, this CPM was assigned top priority. This region has a large percentage of patients with synthetic grafts, which reinforces the need for routine access monitoring.

AV Fistula Prevalence

Goal: 40% of prevalent patients; Network 8 performance: 29%, US 31%, Failure rate: 11%, Target performance: 31.2%.

CPM results indicate that although improvement has been made, Network 8 remains below the US average for prevalent fistulas. Increasing fistulas is a priority for this region because of the known long-term benefits to patients. By increasing fistulas, the problems of stenosis, declotting, and catheter related infections will be substantially reduced and patient quality of life enhanced. Interventions are geared toward increasing the prevalence and incidence of AVFs and toward preserving those that are already prevalent. The benefits of AVF were discussed in each of the QIP workshops, even though the primary focus was on monitoring AV grafts. The Network will continue to make available a surgeon consultant to meet with surgeons in local communities who are willing to receive an in-service on improved technique. The Network annual meeting in September 2002 featured a cannulation specialist for nurses. The Network anticipates conducting additional specialized cannulation workshops utilizing practice arms so that existing AVFs will be preserved and so that new AVFs will

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be properly cared for. Commercially produced videos on aseptic technique and cannulation technique have been secured for distribution to facilities.

Catheter Prevalence

Goal: <10% of prevalent patients with catheter > 90 days, Network 8 performance: 16%, US: 19%, Target performance: 15.7%

The Network currently has one of the lowest catheter rates among the 18 regions, but there is room for improvement on this indicator. Educational content on this topic will be held at the September 2003 meeting.

Albumin

Goal: 35% of patients with mean albumin $\geq 4.0/3.7$, Network 8 performance: 36%, US: 36%, Target performance: 35%

This region's albumin mean was equal to the U.S. average in 2001. Efforts will be made to learn whether practices in this region associated with better outcomes can be identified.

Anemia

Goal: 70% population with Hgb ≥ 11 , Network 8 performance: 73%, US: 76%, Target performance: 70%

The network was at the national average for Hgb ≥ 11 according to the 2001 CPM report. Opportunities to collaborate with others on educational projects will be evaluated.

Educational Initiatives

The QI staff collaborated with Amgen in the presentation of five educational Anemia Management Institute workshops, two in the state of Alabama, one in Memphis during March 2002 and two in Mississippi during April 2002. The purpose of these workshops was to increase the knowledge and skills of facility personnel in the treatment and monitoring of anemia.

The Network was actively involved in promoting increased fistula rates in the region. Three regional workshops were titled "the Nurses Role in Vascular Access Management." These were conducted by Lesley Dinwiddie, MSN, RN, FNP, CNN. The first workshop was held in Mobile, Alabama, on June 14, 2002, the second was held in Nashville on June 21, 2002, and the third was held in Jackson, Mississippi on July 9, 2002. These workshops were free to providers with continuing education credits provided through ANNA. Part of the workshop

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included hands-on practice with a hemodialysis practice arm. The arm was designed for training and education on proper cannulation techniques.

Patient-centered activities and resources

PAC Meetings

Network 8 again in 2002 was able to offer two Spring PAC meetings to augment the traditional three Fall PAC meetings (one in each state). Meeting locations were in areas where meetings had not previously been held. The first of these was held in Biloxi, Mississippi on March 10, 2002. It was a joint meeting with the Patient Services Committee of the National Kidney Foundation of Mississippi and was held in March 2002. The meeting was in Biloxi, and Daily Dialysis Therapies, exercise, emotional issues and services offered by Network 8 and NKF were featured. Staff worked with Network 7 to invite patients from the Panhandle area of Florida and with Network 13 to invite the patients in South Louisiana. Over 90 patients and family members attended the meeting from Mississippi, Alabama and Louisiana.

The second additional meeting was held in Memphis on June 2, 2002. This was a joint effort between Network 8 and the three NKF affiliates of Tennessee. The meeting was held at the Holiday Inn Select in Memphis and approximately 40 kidney patients and their family members attended. Gerard Migliore, a transplant recipient who has lost three older brothers to Alports Syndrome and kidney disease was the featured speaker. Again, new daily dialysis therapies, exercise, emotional issues and services offered by Network 8 and the NKF were featured. Evaluation results were again extremely positive. By having the additional meetings, many patients who are not able to travel long distances will attend when the meetings are held closer to home.

The three Fall PAC meetings got underway in August 2002. The Mississippi meeting which continues to be a joint meeting with the NKF of Mississippi was held on August 18, 2002, at the Hilton Hotel in Jackson. The highest attendance ever was recorded with 117 kidney patients and their family members attending. Bryon Vouga, who bicycled across the U.S. while on dialysis was the featured speaker along with Dolph Chianchiano of the NKF who spoke about legislative issues. Also discussed were modalities, complications of ESRD, controlling your emotions and vascular access. Again, evaluation results were extremely positive. The Alabama meeting was held in Birmingham on October 13, 2002 and was a joint meeting with the Alabama Kidney Foundation. Bryon Vouga was the keynote speaker. Additional speakers included Dr. Paul McGinnis and Drew Silverman, PharmD. Over 110 patients and family members attended the event and the evaluation results were excellent. The newest feature of this meeting was a "Lunch With the Experts" which invited attendees to discuss different topics during their lunchtime with several area physicians, healthcare workers

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and fellow patients. This was extremely popular and will be carried over to all of the Fall meetings next year. Additional topics included vascular access, advances in research and incentives in continuing to work. The final PAC meeting of the Fall was held in Nashville on October 27, 2002. This was a joint meeting with the three NKF affiliates of Tennessee. The speakers again included Bryon Vouga, Dr. Paul McGinnis and Drew Silverman, PharmD. Additional speakers included Dr. Tom Golper who moderated a modality panel and Dr. Alp Ikizlar who presented on vascular access. The Tennessee meetings have had the fewest attendees of the all of the PAC meetings whether the meeting has been held in Knoxville, Memphis or Nashville. The NKF affiliates have decided not to continue their partnership in these meetings, and next year in an effort to increase interest, partnering with the Middle Tennessee Chapter of the American Association of Kidney Patients (AAKP) is planned. This year only 40 patients and family members were able to attend.

Transplant Advisory Committee (TAC)

During the Fall, 2001, the Transplant Committee was reorganized in order as an active participant in Network 8 quality improvement activities. The council members were selected and agreed to participate. A preliminary conference call was held on January 18, 2002 with all of the committee members participating. It was decided by the committee to add a practicing nephrologist and a patient awaiting a transplant to serve on the committee. During the conference call, the mission statement and goals were reviewed and revised to reflect the current issues that will be undertaken by the committee. The committee reviewed several initiatives that Network 5 has undertaken and decided to undertake a similar project. To that end, the 2001 annual survey was revised to include several questions relating to transplant referral patterns, including the transplant status of each patient in the network, along with asking the facilities to indicate the reason when the patient is listed as "Medically unfit". To gain better insight into this category, a brief questionnaire was sent to transplant facilities asking them to send us a copy of their medical exclusion criteria along with a few other brief questions. The committee also approved plans to begin working on a Transplant Poster which will be sent to all Network 8 dialysis facilities explaining the rights of all patients to be referred for transplantation and listing the transplant facilities in the Network. Preliminary work was underway at year end.

A second brief conference call was held on February 6, 2002 to discuss data analysis of transplant status. A face-to-face meeting will be scheduled when work is further along on that project.

AAKP activities

Two AAKP board members are from the Network 8 area. Brenda Dyson (Network 8's PSC) from Mississippi continues to serve as AAKP President and Ellie Durrett from Tennessee serves as an AAKP board member. Ellie is also President of the Middle Tennessee Chapter of AAKP.

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The AAKP convention was held in Orlando, Florida, from August 29 to September 1, 2002. Network 8 sponsored the chairmen from the three state Patient Advisory Councils to attend this convention. All three PAC chairs were able to attend and were very complimentary of the convention. Ellie Durrett was awarded the Josephine Berman Award for setting an example to all kidney patients and the PSC was involved in several presentations and panel discussions. For the first time AAKP gave out an award to both a patient and a physician for their involvement in Chronic Kidney Disease Management. Dr. Tom Hostetter of NKDEP and Jess Arceneaux of Tampa, Florida received these awards. The convention next year will be held in New Orleans, LA.

AAKP also has developed many new programs dealing with Chronic Kidney Disease. The new magazine, "Kidney Beginnings" was unveiled in August 2002. It will be published 4 times a year with 2 special editions. The outline for the Chronic Kidney Disease educational book which will be a precursor to AAKP's Patient Plan Series has been completed and approved by the CKD book committee. The book will be published in 2003. AAKP also has a new educational program sponsored by Ortho-Biotech which will be held by each of AAKP's chapters each year. It is called "Finding Your Strength" and is a half-day seminar for CKD patients.

At the AAKP Medal of Excellence Award Ceremony in Washington, D.C., held in conjunction with the RPA meeting, the PSC presided over the Award Ceremony.

The PSC attended the CMS meeting that was held in Baltimore on October 9, 2002. She presented to CMS the results of a survey that AAKP had done on their website to obtain the patient's perspective of the Dialysis Facility Compare website. AAKP will continue to work with CMS to make the best data available to patients via this website.

The PSC began serving on the Forum QI CPM committee as the representative of AAKP and attended the meeting of the committee in Baltimore in December 2002. She also attended a Renal Coalition meeting in Baltimore on Oct. 21 as the AAKP representative and the ASN meeting in Philadelphia from October 31 to November 3, 2002.

NKF

The Patient Services Coordinator continues to collaborate with the National Kidney Foundation in several initiatives. The PSC attended the U.S. Transplant Games which were held at Disney World in Orlando, June 26 – 30, 2002. Teams from all three states in the Network participated in the games and once again, Network 8 was a sponsor for these teams contributing \$1500.00 to each state's team. These games proved to be the largest gathering ever of transplant

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athletes and their families. The PSC was awarded the 2002 Wayne Nix Memorial Award which is presented annually by the Patient and Family Council of the National Kidney Foundation. It is given to a patient who best personifies the values and work of the late Wayne Nix. The announcement was made at the National Kidney Foundation's Fall meeting in St. Louis on Oct. 5, 2002.

The PSC also collaborates with local affiliates whenever asked. On September 14, 2002, she traveled to Nashville to present as part of the NKF of Tennessee's annual professional Renal Symposium. Three members of the Network 8 staff were involved with the NKF of Mississippi's inaugural Kidney Walk which was held on September 28, 2002. Network 8 staff continues to be available as needed for People Like Us Live and RISE workshops throughout the Network and both the PSC and QIC serve on the NKF of Mississippi's Patient Services Committee and also serve, along with the ED on the NKF of Mississippi's Board of Trustees. The PSC also is available to speak as needed to the local chapter of the Patient and Family Council of NKF and spoke to this group in February and October 2002. She also spoke to the Diabetes Support Group in Jackson, Mississippi, in February, 2002 about way to try to avoid having to go on dialysis. The PSC was awarded the Jim Whitehurst Award at the NKF of Mississippi's annual meeting on June 17, 2002. This award is for a lifetime commitment to the organization.

Network 8 staff continues to be involved with the NKF of Mississippi in conducting their Kidney Early Evaluation Program (KEEP). The purpose of the screenings is to identify individuals at risk for kidney disease and encourage them to seek further evaluation and follow-up from a physician. The tests given at the screenings include blood pressure, blood glucose using a glucose monitor, microalbuminuria, pyuria, hematuria, serum creatinine, hemoglobin and calculated creatinine clearance. The patients are given an opportunity to confer with a physician on-site and some have recommended immediate follow-up even before all of the lab results are returned. The tests are sent to a lab for analysis and the results are sent directly to the patients with follow-up recommendations. Following the success of the first two screenings in 2001, several more were scheduled for 2002. There was a screening on March 27, 2002, in Jackson. The PSC, QID and QIO continue to serve on the advisory board for this initiative and the PSC and QIO again helped with the actual screening. A second screening was held on November 7, 2002, in Tupelo, Mississippi. This was the first screening held outside of the Jackson Area and had very good participation. Also, a follow-up of individuals who were determined to have indicators of kidney disease was held on July 24, 2002, at the Jackson Medical Mall with approximately 30 people attending. The program in Mississippi has screened over 400 individuals for kidney disease. Collaboration will continue on this effort with other affiliates as opportunities arise during 2003.

National Kidney Disease Education Program (NKDEP)

Jackson, Mississippi, was chosen as one of four pilot sites for the National Kidney Disease Education Program (NKDEP), which will target and educate high risk groups for prevention of kidney disease. Other pilot sites are Atlanta, Cleveland and Baltimore. A focus group met in 2001 to evaluate the needs of this area, and a call was sent out during the summer of 2002 to various organizations to assemble a widely representative coalition of partners. The first face-to-face meeting of the Jackson coalition members was held on October 17, 2002, at the Edison Walthall Hotel in Jackson. A group of physicians, patients, QIO and Network representatives (ED, PSC and QIC) and others were in attendance at the evening meeting. An overview of the program was given by Dr. Tom Hostetter from NIH and other members of the NKDEP team. Members of the group elected team leaders and an executive committee. The PSC will serve on the executive committee. The NKDEP executive committee then met in November 2002 to discuss the organization's strategic plan. Another meeting of the full group will be held in January, 2003, to approve the strategic plan, make suggestions for implementing it and to form committees within the group. The rollout for the pilot phase of NKDEP is scheduled for mid-2003.

Educational media for patients

The Network's patient newsletter, *Kidney Patient Update*, was distributed twice in 2002. In March 2002 a special double issue on nutrition was distributed to patients. It also contained an article on support groups along with the continuing features "The Doctor Is In" and "The 20 Year Club". The second issue was also a double issue dealing with vascular access. It was distributed in late May and was done as a patient education component for the Quality Improvement Project on Vascular Access.

Network 8-developed disaster manuals continue to be included in the new facility packets. These manuals contain local emergency contact information for each area of the Network. The manuals also contain a section in the back of the book for patient preparedness. Facilities are asked to copy this section and make sure that all patients have it on hand in case of emergency.

The most requested Network produced item continues to be the patient education book, *Understanding Kidney Failure and Selecting a Treatment Modality*. This has been reprinted numerous times and continues to be available free of charge to all facilities, hospitals, and doctor's offices in the Network upon request. The book is currently being updated to reflect new trends and modalities. This project will be completed in 2003.

At year-end, a poster about transplantation was under development for distribution to all dialysis facilities in 2003.

Other meetings and activities

The PSC and QIC continued to serve as members of the Mississippi Chronic Illness Coalition (MCIC) that is working to address the needs of the chronically ill within the state of Mississippi. Both participated in Capitol Day, which was held at the State Capitol on January 15, 2002. It served both as a health fair to screen state legislators for blood pressure, cholesterol, and glucose and an opportunity to increase awareness for the needs of Mississippi residents who live with chronic disease. The Governor signed a proclamation declaring January 15, 2002, as Chronic Illness Awareness Day. A meeting was held in May 2002 and another in November 2002, with both the PSC and QIC attending each meeting. At the November 2002 meeting, the PSC reported on the NKDEP pilot program in Jackson and plans were finalized for the next Capitol Day.

The PSC also continues to serve as a member of the Consumer Advocacy Council (formerly the Beneficiary Liaison Committee) with the Mississippi QIO. This council meets quarterly during the year.

During the Fall, LORAC sent each Network a copy of the IRI-produced publication created as a resource for training VR counselors. These had also been sent directly to each State VR agency. Network 8 contacted each State VR agency in December 2002 to offer technical assistance in training their counselors. This was followed up with a letter inviting an interest in partnering, which included a copy another copy of the IRI publication. This was also sent in December 2002. It is hoped that a presentation can be a part of one of their already scheduled meetings in 2003.

Examples of educational materials supplied to patients or facilities

- Network 11 Patient Education Video in new facility packets
- CMS patient disaster manuals as needed and at PAC meetings
- Phase I of AAKP's Patient Plan on request
- AAKP convention brochure mailed to facilities
- Medicare supplement handbook at PAC meetings
- CMS adequacy brochure at PAC meeting
- Network 8 special editions newsletters on DOQI Guidelines, transplantation, nutrition and vascular access at PAC meetings
- Network 8 latest edition patient newsletter at PAC meetings
- AAKP adequacy brochures for HD and PD at PAC meetings
- AAKP Patient Plan brochure at patient meetings
- NKF Family Focus newsletter, Transplant Chronicles newsletter and informational brochures at PAC meetings.
- Network 8 modality book at PAC meetings and to facilities as requested
- AAKP, NKF Patient and Family Council and transAction membership brochures at PAC meetings

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- AAKP Na-K-Phos Counter and Protein and Calorie Counter at PAC meetings
- AAKP's The Iron Story at PAC meetings
- AAKP's Vascular Access brochure at PAC meetings
- AAKP latest edition Renalife and Kidney Beginnings at PAC meetings
- ESRD Federal Regulations to facilities that request them
- Mary Rau-Foster book on dealing with difficult patients in new facility packet and on request
- Network 6's Vascular Access Brochure in new facility packet
- Information regarding staffing based on patient acuity

Other Technical Assistance to Providers/Facilities

Assistance is provided on an ongoing basis for assistance with clinical matters (by either direct consultation or referral); with CMS forms completion; and with interpretation of questions on CMS, USRDS, and CDC surveys.

Other Activities Related to Improving the Quality of Care

USRDS Special Studies

Five studies have been contracted for the USRDS Special Studies contract. The first of these to be implemented, the Cardiovascular Study, is being done to collect data on the clinical characteristics of dialysis patients suffering acute myocardial infarction in the United States. A conference call was held on May 21, 2002 that explained the expected results and timeline of the study. From this call, a detailed conversation ensued on the contents of the data collection form. Comments from Networks were considered, resulting in the deletion of a significant volume of data.

A database was sent to each Network listing the patients that might be included in the study. This list was then sent to each facility asking them to determine if charts were retrievable. The information was then entered on a spreadsheet and returned to the Cardiovascular Special Study Center in late June 2002. Following the selection of the patient cohort, the plan had been to send forms to Networks for dissemination to facilities.

The study then ran into several roadblocks. It was supposed to get underway in August 2002, but was postponed because of ongoing IRB clearance issues. Patient labels were received in mid-October 2002 for both the living and dead patients. It was determined by the Office of Human Research Protections that..."only living individuals are considered to be human subjects. If information is obtained only about deceased individuals at any or all of the sites, those sites are not engaged human subjects research for the study." Therefore, it was determined that only the labels for the dead patients would be used at that time. Forms with the deceased patients' labels were sent to facilities on November 18,

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2002, with a deadline to return the forms to Network 8 by January 20, 2003. The forms would then be checked for completeness and periodically batched and forwarded to the USRDS.

In the meantime, another problem occurred with the data collection for deceased patients. Four major dialysis chains instructed their employees not to participate in the study and not to fill out the forms due to the burden placed on the personnel in the units. At year end, this project remained on hold.

The second study to be implemented has consolidated three of the contracted studies into one "super study" called the Comprehensive Dialysis Study (CDS). The initiation of the pilot for this study has not been announced.

The last study planned is a pediatric study with a cardiovascular focus and will not begin until the next contract period.

CDC Forms

In 2002, Network 8 received the CMS contract to perform data entry for the approximate 3800 CDC forms from all Networks and to produce a raw data set so that each Network could conduct independent analysis and data display.

CDC forms had been received by each Network organization in December 2001 for distribution to their respective facilities. Forms from all Networks were due at Network 8 by April 5, 2002. These forms were entered into software developed by Network 8 to meet CDC file specifications, and the raw data set was sent to CDC for edit checks and aggregation. Data sets returned by CDC to Network 8 were used to construct Network-level performance profiles on a number of clinical indicators, and additional data reports at the facility level were produced for each Network. All Networks received CDC reports which included the soft copy reports and raw data (burned to CDC) and hard copy tables and profiles. This project was completed on August 28, 2002.

CPM Data Collection for CMS

The CMS CPM forms were received by each Network during the month of April 2002. These forms included the Hemodialysis sample, the Peritoneal dialysis sample, the Facility survey forms, the Pediatric forms and the VHA forms. 100% of the pediatric population and 100% of the VHA population was surveyed using the form. The forms were sent to facilities on May 1, 2002, and were due back to the Network office by May 31. 100% of the peritoneal, pediatric, facility and VHA forms were received, and only a few hemodialysis forms were missing. The VHA forms were sent to NW 9/10 in their hardcopy format. The other forms were entered into the CMS database and submitted to NW 9/10 in July 2002.

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The sample of patients included in the data validation portion of the study was received along with the CPM forms. Following the receipt of all CPM forms, each facility that is included in the data validation was sent a letter requesting that they send the Network a photocopy of the required elements of the records of the patients for us to validate the data. These were received in the Network office in late Summer. Following abstraction of the photocopied record, the data was entered into the CMS database and sent electronically to NW 9/10 in October 2002.

LEAP Project

Network 8 continued its partnership with the Tennessee QIO during 2002 on the LEAP Project (Lower Extremity Amputation Project). The project studied facility monitoring of ESRD patient foot care in an effort to reduce amputations in this population. The project divided participants into three intervention groups. The intense intervention group consisted of 12 facilities that attended the kick-off meeting and signed commitment forms to participate. The Basic Intervention Group consisted of facilities that signed up for the meeting and did not attend or who expressed an interest in the kit, but could not attend the meeting. Tennessee facilities not attending the workshop and not receiving materials constituted the comparison group.

Letters were sent out at the end of April 2002 to all three intervention groups scheduling time for abstractors to come into the facilities to collect final data. Following a few changes (a couple of facilities opted out and had to be replaced), these abstractions were completed. Analysis was then completed and the Executive Summary was sent to all facilities participating in the study.

Mississippi LEAP

Network 8 also continued its partnership with the American Diabetes Association and the Mississippi Department of Health on a Mississippi based LEAP initiative. The program was designed to develop a state-wide diabetes foot screening and diabetes self-management education program and to identify individuals with diabetes who may have a loss of protective sensation and/or who are in need of improving glycemic control. (As a partner in this initiative, Network 8 had reproduced and distributed a foot screening kit to all Mississippi facilities in November 2001.)

Network staff continued to collaborate on the project in 2002. The Network facilitated LEAP team participation in the March 2002 KEEP screening by setting up a booth and doing foot screens on members of the public who attended the screening for kidney disease. The PSC and QIC attended a workshop in June 2002 that updated participants on who had transpired during the first year and what the project hoped to accomplish. One representative from a local dialysis

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unit also attended. In October 2002, Network 8 facilities supplied LEAP with information on the extent to which they used the supplies that were sent to them in 2001 and whether they intended to continue the program. LEAP organizers reported that they had an excellent response rate and excellent participation in the initiative by the Mississippi ESRD facilities.

Cooperative National Study on Renal Decisions (CONSORD)

A third manuscript from the study entitled, "Physicians' Beliefs About Racial Differences in Access to Renal Transplantation" was circulated by Harvard to Network 8 and other participating Networks for review. The manuscript was taken from the physician's interview part of the study. Network 8 is one of four networks nationwide which participated in this study to determine the impact physicians and patients beliefs have on access to transplantation and other modality issues and whether racial bias is a factor. This was a three-fold study which consisted of patient interview, chart abstraction and physician interviews. At year-end, the manuscript had not been accepted for publication.

AQAF – Patient Safety

For information on the patient safety project, see Section III, "Establishing and Improving Partnerships and Cooperative Activities Among and Between the ESRD Network, QIOs, State Survey Agencies, and ESRD Facilities/Providers."

II. Improving Data reporting, reliability, and validity between ESRD facilities/providers, Networks, and CMS.

A. Hardware and software infrastructure

For calendar year of 2002, all computer hardware utilized by Network 8, Inc., as well as CMS-leased equipment, met or exceeded minimum CMS requirements.

Network 8, Inc. operates a Novell local area network of eleven user workstations. A Dell file server comprises the core of the Network data system, with the user workstations having access to "shared drives" and Network utilities. Parallel to this system is the SIMS server, which uses the Windows NT 4.0 platform as an Operating System. All user workstations are connected to this server for access to patient, facility, and Network data. This NT server, along with a switch, hub, and access to a partial T-1 line provide WAN connectivity to CMS and to other Networks. This allows for improved communications with other ESRD Networks and provides real-time access to patient data. APC battery-back-up units (Back-UPS Pro) ensure no power interruptions for both the file servers and the desktop units. Internal tape back up units on each server perform daily automated full-system back ups of the two server hard drives. Back-up tapes are rotated off-site on a weekly basis, and interim tapes are stored in a fireproof file.

SIMS uses a daily transmission called replication to routinely transfer local database information to the Central Repository in Baltimore, Maryland.

B. Patient Tracking System

SIMS is the only nationally recognized ESRD patient database. Each ESRD Network has a local database in which patients are registered and critical information is stored. This information is replicated routinely to a Central Repository on site at CMS.

SIMS produces national and local prevalent patient rosters to list the patients and the events for a given year. SIMS also produces 2744 forms. Facilities are given these forms to use as an aid in completing their annual survey forms and for helping to reconcile the Network database. The validated data is patient-specific and provides elements such as age, race, sex, ethnicity, diagnosis and modality/setting of care, as well as patients' county and state of residence and date of onset of ESRD. SIMS provides a summary of key events in ESRD patient history, including all changes in modality, setting, and provider. SIMS includes the capability of producing data compliance reports called for in the scope of work.

A custom software program (Net8Ware) has been created by the ISD and is maintained for additional data analysis. This is in addition to the reporting that

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SIMS provides. This data system is capable of producing a wide array of tables, graphs, and charts for profile analysis by the MRB and for processing data requests. It assists in mining data from the SIMS database and creating useful reports and analyses for the Network Data Systems staff.

C. Data Security

Security of forms and other hard copy data are maintained in locking fireproof filing cabinets and standard locking office filing cabinets. Local database information is backed-up nightly by an automated tape back-up device. This system operates after hours, preventing daily system down time. A full system back-up is performed on a nightly basis and stored off-site in a bank vault on a weekly basis. The Network office is equipped with a monitored burglar, smoke, and fire alarm system.

D. Data Requests and HCFA-Forms Processing

CMS Forms		
	HCFA 2728	HCFA 2746
2002	5237	3685
2001	5236	3710

During the 2002 calendar year, Network 8's Data Systems staff processed 8,922 CMS Forms. These forms included 5,237 CMS 2728 forms and 3,685 CMS 2746 forms. The number of CMS 2728 forms may not match the number of incident cases in 2002 because the number referenced above includes forms received in 2002 for 2001. The above referenced number also excludes 2002 forms received in 2003, and accounts for 2002 forms received, entered, and submitted to CMS for patients later determined to be acute.

All data transmissions and forms submittals were provided to CMS by the Central Repository. CMS is able to pull the 2728 file for this transmission. The transfer process once used by all Networks to transmit data to CMS (a custom interface (IBM's Host On Demand) in which Networks were able to transfer text files to REBUS (Renal Beneficiary & Utilization System)) is now completely transparent. The priority with this process is to ensure that all replications ran smoothly to ensure that data from the local Network is at the Central Repository.

Each month, the Networks are notified that CMS is no longer receiving bills on patients and their "active status" needs to be verified. There were 1,890 of these monthly requests verified and updated in the CMS database last year. In addition to the monthly Status Requests, the Network received 27,647 monthly reports with Accretions, Data Element Changes, and Notifications that were processed against SIMS. The Network office processed 113 requests for data in

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accordance with Federal guidelines for release of data. A file is maintained in the Network of all data requests.

	Accretions DEC and Notifications	Status Requests	Medicare +CHOICE Requests	Data Requests
2002	27,647		377	
2001	8,575	1,890	501	113

There were 40 requests by other Networks for data investigation and “cleaning”.

E. Monitoring Facility Compliance with CMS Forms

Form compliance is calculated using CMS timeliness and accuracy guidelines. To help facilities correct individual compliance problems, forms returned for correction include a description of the error(s). Forms that are missing (detected by a mismatch in data from the Network’s Monthly Census Report) are queried every quarter. Special emphasis is given at year-end to obtain CMS forms that have not been submitted during previous queries.

F. CPM Data Validation

The CMS CPM data validation sample was selected by CMS and received in April 2002 along with the CPM sample. It consisted of a sample of hemo, peritoneal and pediatric patients, along with 100% of the facility survey forms. All facilities received a checklist requesting certain elements to be sent to the Network office; abstraction was done at the Network, entered into the CMS database and sent to Network 9/10 before the deadline. This validation covered all three states in the Network.

G. VISION

Network beta testers, including Network 8, completed their roles as beta testers for CMS in 2002 for the VISION (Vital Information System for Improving Outcomes in Nephrology) pilot project. CMS determined that their emphasis would be on developing a corporate-level interface to use with the major chains and that the free-standing version of the software would be limited to independents and small chains.

III. Establishing and Improving Partnerships and Cooperative Activities Among and Between the ESRD Network, QIOs, State Survey Agencies, and ESRD Facilities/Providers

Quality Improvement Organizations (QIOs)

Alabama Quality Assurance Foundation (AQAF)

Network 8 and AQAF partnered to pilot the first nation's first regional ESRD patient safety project. The main objective of the project was to identify and classify patient safety concerns in outpatient hemodialysis facilities using a standardized error management system. AQAF developed the initial project idea that was accepted by CMS. The Network collaborated with AQAF in the initial contact with ESRD facilities in Alabama.

Phase I of the project was investigational and sought to identify patient safety issues that were specific to ESRD patients and outpatients hemodialysis facilities. The purpose of Phase I was to gather information that could be used to develop quality indicators that could be implemented as Phase II activities. Phase I involved 11 dialysis units representing three corporate groups including Gambro Healthcare, National Nephrology, and Fresenius. An estimated 1000 patients were included in this project.

The QI Coordinator attended a meeting in Montgomery on February 14, 2002 with AQAF and Fresenius Regional Managers to initiate the project. Each manager was given a safety packet, which included data collection forms, questionnaires, address labels, and a safety-training manual.

The project design was presented as follows; AQAF staff would conduct onsite sessions. The managers would create safety teams at each facility, which included nurses, technicians, social workers, and dietitians. These team members would serve as educators to the remaining staff. A baseline safety questionnaire would be administered at the beginning of the study to determine the staff's attitude about safety. Daily error report forms would be completed and submitted weekly to AQAF for analysis and reporting. Results of the analysis would be reviewed with the managers.

Intervention would address four areas: taxonomy specific to ESRD patient care, adoption of best practices guidelines, development of a confidential reporting system to identify and classify adverse and near miss events and implementation

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of training and education programs. The first on-site training took place February 19, 2002. The project continued through November 2002. Unfortunately, due to lack of CMS funding the project was discontinued.

Although the project was discontinued the time and effort of the participants facilitated development of various patient safety training tools. These tools included an event management-training manual, patient safety culture survey, and an event reporting form.

AQAF has released all of the materials to Network 8 in disk format, and these will be reproduced with permission and distributed to the other Network organizations.

Information and Quality Healthcare (IQH) – Mississippi QIO

IQH and Network 8 began preliminary discussions at year-end on the feasibility of a medications safety project with an ESRD focus. A similar project was underway in 2002 for the over-65 general Medicare population in Mississippi, and findings of the project were encouraging. The matter was placed on the January 2003 MRB and BOD calendars for action.

The Network is a member of the IQH Consumer Advocacy Council (formerly Beneficiary Liaison Committee), which meets quarterly to discuss the needs of the state Medicare beneficiaries.

QSource-Center for Healthcare Quality – Tennessee QIO

For information on the LEAP project see summary under Other Activities Related to Improving Quality of Care

State Survey Agency Partnerships

Network 8 Quality Improvement Director and Nurse Supervisor with Alabama Department of Health presented a short program on collaboration at the SSA/Network/CMS meeting in Williamsburg, VA in October 2002. The focus of this meeting was collaborative activities that benefit the ESRD patient and improve quality of care.

The Network continued to strive toward maintaining working relationships with the three survey agencies as well as the state Quality Improvement Organizations (QIOs). Informal communication was utilized for problem solving, sharing of information or requests for assistance.

The state surveyors received complaints that, due to their nature were referred to the Network. The following are examples of Network and state agency (SA) collaboration and referral in 2002:

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Alabama

- Patient contacted the SA with concerns regarding inexperienced staff cannulating new developed fistulas.

Mississippi

- During scheduled survey visit to a facility SA contacted the Network to see if prior deficiencies had been sited of if the Network had concerns regarding the facility.

Tennessee

- SA requested Network input and intervention regarding high incidence of catheters observed in a facility.

Partnerships with ESRD Facilities

The Birmingham Project

Two corporate groups in Birmingham, Gambro Healthcare and Alabama Dialysis Services (NNA), were recognized at the Network's annual educational symposium in Chattanooga for their leadership in forging an alliance aimed at promoting continuity of care for patients. The project grew out of a shared interest in defining a protocol to guide decision-making when patient placements are in jeopardy. An integral part of the project was educating direct care facility staff on communication methods for reducing tensions. Emphasis was on maintenance of appropriate professional boundaries.

Partnerships with Other Networks

Patient Education

Network 8 collaborated with Network 7 and with Network 13 on a patient meeting that was held in Biloxi, Mississippi, in March 2002. Patients from the Florida panhandle and South Louisiana were invited to the meeting and several patients from South Louisiana attended.

ELAB

See summary under Quality Improvement Projects and Activities.

Involuntary Patient Discharge Survey

Network 8 collaborated with 11 other Network organizations on an Involuntary Patient Discharge Survey coordinated by Network 11 and with Network 14. This project was the first national effort aimed at describing the scope of the problem. Noncompliance was the number one reason for involuntary discharge for the 15 patients dismissed from Network 8 facilities, and the next highest reasons were

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verbal and physical threats. Although these remain a concern, the Network 8 region had the second lowest number of discharges in the nation. The 458 patients discharged nationally in 2002 represent less than .2% of the dialysis population.

Additional Areas of Improved Partnerships

MCIC

See summary under Patient Centered Activities and Resources

ANNA

As the healthcare environment undergoes rapid change, the importance of collaboration and participation with professional entities has been underscored. The Network has maintained ongoing communication with the National ANNA organization, as well as the local ANNA chapter.

AAKP

During the past year, the PSC continued to actively involved with the American Association of Kidney Patients serving as the President of the Board of Directors.

NKF of Mississippi

The PSC and ED serve on the Board of Trustees of the NKF of Mississippi. The QIC joined the board in July 2002, as a member of the Professional Advisory Board which also includes the PSC. The PSC and QIC continue to be involved in KEEP serving on the advisory board and the PSC and IM served on the advisory board for the NKF of Mississippi's first Kidney Walk.

LORAC

The ED serves as the ESRD Network representative on the Life Options Rehabilitation Advisory Council. The function of the Council is to advise the Life Options staff on strategies for education and research to promote improved quality of life for ESRD patients. Calendar year 2002 was a year of reorganization for the Council as additional financial partners were sought for program support. Life Options received a CMS contract to revise a dated employment handbook, and the books should be completed in 2003. Also, an ESRD guide for vocational rehabilitation counselors, which was written with substantial input from Life Options staff, was published and distributed to all state VR agencies.

NKDEP (National Kidney Disease Education Program)

Network 8 has partnered with the NKF of Mississippi and other area organizations for serve on the advisory committee for this initiative. Jackson has been chosen as one of four pilot sites nationwide. The initiative is sponsored through NIDDK. See additional information under "Patient Centered Activities and Resources."

IV. Evaluating and Resolving Patient Grievances

Background

The Network has consistently endeavored to maintain an effective process for evaluating and resolving patient grievances. Network providers are required to post a copy of the Network grievance policy where patients and families have easy access to it (e.g., bulletin boards in waiting areas). New facilities receive a copy of the Network 8-grievance policy in the new facility information packet. Newly-diagnosed patients are informed of their right to contact the Network or state agency to voice their concerns.

The Network continues to provide all of the facilities with the resource manual, "Dealing with Challenging Patient Situations: A Practical Handbook of Expert Guidance" by Mary Rau-Foster. This manual addresses many topics/situations that are experienced in the dialysis arena. It offers detailed guidelines for handling conflict, and assistance in developing policies and procedures.

Patient complaints are addressed by the Patient Grievance Committee (PGC) of the MRB or by Network staff in consultation with the committee. Each contact received by the Network staff is carefully assessed as to its nature and acted upon accordingly.

Educational materials are provided on request. The Network featured a session on challenging patients at the 2002 Network Council meeting. Arlene Sukolsky, Executive Director of ESRD Network 17, presented on "The Patients Who Try Our Patience." Objectives covered in her discussion included a description of the levels of crisis intervention, factors that contribute to problematic behavior, and ways to improve patients/staff behavior.

Scope of patient concerns

In 2002, the Network 8 staff received and processed 156 contacts ranging from beneficiary complaints to simple requests for basic educational materials. The Network did not receive a formal grievance during 2002. The complaints received were classified according to the grievance definitions and coding adopted by CMS.

Many concerns were from facility staff seeking guidance and assistance with difficult patient situations. Because Network staff has been able to assist in these situations, the number of formal grievances and complaints has declined during the year 2002. The Network staff strives to resolve complaints and intervene with facilities to keep complaints from going to the Medical Review Board. However, in some cases the Medical Review Board is consulted.

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Contacts received at the Network were classified according to CMS definition.

Formal Grievance: None received during 2002

Beneficiary Complaint: 15 Opened --- 15 Resolved

In many cases, beneficiary complaints focused on issues in which the Network mediated between patient and staff. Most concerns arose due to lack of communication or miscommunication between patients and staff. Many contacts involved issues addressing staffing shortages and training of new staff. In response, Network staff contacted the Administrator, Director of Nursing or Social Worker of the facility to facilitate patient interaction. Some concerns involved environmental issues such as temperature in the unit, aseptic technique, and communication. When necessary, Network staff contacted the Nurse Manager, and/or the Administrator and requested specific documentation to assist with investigation of the concern. In order to promote communication, the Network continued to encourage the use of patient meetings and patient newsletters within the facility and dissemination of policy changes or general information to patients.

Beneficiary Inquiry: 5 Opened --- 5 Resolved

These patient contacts were for information about services such as insurance coverage, transportation, or access to care. When appropriate, the names and telephone numbers of agencies or individuals who could assist with the resolution were provided.

Facility Concerns: 63 Opened --- 63 Resolved

Contacts regarding disruptive/challenging patients continued to account for the greatest number of calls from facility staff. These complex situations involved concerns for patients' safety and well being, as well as that of the staff. Patient actions have ranged from verbal threats to actual physical attacks against staff. Network 8's approach included advising the facility to contact the local police for assistance if there appeared to be immediate danger. Many times a behavioral contract was developed with the patient for this purpose. On a number of occasions, after hearing the concern, Network staff suggested that the facility refer the patient for psychiatric intervention. All facilities were advised that transfer of the patient must occur within the established CMS regulations. When the behavior represented an immediate and serious threat, the facility arranged for the patient's dismissal. In some instances, this meant that the patient was referred to local emergency rooms for care.

Facility Inquiry: 73 Opened --- 73 Resolved

Facility inquiries involved consultation with the Network for advice in facility decisions such as termination of patient-physician or patient-facility relationship, patient transfers, insurance or transportation questions involving grievance policies.

Other assistance offered to facilities and patients

The Network offers technical assistance to all the facilities in its region. Network staff intervened in the following situations through technical assistance or referral:

- Securing patient name on several transplant centers listing
- Assistance with securing home hemo training for difficult patient
- Patient non-compliance with medical threats toward staff
- MRB reviewing medical records to validate patient's ESRD status.

SANCTION RECOMMENDATIONS

No recommendations were made to sanction any facility in the Network 8 region during 2002 for failing to cooperate with Network or CMS goals.

RECOMMENDATIONS FOR ADDITIONAL FACILITIES

Facility expansions have occurred continuously in the three states over the past 15 years, reaching farther into rural areas and improving ease of access to outpatient dialysis facilities. Tennessee is exempt from CON constraints, and in most of rural Alabama, CON regulations do not apply. Mississippi continues to observe CON provisions, but most of the rural communities are served by a nearby unit that met approval criteria. No recommendations for specific facilities have been advanced by Network 8 boards.

DATA TABLES

The data tables on the following pages conform to contract specifications and include all Medicare-approved Network 8 facilities, as well as four VA facilities. Data in the tables were validated by a reconciliation process, which justified HCFA 2744 annual survey totals with a patient event roster generated from SIMS.

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Table #1

Newly Diagnosed Chronic ESRD Patients

(ESRD Incidence)

Newly diagnosed chronic ESRD patients by state of residence, age, gender, race and primary diagnosis for calendar year 2002

Age Group	AL	MS	TN	Other	Total
Others					
00-04	1	0	2	1	4
05-09	2	2	3	1	8
10-14	4	7	6	2	19
15-19	6	2	8	0	16
20-24	19	15	24	3	61
25-29	19	30	32	2	83
30-34	47	47	56	2	152
35-39	64	41	81	5	191
40-44	82	67	98	6	253
45-49	135	88	137	14	374
50-54	152	118	190	16	476
55-59	192	138	199	20	549
60-64	202	144	195	13	554
65-69	231	159	263	12	665
70-74	211	161	222	19	613
75-79	191	124	198	17	530
80-84	138	83	153	5	379
≥85	72	50	91	3	216
Missing	1	0	0	0	1
Total	1769	1276	1958	141	5144
Gender					
Others					
Female	861	669	921	53	2504
Male	908	607	1037	88	2640
Missing	0	0	0	0	0
Total	1769	1276	1958	141	5144
Race					
Others					
Asian	7	4	9	0	20
Black	954	798	784	42	2578
Indian subcontinent	1	2	1	0	4
Mid-East Arabian	2	0	6	1	9
Native American	3	15	1	0	19
Other/Multiracial	8	1	6	1	16
Pacific Islander	0	1	1	0	2
White	791	455	1145	96	2487
Missing	0	0	0	0	0
Unknown	3	0	5	1	9
Total	1769	1276	1958	141	5144

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ESRD Network 8

Table #1

Newly Diagnosed Chronic ESRD Patients

(ESRD Incidence)

Newly diagnosed chronic ESRD patients by state of residence, age, gender, race and primary diagnosis for calendar year 2002

Primary Diagnosis

Others					
Cystic Kidney	30	20	48	9	107
Diabetes	758	570	802	43	2173
Glomerulonephritis	126	67	116	5	314
Hypertension	510	467	643	46	1666
Other	191	87	216	14	508
Other Urologic	18	10	33	2	63
Missing	57	31	42	21	151
Unknown	79	24	58	1	162
Total	1769	1276	1958	141	5144

Source of information: Network SIMS Database

Date of Preparation: June 2003

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

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

This table includes 70 patients with transplant therapy as an initial treatment.

This table includes 71 patients receiving treatment at VA facilities.

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Table #2

Living ESRD Dialysis Patients

(ESRD Dialysis Prevalence)

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2002

Age Group	AL	MS	TN	Other	Total
Others					
00-04	0	1	1	1	3
05-09	1	3	3	0	7
10-14	5	9	10	2	26
15-19	18	16	19	1	54
20-24	58	58	69	8	193
25-29	110	114	119	5	348
30-34	205	179	197	10	591
35-39	262	246	279	20	807
40-44	378	331	397	24	1130
45-49	535	431	585	26	1577
50-54	659	496	682	37	1874
55-59	672	545	659	44	1920
60-64	733	560	658	41	1992
65-69	723	539	714	45	2021
70-74	651	474	655	39	1819
75-79	535	352	535	36	1458
80-84	331	197	346	8	882
≥85	153	85	158	7	403
Missing	0	0	0	0	0
Total	6029	4636	6086	354	17105
Gender					
Others					
Female	3001	2387	2815	151	8354
Male	3028	2249	3271	203	8751
Missing	0	0	0	0	0
Total	6029	4636	6086	354	17105
Race					
Others					
Asian	15	8	30	2	55
Black	3998	3389	3190	142	10719
Indian subcontinent	1	2	4	0	7
Mid-East Arabian	7	0	3	0	10
Native American	7	63	5	3	78
Other/Multiracial	18	5	12	1	36
Pacific Islander	2	2	5	0	9
White	1979	1167	2832	206	6184
Missing	0	0	0	0	0
Unknown	2	0	5	0	7
Total	6029	4636	6086	354	17105

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ESRD Network 8

Table #2

Living ESRD Dialysis Patients

(ESRD Dialysis Prevalence)

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2002

Primary Diagnosis

Others					
Cystic Kidney	151	107	197	23	478
Diabetes	2448	1777	2346	126	6697
Glomerulonephritis	629	474	638	46	1787
Hypertension	1939	1818	2055	104	5916
Other	495	310	545	36	1386
Other Urologic	85	40	111	6	242
Missing	27	20	27	2	76
Unknown	255	90	167	11	523
Total	6029	4636	6086	354	17105

Source of information: Network SIMS Database

Date of Preparation: June 2003

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

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

The numbers may not reflect the true point prevalence due to different definitions for transient patients.

This table includes 133 patients receiving treatment at VA facilities.

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Table #3

Provider	Dialysis Modality									
	Number of living patients by modality by dialysis facility self-care									
	<i>Self-Care Settings - Home</i>									
	HEMO		CAPD		CCPD		IPD		TOTAL	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
01014F	0	0	0	0	0	0	0	0	0	0
012500	0	0	26	23	17	17	0	0	43	40
012501	0	0	0	0	0	0	0	0	0	0
012502	0	0	5	7	16	9	0	0	21	16
012505	0	0	27	32	10	14	0	1	37	47
012506	0	0	8	6	21	21	0	1	29	28
012507	0	0	0	0	0	0	0	0	0	0
012508	0	0	0	0	0	0	0	0	0	0
012509	0	0	0	0	0	0	0	0	0	0
012510	0	0	0	0	0	0	0	0	0	0
012512	0	0	3	2	2	6	0	0	5	8
012513	0	0	0	0	0	0	0	0	0	0
012515	0	0	10	4	2	11	0	0	12	15
012516	0	0	2	2	0	0	0	0	2	2
012517	0	0	0	0	0	0	0	0	0	0
012519	0	0	0	0	0	0	0	0	0	0
012520	0	0	0	0	0	0	0	0	0	0
012521	0	0	24	18	10	9	0	0	34	27
012522	5	3	10	23	35	19	0	0	50	45
012523	0	0	13	11	16	17	0	0	29	28
012524	5	3	33	23	7	13	0	0	45	39
012525	0	0	0	0	0	0	0	0	0	0
012526	0	0	28	16	23	21	0	0	51	37
012527	0	0	0	0	0	0	0	0	0	0
012528	0	0	0	0	0	0	0	0	0	0
012529	0	0	0	0	0	0	0	0	0	0
012530	0	0	14	14	15	18	0	0	29	32
012531	0	0	0	0	0	0	0	0	0	0
012532	0	0	0	0	0	0	0	0	0	0
012533	0	0	2	1	2	1	0	0	4	2
012534	0	0	0	0	0	0	0	0	0	0
012535	0	0	0	0	0	0	0	0	0	0
012536	0	0	0	0	0	0	0	0	0	0
012537	0	0	0	0	0	0	0	0	0	0
012538	0	0	0	0	0	0	0	0	0	0
012539	0	0	0	0	0	0	0	0	0	0
012540	0	0	0	0	0	0	0	0	0	0
012541	0	0	0	0	0	0	0	0	0	0
012542	0	0	1	5	3	9	0	0	4	14
012543	0	0	2	3	7	10	0	0	9	13
012544	0	0	0	0	0	0	0	0	0	0
012545	0	0	9	3	28	25	0	0	37	28
012546	0	0	0	0	0	0	0	0	0	0
012547	0	0	0	0	0	0	0	0	0	0
012548	0	0	0	0	0	0	0	0	0	0
012549	0	0	0	0	0	0	0	0	0	0
012550	0	0	0	0	0	0	0	0	0	0
012551	0	0	22	21	9	5	0	0	31	26
012552	0	0	0	0	0	0	0	0	0	0
012553	0	0	0	0	0	0	0	0	0	0
012554	0	0	0	0	0	0	0	0	0	0
012555	1	0	5	4	0	1	0	0	6	5
012556	0	0	0	0	0	0	0	0	0	0
012557	0	0	0	0	0	0	0	0	0	0
012558	0	0	0	4	13	12	0	0	13	16
012559	0	1	7	7	9	6	0	0	16	14
012560	0	0	0	0	0	0	0	0	0	0
012561	0	0	0	0	0	0	0	0	0	0
012562	0	0	0	0	0	0	0	0	0	0

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Table #3

Provider	Dialysis Modality									
	Number of living patients by modality by dialysis facility self-care									
	<i>Self-Care Settings - Home</i>									
	HEMO		CAPD		CCPD		IPD		TOTAL	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
012563	0	0	0	0	0	0	0	0	0	0
012565	0	0	0	0	0	0	0	0	0	0
012566	0	0	0	0	0	0	0	0	0	0
012567	0	0	0	0	0	0	0	0	0	0
012568	0	0	0	0	0	0	0	0	0	0
012570	0	0	0	0	0	0	0	0	0	0
012571	0	0	0	0	0	0	0	0	0	0
012572	0	0	0	0	0	0	0	0	0	0
012573	0	0	2	1	1	2	0	0	3	3
012574	0	0	0	0	0	0	0	0	0	0
012575	0	0	0	0	0	0	0	0	0	0
012576	0	0	2	1	11	12	0	0	13	13
012577	0	0	0	0	0	0	0	0	0	0
012578	0	0	0	0	0	0	0	0	0	0
012579	0	0	0	0	0	0	0	0	0	0
012580	0	0	0	0	0	0	0	0	0	0
012581	0	0	0	0	0	0	0	0	0	0
012582	0	0	0	0	0	0	0	0	0	0
012583	0	0	0	0	0	0	0	0	0	0
012584^	0	0	0	0	0	0	0	0	0	0
012585	0	0	0	0	0	0	0	0	0	0
012587	0	0	0	0	0	0	0	0	0	0
012588	0	0	0	0	0	0	0	0	0	0
012589	0	0	0	0	0	0	0	0	0	0
012590	0	0	0	0	0	0	0	0	0	0
012591	0	0	0	0	0	0	0	0	0	0
012592	6	0	30	0	36	0	0	0	72	0
012593	0	0	0	0	0	0	0	0	0	0
012594	0	0	0	0	0	0	0	0	0	0
012595	0	0	0	0	0	0	0	0	0	0
012596	0	0	0	0	0	0	0	0	0	0
012597	0	0	0	0	0	0	0	0	0	0
012598	0	0	0	0	0	0	0	0	0	0
012599	0	0	0	0	0	0	0	0	0	0
012600	0	0	0	0	0	0	0	0	0	0
012601	0	0	0	0	0	0	0	0	0	0
012602	0	0	0	0	0	0	0	0	0	0
012603	0	0	0	0	0	0	0	0	0	0
012604#	0	0	0	0	0	0	0	0	0	0
012605#	0	8	0	30	0	45	0	0	0	83
012606#	0	0	0	0	0	0	0	0	0	0
013300	0	0	1	0	6	6	0	0	7	6
AL Total	17	15	286	261	299	309	0	2	602	587
250001	0	0	0	0	4	4	0	0	4	4
25043F	0	0	0	0	0	0	0	0	0	0
252501	37	33	20	37	11	13	0	0	68	83
252502	0	0	22	28	28	30	0	0	50	58
252503	1	0	3	5	8	14	0	0	12	19
252504	3	2	7	7	18	20	0	0	28	29
252505	5	3	10	6	5	2	0	1	20	12
252506	0	0	6	3	2	8	0	0	8	11
252507	0	0	6	3	5	3	0	0	11	6
252508	2	0	11	14	8	17	0	0	21	31
252509	0	0	0	0	0	0	0	0	0	0
252510	0	0	0	0	0	0	0	0	0	0
252511	0	1	0	0	0	0	0	0	0	1
252513	0	0	35	23	52	66	0	0	87	89

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Table #3

Provider	Dialysis Modality									
	Number of living patients by modality by dialysis facility self-care									
	<i>Self-Care Settings - Home</i>									
	HEMO		CAPD		CCPD		IPD		TOTAL	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
252514	2	2	15	14	13	26	0	0	30	42
252515	0	0	1	0	0	0	0	0	1	0
252516	0	0	2	1	14	8	0	0	16	9
252517	0	0	0	0	0	0	0	0	0	0
252518	0	0	0	0	0	0	0	0	0	0
252519	0	0	0	0	6	5	0	0	6	5
252520	0	0	0	0	0	0	0	0	0	0
252521	0	0	0	0	0	0	0	0	0	0
252522	0	0	0	0	0	0	0	0	0	0
252523	0	0	0	0	0	0	0	0	0	0
252524	0	0	0	0	0	0	0	0	0	0
252525	0	0	0	0	0	0	0	0	0	0
252527	0	0	0	0	0	0	0	0	0	0
252528	0	0	0	0	0	0	0	0	0	0
252529	0	0	0	0	0	0	0	0	0	0
252530	0	0	0	0	0	0	0	0	0	0
252531	0	0	0	0	0	0	0	0	0	0
252532	0	0	0	0	0	0	0	0	0	0
252533	0	0	5	3	1	1	0	0	6	4
252534	0	0	0	0	0	0	0	0	0	0
252535	0	0	0	0	0	0	0	0	0	0
252536	0	0	0	0	0	0	0	0	0	0
252537	0	0	0	0	0	0	0	0	0	0
252538	0	0	0	0	0	0	0	0	0	0
252539	0	0	0	0	0	0	0	0	0	0
252540	0	0	0	0	0	0	0	0	0	0
252541	0	0	0	0	0	0	0	0	0	0
252542	0	0	0	0	0	0	0	0	0	0
252543	0	0	4	0	13	17	0	0	17	17
252544	0	0	0	0	0	0	0	0	0	0
252545	0	0	0	0	0	0	0	0	0	0
252546	0	0	0	0	0	0	0	0	0	0
252547	0	0	0	0	0	0	0	0	0	0
252548	0	0	0	0	0	0	0	0	0	0
252549	0	0	0	0	0	0	0	0	0	0
252550	0	0	7	6	18	18	0	0	25	24
252551	0	0	0	0	0	0	0	0	0	0
252552	0	0	7	7	0	1	0	0	7	8
252553	0	0	0	0	0	0	0	0	0	0
252554	0	0	0	0	0	0	0	0	0	0
252555	0	1	0	0	0	0	0	0	0	1
252556	0	0	0	0	0	0	0	0	0	0
252557	0	0	0	0	0	0	0	0	0	0
252558	0	0	0	0	0	0	0	0	0	0
252559	0	0	0	0	0	0	0	0	0	0
252560	0	0	0	0	0	0	0	0	0	0
252561	0	0	0	0	0	0	0	0	0	0
252562	0	0	0	0	0	0	0	0	0	0
252563	0	0	0	0	0	0	0	0	0	0
252564	0	0	0	0	0	0	0	0	0	0
252565	0	0	0	0	0	0	0	0	0	0
252566	0	0	0	0	0	0	0	0	0	0
252567#	0	0	0	0	0	0	0	0	0	0
MS Total	50	42	161	157	206	253	0	1	417	453
440015	0	0	0	0	4	3	0	0	4	3
440049^	0	0	0	0	0	0	0	0	0	0
440054	0	0	0	0	0	0	0	0	0	0

**ESRD Network 8
HCFA Contract # 500-00-NW08**

ESRD Network 8

Table #3

Provider	Dialysis Modality									
	Number of living patients by modality by dialysis facility self-care									
	<i>Self-Care Settings - Home</i>									
	HEMO		CAPD		CCPD		IPD		TOTAL	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
440104	0	0	0	0	0	0	0	0	0	0
44013F	0	0	5	4	0	1	0	0	5	5
44018F	2	1	3	1	2	6	0	0	7	8
442501	0	0	14	9	24	23	0	0	38	32
442502	2	0	0	0	0	0	0	0	2	0
442503	6	7	4	5	9	12	0	0	19	24
442504	0	0	4	3	16	14	0	0	20	17
442505	1	0	7	6	10	13	0	0	18	19
442507	0	0	0	0	0	0	0	0	0	0
442511	1	1	3	0	9	12	0	0	13	13
442513	0	0	0	0	0	0	0	0	0	0
442514	0	0	0	0	0	0	0	0	0	0
442517	0	0	0	0	0	0	0	0	0	0
442518	0	0	0	0	0	0	0	0	0	0
442519	0	0	15	9	13	7	0	0	28	16
442522	0	0	0	0	0	0	0	0	0	0
442523	8	6	48	44	0	0	0	0	56	50
442524	0	0	10	9	2	2	0	0	12	11
442527	0	0	11	3	35	8	0	0	46	11
442528	0	0	0	0	0	0	0	0	0	0
442530	0	0	10	15	4	3	0	0	14	18
442531	0	0	0	0	0	0	0	0	0	0
442532	0	0	0	0	0	0	0	0	0	0
442533	0	0	10	4	7	10	0	0	17	14
442536	0	0	0	0	0	0	0	0	0	0
442537	0	0	0	0	0	0	0	0	0	0
442538	0	0	0	0	0	0	0	0	0	0
442539	0	0	0	0	5	4	0	0	5	4
442540	0	0	1	1	3	10	0	0	4	11
442541	0	0	0	0	0	0	0	0	0	0
442545	0	0	0	0	0	0	0	0	0	0
442549	0	0	2	0	1	2	0	0	3	2
442550	0	0	2	2	3	0	0	0	5	2
442553	0	0	0	0	0	0	0	0	0	0
442554	0	0	0	0	0	0	0	0	0	0
442555	0	0	0	0	0	0	0	0	0	0
442556	0	0	0	0	0	0	0	0	0	0
442558	0	0	0	0	0	0	0	0	0	0
442561	0	0	0	0	0	0	0	0	0	0
442562	0	0	0	0	0	0	0	0	0	0
442564	0	0	0	0	0	0	0	0	0	0
442565	0	0	0	0	0	0	0	0	0	0
442566	0	0	0	0	0	0	0	0	0	0
442567	0	0	0	0	0	0	0	0	0	0
442569	0	0	2	5	0	3	0	0	2	8
442572	0	0	0	0	0	0	0	0	0	0
442573	0	0	0	1	0	0	0	0	0	1
442574	0	0	0	0	0	0	0	0	0	0
442575	0	0	0	0	0	0	0	0	0	0
442576	6	4	2	6	29	30	0	0	37	40
442577	0	0	0	0	0	0	0	0	0	0
442579	0	0	4	1	12	6	0	0	16	7
442581	0	0	0	0	0	0	0	0	0	0
442583	7	5	5	5	27	27	0	0	39	37
442584	0	0	0	0	0	0	0	0	0	0
442586	0	0	0	0	0	0	0	0	0	0
442587	0	0	0	0	0	0	0	0	0	0
442588^	0	0	0	0	0	0	0	0	0	0
442589	0	0	0	0	0	0	0	0	0	0

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442591	0	0	0	0	0	0	0	0	0	0
442592	0	0	0	0	0	0	0	0	0	0
442593	0	0	5	5	9	16	0	0	14	21
442594	0	0	0	0	0	0	0	0	0	0
442595	0	0	0	0	0	0	0	0	0	0
442596	0	0	0	0	0	0	0	0	0	0
442598	0	0	0	0	0	0	0	0	0	0
442599	0	0	0	0	0	0	0	0	0	0
442600	0	0	27	15	6	9	0	0	33	24
442601	0	0	0	0	0	0	0	0	0	0
442602	0	0	0	0	0	0	0	0	0	0
442603	0	0	0	0	0	0	0	0	0	0
442604	0	0	0	0	0	0	0	0	0	0
442605	0	0	0	0	0	0	0	0	0	0
442606	0	1	1	0	20	25	0	0	21	26
442607	0	0	0	0	0	0	0	0	0	0
442608	0	0	0	0	0	0	0	0	0	0
442609	0	0	16	15	56	57	0	0	72	72
442610	0	0	8	5	24	30	0	0	32	35
442611	0	0	0	0	0	0	0	0	0	0
442612	0	0	0	0	0	0	0	0	0	0
442613	1	1	6	4	13	6	0	0	20	11
442614	0	0	0	0	0	0	0	0	0	0
442615	0	0	0	0	0	0	0	0	0	0
442616	0	0	0	0	0	0	0	0	0	0
442617	0	0	0	0	0	0	0	0	0	0
442618	0	0	0	0	0	0	0	0	0	0
442619	0	0	8	5	1	8	0	0	9	13
442620	0	0	0	0	0	0	0	0	0	0
442621	0	0	0	0	0	0	0	0	0	0
442622	0	0	0	0	0	0	0	0	0	0
442623	0	0	1	1	1	0	0	0	2	1
442624	0	0	0	0	0	0	0	0	0	0
442625	0	0	0	0	0	0	0	0	0	0
442626	0	0	0	0	0	0	0	0	0	0
442627	0	0	0	0	0	1	0	0	0	1
442628	0	0	0	0	0	0	0	0	0	0
442629	0	0	0	0	0	0	0	0	0	0
442630	0	0	0	0	0	0	0	0	0	0
442631^	0	0	0	0	0	0	0	0	0	0
442632	0	0	0	0	0	0	0	0	0	0
442633^	0	0	0	0	0	0	0	0	0	0
442634	0	0	0	0	0	0	0	0	0	0
442635	0	0	0	0	0	0	0	0	0	0
442636	0	0	0	0	0	0	0	0	0	0
442637	0	0	10	7	7	25	0	0	17	32
442638	1	3	19	9	48	49	0	0	68	61
442639	0	0	0	0	0	0	0	0	0	0
442640	0	0	0	0	0	0	0	0	0	0
442641#	0	0	0	0	0	0	0	0	0	0
442642#	0	0	0	0	0	0	0	0	0	0
442643#	0	0	0	0	0	0	0	0	0	0
442644#	0	0	0	2	0	22	0	0	0	24
442645#	0	0	0	1	0	10	0	0	0	11
442646#	0	0	0	0	0	0	0	0	0	0
442647#	0	0	0	4	0	4	0	0	0	8
442648#	0	0	0	0	0	0	0	0	0	0
442649#	0	0	0	0	0	0	0	0	0	0
442650#	0	0	0	0	0	0	0	0	0	0
442651#	0	0	0	0	0	0	0	0	0	0
442652#	0	0	0	0	0	0	0	0	0	0
443301	0	0	0	0	5	9	0	0	5	9
443500	0	0	0	0	0	0	0	0	0	0
443501	0	0	0	0	0	0	0	0	0	0
TN Total	35	29	263	206	405	467	0	0	703	702

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ESRD Network 8

Table #3

Provider	Dialysis Modality									
	Number of living patients by modality by dialysis facility self-care									
	<i>Self-Care Settings - Home</i>									
	HEMO		CAPD		CCPD		IPD		TOTAL	
	2001	2002	2001	2002	2001	2002	2001	2002	2001	2002
Network										
Total	102	86	710	624	910	1029	0	3	1722	1742

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

Date of Preparation: June 2003

Provider not operational in 2001

^ Provider not operational in 2002

**ESRD Network 8
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ESRD Network 8

Table #4

Provider	Dialysis Modality				TOTAL OF HOME & IN-CENTER*			
	HEMO		PD		TOTAL		IN-CENTER*	
	2001	2002	2001	2002	2001	2002	2001	2002
01014F	18	16	0	0	18	16	18	16
012500	76	78	0	0	76	78	119	118
012501	96	101	0	0	96	101	96	101
012502	87	97	0	0	87	97	108	113
012505	97	108	0	0	97	108	134	155
012506	85	91	0	0	85	91	114	119
012507	75	62	0	0	75	62	75	62
012508	84	77	0	0	84	77	84	77
012509	89	70	0	0	89	70	89	70
012510	23	16	0	0	23	16	23	16
012512	130	123	0	0	130	123	135	131
012513	21	20	0	0	21	20	21	20
012515	101	106	0	0	101	106	113	121
012516	75	78	0	0	75	78	77	80
012517	44	52	0	0	44	52	44	52
012519	32	33	0	0	32	33	32	33
012520	37	51	0	0	37	51	37	51
012521	93	95	0	0	93	95	127	122
012522	133	95	0	0	133	95	183	140
012523	54	52	0	0	54	52	83	80
012524	70	72	0	0	70	72	115	111
012525	79	79	0	0	79	79	79	79
012526	146	101	0	0	146	101	197	138
012527	65	63	0	0	65	63	65	63
012528	76	69	0	0	76	69	76	69
012529	53	60	0	0	53	60	53	60
012530	104	98	0	0	104	98	133	130
012531	52	56	0	0	52	56	52	56
012532	74	73	0	0	74	73	74	73
012533	47	39	0	0	47	39	51	41
012534	131	125	0	0	131	125	131	125
012535	38	44	0	0	38	44	38	44
012536	95	91	0	0	95	91	95	91
012537	70	65	0	0	70	65	70	65
012538	26	29	0	0	26	29	26	29
012539	54	54	0	0	54	54	54	54
012540	31	30	0	0	31	30	31	30
012541	49	47	0	0	49	47	49	47
012542	51	52	0	0	51	52	55	66
012543	57	59	0	0	57	59	66	72
012544	37	33	0	0	37	33	37	33
012545	87	90	0	0	87	90	124	118
012546	52	47	0	0	52	47	52	47
012547	31	37	0	0	31	37	31	37
012548	32	37	0	0	32	37	32	37
012549	35	33	0	0	35	33	35	33
012550	40	45	0	0	40	45	40	45
012551	48	59	0	0	48	59	79	85
012552	74	73	0	0	74	73	74	73
012553	35	37	0	0	35	37	35	37
012554	36	42	0	0	36	42	36	42
012555	37	31	0	0	37	31	43	36
012556	35	25	0	0	35	25	35	25
012557	37	38	0	0	37	38	37	38
012558	90	86	0	0	90	86	103	102
012559	66	80	0	0	66	80	82	94

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ESRD Network 8

Table #4

Provider	Dialysis Modality				TOTAL OF HOME & IN-CENTER*			
	HEMO		PD		TOTAL			
	2001	2002	2001	2002	2001	2002	2001	2002
012560	15	15	0	0	15	15	15	15
012561	50	47	0	0	50	47	50	47
012562	26	23	0	0	26	23	26	23
012563	56	64	0	0	56	64	56	64
012565	31	29	0	0	31	29	31	29
012566	23	23	0	0	23	23	23	23
012567	58	50	0	0	58	50	58	50
012568	69	69	0	0	69	69	69	69
012570	48	56	0	0	48	56	48	56
012571	31	39	0	0	31	39	31	39
012572	32	29	0	0	32	29	32	29
012573	58	54	0	0	58	54	61	57
012574	21	25	0	0	21	25	21	25
012575	47	49	0	0	47	49	47	49
012576	65	78	0	0	65	78	78	91
012577	16	0	0	0	16	0	16	0
012578	48	46	0	0	48	46	48	46
012579	73	76	0	0	73	76	73	76
012580	24	22	0	0	24	22	24	22
012581	14	18	0	0	14	18	14	18
012582	27	26	0	0	27	26	27	26
012583	70	70	0	0	70	70	70	70
012584^	0	0	0	0	0	0	0	0
012585	115	124	0	0	115	124	115	124
012587	22	18	0	0	22	18	22	18
012588	52	50	0	1	52	51	52	51
012589	107	103	0	0	107	103	107	103
012590	27	24	0	0	27	24	27	24
012591	19	21	0	0	19	21	19	21
012592	111	114	0	0	111	114	183	114
012593	49	53	0	0	49	53	49	53
012594	22	28	0	0	22	28	22	28
012595	31	26	0	0	31	26	31	26
012596	100	99	0	0	100	99	100	99
012597	26	26	0	0	26	26	26	26
012598	20	33	0	0	20	33	20	33
012599	49	73	0	0	49	73	49	73
012600	25	26	0	0	25	26	25	26
012601	43	93	0	1	43	94	43	94
012602	24	26	0	0	24	26	24	26
012603	33	47	0	0	33	47	33	47
012604#	0	10	0	0	0	10	0	10
012605#	0	2	0	0	0	2	0	85
012606#	0	67	0	0	0	67	0	67
013300	8	8	0	0	8	8	15	14
AL Total	5375	5499	0	2	5375	5501	5977	6088
250001	48	68	0	0	48	68	52	72
25043F	26	28	0	0	26	28	26	28
252501	105	120	0	0	105	120	173	203
252502	149	141	0	0	149	141	199	199
252503	115	110	0	0	115	110	127	129
252504	167	164	0	0	167	164	195	193
252505	123	129	0	0	123	129	143	141
252506	74	78	0	0	74	78	82	89

**ESRD Network 8
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ESRD Network 8

Table #4

Provider	Dialysis Modality				TOTAL OF HOME & IN-CENTER*			
	HEMO		PD		TOTAL		IN-CENTER*	
	2001	2002	2001	2002	2001	2002	2001	2002
252507	106	109	0	0	106	109	117	115
252508	99	103	0	0	99	103	120	134
252509	38	44	0	0	38	44	38	44
252510	111	107	0	0	111	107	111	107
252511	70	79	0	0	70	79	70	80
252513	115	109	0	0	115	109	202	198
252514	85	95	0	0	85	95	115	137
252515	78	73	0	0	78	73	79	73
252516	100	104	0	0	100	104	116	113
252517	44	46	0	0	44	46	44	46
252518	64	69	0	0	64	69	64	69
252519	45	52	0	0	45	52	51	57
252520	93	101	0	0	93	101	93	101
252521	51	47	0	0	51	47	51	47
252522	36	45	0	0	36	45	36	45
252523	92	97	0	0	92	97	92	97
252524	94	93	0	0	94	93	94	93
252525	81	87	0	0	81	87	81	87
252527	81	92	0	0	81	92	81	92
252528	105	106	0	0	105	106	105	106
252529	51	51	0	0	51	51	51	51
252530	81	81	0	0	81	81	81	81
252531	21	28	0	0	21	28	21	28
252532	39	40	0	0	39	40	39	40
252533	43	40	0	0	43	40	49	44
252534	55	44	0	0	55	44	55	44
252535	89	93	0	0	89	93	89	93
252536	43	49	0	0	43	49	43	49
252537	44	38	0	0	44	38	44	38
252538	48	51	0	0	48	51	48	51
252539	43	44	0	0	43	44	43	44
252540	78	85	0	0	78	85	78	85
252541	45	46	0	0	45	46	45	46
252542	66	58	0	0	66	58	66	58
252543	63	69	0	0	63	69	80	86
252544	48	44	0	0	48	44	48	44
252545	47	48	0	0	47	48	47	48
252546	26	22	0	0	26	22	26	22
252547	54	53	0	0	54	53	54	53
252548	38	39	0	0	38	39	38	39
252549	51	50	0	0	51	50	51	50
252550	0	0	2	1	2	1	27	25
252551	25	27	0	0	25	27	25	27
252552	101	91	0	0	101	91	108	99
252553	32	39	0	0	32	39	32	39
252554	29	38	0	0	29	38	29	38
252555	13	17	0	0	13	17	13	18
252556	17	18	0	0	17	18	17	18
252557	42	58	0	0	42	58	42	58
252558	34	42	0	0	34	42	34	42
252559	29	38	0	0	29	38	29	38
252560	22	30	0	0	22	30	22	30
252561	32	34	0	0	32	34	32	34
252562	23	26	0	0	23	26	23	26
252563	40	30	0	0	40	30	40	30
252564	38	40	0	0	38	40	38	40

**ESRD Network 8
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ESRD Network 8

Table #4

Provider	Dialysis Modality				TOTAL OF HOME & IN-CENTER*			
	HEMO		PD		TOTAL		IN-CENTER*	
	2001	2002	2001	2002	2001	2002	2001	2002
252565	13	16	0	0	13	16	13	16
252566	22	26	0	0	22	26	22	26
252567#	0	15	0	0	0	15	0	15
MS Total	3980	4154	2	1	3982	4155	4399	4608
440015	3	2	1	0	4	2	8	5
440049^	0	0	0	0	0	0	0	0
440054	33	32	0	0	33	32	33	32
440104	0	0	0	0	0	0	0	0
44013F	38	40	0	0	38	40	43	45
44018F	37	36	0	0	37	36	44	44
442501	90	85	0	0	90	85	128	117
442502	93	91	0	0	93	91	95	91
442503	136	118	0	0	136	118	155	142
442504	66	70	0	0	66	70	86	87
442505	98	94	0	0	98	94	116	113
442507	55	50	0	0	55	50	55	50
442511	57	60	0	0	57	60	70	73
442513	42	45	0	0	42	45	42	45
442514	89	87	0	0	89	87	89	87
442517	34	38	0	0	34	38	34	38
442518	79	83	0	0	79	83	79	83
442519	65	72	0	0	65	72	93	88
442522	36	36	0	0	36	36	36	36
442523	164	147	0	0	164	147	220	197
442524	124	139	0	0	124	139	136	150
442527	107	82	0	0	107	82	153	93
442528	88	85	0	0	88	85	88	85
442530	27	24	0	0	27	24	41	42
442531	54	53	0	0	54	53	54	53
442532	28	31	0	0	28	31	28	31
442533	39	43	0	0	39	43	56	57
442536	52	53	0	0	52	53	52	53
442537	43	38	0	0	43	38	43	38
442538	36	36	0	0	36	36	36	36
442539	39	52	0	0	39	52	44	56
442540	34	42	0	0	34	42	38	53
442541	45	40	0	0	45	40	45	40
442545	9	13	0	0	9	13	9	13
442549	47	41	0	0	47	41	50	43
442550	14	14	0	0	14	14	19	16
442553	27	25	0	0	27	25	27	25
442554	26	26	0	0	26	26	26	26
442555	64	62	0	0	64	62	64	62
442556	47	53	0	0	47	53	47	53
442558	37	37	0	0	37	37	37	37
442561	16	21	0	0	16	21	16	21
442562	35	37	0	0	35	37	35	37
442564	97	92	0	0	97	92	97	92
442565	70	68	0	0	70	68	70	68
442566	28	29	0	0	28	29	28	29
442567	25	25	0	0	25	25	25	25
442569	90	66	0	0	90	66	92	74
442572	29	36	0	0	29	36	29	36
442573	133	136	0	0	133	136	133	137

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ESRD Network 8

Table #4

Provider	Dialysis Modality				TOTAL OF HOME & IN-CENTER*			
	HEMO		PD		TOTAL		IN-CENTER*	
	2001	2002	2001	2002	2001	2002	2001	2002
442574	25	23	0	0	25	23	25	23
442575	23	20	0	0	23	20	23	20
442576	153	151	0	0	153	151	190	191
442577	47	51	0	0	47	51	47	51
442579	49	55	0	0	49	55	65	62
442581	53	67	0	0	53	67	53	67
442583	129	114	0	0	129	114	168	151
442584	13	13	0	0	13	13	13	13
442586	36	43	0	0	36	43	36	43
442587	19	19	0	0	19	19	19	19
442588^	0	0	0	0	0	0	0	0
442589	42	42	0	0	42	42	42	42
442591	82	68	0	0	82	68	82	68
442592	25	26	0	0	25	26	25	26
442593	78	75	0	0	78	75	92	96
442594	40	34	0	0	40	34	40	34
442595	18	15	0	0	18	15	18	15
442596	105	93	0	0	105	93	105	93
442598	53	52	0	0	53	52	53	52
442599	45	33	0	0	45	33	45	33
442600	75	64	0	0	75	64	108	88
442601	26	22	0	0	26	22	26	22
442602	36	33	0	0	36	33	36	33
442603	29	26	0	0	29	26	29	26
442604	39	39	0	0	39	39	39	39
442605	62	70	0	0	62	70	62	70
442606	54	55	0	0	54	55	75	81
442607	21	29	0	0	21	29	21	29
442608	29	21	0	0	29	21	29	21
442609	0	0	0	0	0	0	72	72
442610	103	104	0	0	103	104	135	139
442611	45	27	0	0	45	27	45	27
442612	29	28	0	0	29	28	29	28
442613	74	67	0	0	74	67	94	78
442614	68	56	0	0	68	56	68	56
442615	104	86	0	0	104	86	104	86
442616	52	42	0	0	52	42	52	42
442617	23	24	0	0	23	24	23	24
442618	43	48	0	0	43	48	43	48
442619	52	46	0	0	52	46	61	59
442620	19	18	0	0	19	18	19	18
442621	19	18	0	0	19	18	19	18
442622	17	20	0	0	17	20	17	20
442623	35	34	0	0	35	34	37	35
442624	53	57	0	0	53	57	53	57
442625	72	67	0	0	72	67	72	67
442626	52	58	0	0	52	58	52	58
442627	73	54	0	0	73	54	73	55
442628	55	16	0	0	55	16	55	16
442629	19	21	0	0	19	21	19	21
442630	44	53	0	1	44	54	44	54
442631^	0	0	0	0	0	0	0	0
442632	21	24	0	0	21	24	21	24
442633^	0	0	0	0	0	0	0	0
442634	39	32	0	0	39	32	39	32
442635	28	27	0	0	28	27	28	27

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ESRD Network 8

Table #4

Provider	Dialysis Modality				Number of living patients by modality by dialysis facility in-center			
	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2001	2002	2001	2002	2001	2002	2001	2002
442636	21	38	0	0	21	38	21	38
442637	186	127	0	0	186	127	203	159
442638	0	4	0	0	0	4	68	65
442639	4	10	0	0	4	10	4	10
442640	19	60	0	0	19	60	19	60
442641#	0	18	0	0	0	18	0	18
442642#	0	18	0	0	0	18	0	18
442643#	0	15	0	0	0	15	0	15
442644#	0	30	0	0	0	30	0	54
442645#	0	2	0	0	0	2	0	13
442646#	0	92	0	0	0	92	0	92
442647#	0	41	0	0	0	41	0	49
442648#	0	12	0	0	0	12	0	12
442649#	0	34	0	0	0	34	0	34
442650#	0	41	0	0	0	41	0	41
442651#	0	42	0	0	0	42	0	42
442652#	0	0	0	0	0	0	0	0
443301	10	12	0	0	10	12	15	21
443500	64	42	0	0	64	42	64	42
443501	5	0	0	0	5	0	5	0
TN Total	5579	5703	1	1	5580	5704	6283	6406
Network Total	14934	15356	3	4	14937	15360	16659	17102

Source of Information: Facility Survey (CMS 2744) and Network SIMS Database

*Total from Table #3 plus total from Table #4 (for last column of report year)

Date of Preparation: June 2003

Provider not operational in 2001

^ Provider not operational in 2002

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ESRD Network 8

Table #5

Renal Transplant by Transplant Center
Number of transplants performed by transplant center
for calendar year 2001 and calendar year 2002

Transplant Center	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
	2001	2002	2001	2002
010033	299	329	1,534	1,832
010087	23	4	184	143
013300	0	0	0	0
AL Total	322	333		
250001	30	34	183	0
MS Total	30	34		
440015	35	45	0	0
440039	69	107	0	0
440063	22	42	75	53
440082	19	19	67	76
440104	30	0	49	53
440161	43	50	0	0
440166	76	80	0	0
44018f	1	6	0	0
443301	8	6	0	0
TN Total	303	355		
NETWORK TOTAL:	655	722		

Source of information: Network SIMS Database/CMS-2744

Date of Preparation: June 2003

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

Provider not operational in 2001

^ Provider not operational in 2002

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ESRD Network 8

Table #6

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2002

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
Others				
00-04	1	6	0	7
05-09	1	6	1	8
10-14	5	10	0	15
15-19	5	8	3	16
20-24	19	13	3	35
25-29	20	12	1	33
30-34	40	20	8	68
35-39	56	22	7	85
40-44	50	27	10	87
45-49	58	20	13	91
50-54	73	24	12	109
55-59	63	16	14	93
60-64	36	17	8	61
65-69	19	8	1	28
70-74	10	6	1	17
75-79	1	0	0	1
80-84	0	0	0	0
>=85	0	0	0	0
Missing	0	0	0	0
Total	457	215	82	754
Gender				
Others				
Female	175	91	33	299
Male	282	124	49	455
Missing	0	0	0	0
Total	457	215	82	754
Race				
Others				
Asian	3	1	2	6
Black	202	51	6	259
Indian subcontinent	1	0	0	1
Mid-East Arabian	0	2	0	2
Native American	1	0	0	1
Other/Multiracial	3	0	0	3
Pacific Islander	0	1	0	1
White	246	159	74	479
Missing	0	0	0	0
Unknown	1	1	0	2
Total	457	215	82	754

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ESRD Network 8

Table #6

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2002

	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
Primary Diagnosis				
Others				
Cystic Kidney	41	13	15	69
Diabetes	119	45	14	178
Glomerulonephritis	87	51	20	158
Hypertension	122	35	11	168
Other	49	43	9	101
Other Urologic	10	2	5	17
Missing	15	11	6	32
Unknown	14	15	2	31
Total	457	215	82	754

Source of information: Network SIMS Database

Date of Preparation: June 2003

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

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

This table includes 6 patients receiving treatment at VA facilities.

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ESRD Network 8

Table #7

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2002

Age Group	AL	MS	TN	Other	Total
Others					
00-04	0	0	0	0	0
05-09	0	0	1	0	1
10-14	1	1	1	0	3
15-19	2	1	0	0	3
20-24	6	2	5	1	14
25-29	9	6	14	0	29
30-34	16	15	27	3	61
35-39	39	13	35	5	92
40-44	29	35	50	6	120
45-49	74	50	59	8	191
50-54	105	69	106	6	286
55-59	112	90	119	16	337
60-64	129	98	160	8	395
65-69	186	125	197	19	527
70-74	208	154	252	21	635
75-79	186	129	233	19	567
80-84	154	101	163	11	429
>=85	86	60	120	7	273
Missing	0	0	0	0	0
Total	1342	949	1542	130	3963
Gender					
Others					
Female	671	509	775	64	2019
Male	671	440	767	66	1944
Missing	0	0	0	0	0
Total	1342	949	1542	130	3963
Race					
Others					
Asian	4	2	3	0	9
Black	714	580	609	55	1958
Indian subcontinent	0	0	0	0	0
Mid-East Arabian	0	0	2	0	2
Native American	2	6	1	0	9
Other/Multiracial	3	0	2	1	6
Pacific Islander	0	1	2	0	3
White	618	360	922	74	1974
Missing	0	0	0	0	0
Unknown	1	0	1	0	2
Total	1342	949	1542	130	3963

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ESRD Network 8

Table #7

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2002

Primary Diagnosis	AL	MS	TN	Other	Total
Others					
Cystic Kidney	15	9	19	1	44
Diabetes	615	428	659	63	1765
Glomerulonephritis	85	61	100	9	255
Hypertension	410	335	516	36	1297
Other	139	79	160	11	389
Other Urologic	15	10	28	3	56
Missing	9	5	7	3	24
Unknown	54	22	53	4	133
Total	1342	949	1542	130	3963

Primary Cause of Death

Others					
Cardiac	568	479	754	60	1861
Gastro Intestinal	14	6	18	3	41
Infection	181	107	208	11	507
Liver Disease	15	4	8	1	28
Vascular	110	80	138	8	336
Missing	112	45	58	8	223
Other	179	117	247	20	563
Unknown	163	111	111	19	404
Total	1342	949	1542	130	3963

Source of information: Network SIMS Database

Date of Preparation: June 2003

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

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

This table includes 26 patients receiving treatment at VA facilities.

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ESRD Network 8

Table #8

**Vocational Rehabilitation by Dialysis Facility
Patients Aged 18 – 55 for Calendar Year 2002**

	Provider	Patients Aged 18 - 54	Patients Receiving Service From Voc Rehab	Patients Working	Patients In School	Shift After 5:00pm
012500	FMC - CAPITOL CITY	50	0	6	0	N
012501	GAMBRO HEALTHCARE - GADSDEN	31	0	2	2	N
012502	GAMBRO HEALTHCARE - TUSCALOOSA - UNIV	47	1	0	5	Y
012505	GAMBRO HEALTHCARE - MONTGOMERY	62	2	10	1	N
012506	GAMBRO HEALTHCARE - DOTHAN	44	2	11	0	N
012507	FMC-MOBILE	23	0	5	0	Y
012508	GAMBRO HEALTHCARE - BIRMINGHAM EAST	34	0	11	11	N
012509	FMC-NORTH ALABAMA	16	0	2	0	N
012510	FMC - ATMORE	7	1	0	0	N
012512	FMC-SELMA	41	0	5	3	N
012513	FMC-LANGDALE	7	0	0	0	N
012515	FMC - OPELIKA	48	4	8	2	Y
012516	FMC-NORWOOD	26	3	2	0	N
012517	GAMBRO HEALTHCARE - ATHENS	16	1	3	0	N
012519	FMC-SCOTTSBORO	13	0	1	0	N
012520	FMC-TROY	13	0	0	0	Y
012521	DIALYSIS CLINIC, INC.-DOTHAN	42	1	2	1	N
012522	FMC-HUNTSVILLE	52	0	9	0	N
012523	PHENIX CITY DIALYSIS CENTER	33	2	8	2	N
012524	FMC-EAST MOBILE	53	0	7	0	N
012525	FMC-WEST MOBILE	20	0	3	0	N
012526	ALA DIALYSIS SVS - BIRMINGHAM	59	1	18	0	Y
012527	DIALYSIS CLINIC, INC.-ENTERPRISE	19	0	2	1	N
012528	ALA DIALYSIS SVS - CAHABA VALLEY	16	0	7	0	N
012529	GAMBRO HEALTHCARE - FLORENCE	14	0	0	0	N
012530	RENAL CARE GROUP - EAST ALABAMA #1	53	0	7	1	N
012531	FMC - JACKSON (TOMBIGBEE)	13	1	1	1	N
012532	DIALYSIS CLINIC, INC.-EUFAULA	20	1	1	1	N
012533	FMC - WALKER	14	0	3	1	N
012534	BESSEMER KIDNEY CENTER	37	0	4	3	N
012535	GAMBRO HEALTHCARE - PRATTVILLE	15	0	2	0	N
012536	ALA DIALYSIS SVS - MONTCLAIR	30	2	3	2	N
012537	FMC-PRICHARD	19	0	0	0	N
012538	RENAL CARE GROUP - ANDALUSIA	8	0	0	0	N
012539	RENAL CARE GROUP-TALLADEGA	12	0	0	0	N
012540	FMC - MONROEVILLE (WHETSTONE)	12	0	2	0	N
012541	FMC-DADEVILLE	18	0	3	0	N
012542	GAMBRO HEALTHCARE - RAINBOW CITY	25	2	2	1	N
012543	GAMBRO HEALTHCARE - DEMOPOLIS	27	0	0	1	N
012544	GAMBRO HEALTHCARE - OZARK	12	0	0	0	N
012545	GAMBRO HEALTHCARE - TUSCALOOSA	56	4	7	2	N
012546	FMC-TUSKEGEE	11	1	3	0	N
012547	FMC-EASTERN SHORE	10	0	1	0	N
012548	GAMBRO HEALTHCARE - FAYETTE	12	0	1	0	N
012549	DIALYSIS AFFILIATES OF SOUTH ALABAMA	9	0	0	1	N
012550	GAMBRO HEALTHCARE - GREENE COUNTY DX	12	0	0	0	N
012551	GAMBRO HEALTHCARE - SHEFFIELD	21	0	0	0	N
012552	FMC-TOULMINVILLE	42	0	3	0	N
012553	GAMBRO HEALTHCARE - ELMORE COUNTY	12	0	0	0	N
012554	DIALYSIS CLINIC, INC.-UNION SPRINGS	10	0	1	0	N
012555	FMC-VALLEY	15	0	0	0	N
012556	ALA DIALYSIS SVS - PELL CITY	4	0	1	0	N
012557	GAMBRO HEALTHCARE - EAST MONTGOMERY	14	0	2	0	N
012558	DIALYSIS CLINIC, INC. - DECATUR	30	0	6	0	N
012559	FMC-UNIVERSITY SOUTH ALABAMA	55	0	6	3	N
012560	ALA DIALYSIS SVS - HAMILTON	5	0	1	0	N

**ESRD Network 8
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Table #8

**Vocational Rehabilitation by Dialysis Facility
Patients Aged 18 – 55 for Calendar Year 2002**

	Provider	Patients Aged 18 - 54	Patients Receiving Service From Voc Rehab	Patients Working	Patients In School	Shift After 5:00pm
012561	FMC DIALYSIS SERVICES OF LAKEVIEW	12	0	1	0	N
012562	DIALYSIS CLINIC, INC.-PELL CITY	8	1	1	0	N
012563	DIALYSIS CLINIC, INC. - CULLMAN	13	0	1	0	N
012565	SOUTH BALDWIN DIALYSIS CENTER	7	0	1	0	N
012566	ALA DIALYSIS SVS - SYLACAUGA	3	0	1	0	N
012567	RENAL CARE GROUP - ANNISTON #2	17	0	1	0	N
012568	FMC-PARKWAY DIALYSIS CTR	28	0	12	1	N
012570	GAMBRO HEALTHCARE - NORTHPORT	16	1	2	0	N
012571	DCI-GEORGIANA	10	1	2	0	N
012572	FMC - CAMELLIA	14	0	0	0	N
012573	DIALYSIS CLINIC, INC.-BIRMINGHAM	9	2	2	0	N
012574	FMC-CHAMBERS	9	0	0	0	N
012575	ALA DIALYSIS SVS - WALKER	17	0	2	0	N
012576	DIALYSIS CLINIC, INC.-MONTGOMERY	35	1	8	0	N
012578	ALA DIALYSIS SVS - SOUTHSIDE	14	0	2	1	N
012579	FMC-DAUPHIN ISLAND PKWY	24	0	0	0	N
012580	FMC - THOMASVILLE	7	1	0	1	N
012581	DCI - THOMASVILLE	8	0	0	0	N
012582	FMC - WILCOX	7	0	0	0	N
012583	GAMBRO HEALTHCARE - BESSEMER	30	1	1	1	N
012585	GAMBRO HEALTHCARE - ENSLEY	50	3	3	2	N
012587	FMC-CHILTON PEACH	4	0	1	0	N
012588	GAMBRO HEALTHCARE - SYLACAUGA	21	0	2	0	N
012589	GAMBRO HEALTHCARE - BIRMINGHAM NORTH	47	0	4	2	N
012590	DIALYSIS CLINIC, INC. - MOULTON	6	0	0	0	N
012591	ALA DIALYSIS SVS - SHELBY	1	0	0	0	N
012592	GAMBRO HEALTHCARE - BIRMINGHAM CENTRAL	56	2	10	1	N
012593	FMC-ODYSSEY DIALYSIS	17	5	4	2	N
012594	GAMBRO HEALTHCARE - BOAZ	8	0	4	0	N
012595	ALA DIALYSIS SVS - FORT PAYNE	7	0	2	0	N
012596	FMC - MONTGOMERY BAPTIST	47	0	10	3	Y
012597	FMC - BAY MINETTE	7	0	0	0	N
012598	DCI - PHENIX CITY	8	1	1	0	N
012599	FMC - PORT CITY DIALYSIS	27	0	0	1	N
012600	ATMORE DIALYSIS CENTER	11	0	1	0	N
012601	ALA DIALYSIS SVS - WEST	25	0	5	0	N
012602	GAMBRO HEALTHCARE-RUSSELLVILLE	7	0	0	0	N
012603	ALA DIALYSIS SVS - FAIRFIELD	13	0	2	0	N
012604	ALABAMA DIALYSIS SVS. CLANTON	3	0	1	0	N
012605	GAMBRO HEALTHCARE-BIRMINGHAM H.T.	36	3	12	3	N
012606	FMC CHASE DIALYSIS CENTER	22	0	1	0	N
013300	CHILDRENS HOSPITAL DIALYSIS UNIT	1	0	0	0	N
	Alabama Total	2131	51	282	63	6
250001	MEDICAL MALL DIALYSIS	37	0	9	0	N
25043F	VA-JACKSON	11	0	2	0	N
252501	RENAL CARE GROUP - JACKSON NORTH	104	5	47	5	Y
252502	HATTIESBURG CLINIC DIALYSIS UNIT	69	1	16	4	N
252503	RENAL CARE GROUP - GREENVILLE	60	0	4	0	Y
252504	RENAL CARE GROUP - MERIDIAN	87	4	10	0	N
252505	FMC OF JACKSON	58	0	13	0	Y
252506	RENAL CARE GROUP - BROOKHAVEN	34	13	9	2	N
252507	RENAL CARE GROUP - CLARKSDALE	44	0	4	0	N
252508	RENAL CARE GROUP - COLUMBUS	46	14	15	0	N
252509	RENAL CARE GROUP - VICKSBURG	16	0	2	0	N

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Table #8

**Vocational Rehabilitation by Dialysis Facility
Patients Aged 18 – 55 for Calendar Year 2002**

	Provider	Patients Aged 18 - 54	Patients Receiving Service From Voc Rehab	Patients Working	Patients In School	Shift After 5:00pm
252510	LAUREL DIALYSIS CENTER	37	0	1	0	N
252511	RENAL CARE GROUP-OXFORD	23	4	1	1	N
252513	RENAL CARE GROUP-TUPELO	83	0	5	2	Y
252514	RENAL CARE GROUP - GREENWOOD	59	0	7	1	N
252515	RENAL CARE GROUP - NATCHEZ	37	0	4	0	N
252516	GAMBRO HEALTHCARE - PASCAGOULA	35	0	4	1	N
252517	PEARL RIVER DIALYSIS	10	0	0	0	Y
252518	RENAL CARE GROUP-CORINTH	28	0	0	0	N
252519	GAMBRO HEALTHCARE - OCEAN SPRINGS	27	0	4	0	N
252520	RENAL CARE GROUP - PHILADELPHIA	46	1	4	1	N
252521	RENAL CARE GROUP - CANTON	16	0	0	0	N
252522	FMC OF CANTON	20	0	5	0	N
252523	COLUMBIA DIALYSIS UNIT	17	0	0	0	Y
252524	FMC OF SOUTHWEST JACKSON	38	0	3	0	N
252525	RENAL CARE GROUP - MCCOMB	26	0	5	0	N
252527	RENAL CARE GROUP - GRENADA	29	0	3	0	N
252528	RENAL CARE GROUP - CLEVELAND	44	0	0	0	N
252529	FMC OF MAGEE	26	0	5	0	N
252530	RENAL CARE GROUP-ABERDEEN	26	0	1	0	N
252531	RENEX DIALYSIS-PORT GIBSON	16	0	0	0	N
252532	RENAL CARE GROUP - NEWTON	17	0	0	0	N
252533	RENEX DIALYSIS-JACKSON	22	0	8	0	N
252534	WAYNESBORO DIALYSIS UNIT	16	0	2	1	N
252535	RENAL CARE GROUP - JACKSON SOUTH	42	0	0	0	N
252536	FMC OF YAZOO CITY	21	0	1	0	N
252537	FMC OF FOREST	13	0	0	0	N
252538	RENAL CARE GROUP - STARKVILLE	17	0	0	1	N
252539	RENAL CARE GROUP - LEXINGTON	15	0	0	0	N
252540	FMC GULFPORT S. MS KIDNEY CTR	24	1	3	1	N
252541	RENAL CARE GROUP-EUPORA	18	0	1	0	N
252542	RENAL CARE GROUP - INDIANOLA	27	0	0	0	N
252543	FMC BILOXI S. MS KIDNEY CTR	30	0	4	0	N
252544	FMC BAY ST LOUIS S. MS KIDNEY CTR	10	1	0	0	N
252545	RENAL CARE GROUP-HOLLY SPRINGS	21	0	3	0	N
252546	WIGGINS DIALYSIS UNIT	8	0	0	0	N
252547	FMC ORANGE GROVE S. MS KIDNEY CTR	19	0	2	1	N
252548	FMC OF KOSCIUSKO	13	0	0	0	N
252549	RENAL CARE GROUP - BRANDON	17	0	2	0	N
252550	MID-DELTA KIDNEY CTR, INC.	10	0	2	0	N
252551	RENAL CARE GROUP - HAZLEHURST	8	0	0	0	N
252552	RENAL CARE GROUP - SOUTHAVEN	39	0	6	1	N
252553	FMC OF HAZLEHURST	13	0	3	0	N
252554	BAY SPRINGS DIALYSIS UNIT	21	0	1	0	N
252555	RENAL CARE GROUP-MAYERSVILLE	9	0	2	0	N
252556	GAMBRO HEALTHCARE - LUCEDALE	4	0	0	0	N
252557	RENAL CARE GROUP-SARDIS	24	1	4	0	N
252558	COLLINS DIALYSIS UNIT	12	0	1	0	N
252559	TYLERTOWN DIALYSIS UNIT	12	0	0	0	Y
252560	RENAL CARE GROUP - MACON	8	0	0	0	N
252561	RICHTON DIALYSIS UNIT	9	0	0	1	N
252562	FMC OF CARTHAGE	10	0	1	0	N
252563	FMC NORTH GULFPORT S. MS KIDNEY CTR	16	0	0	0	N

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Provider	Patients Aged 18 - 54	Patients Receiving Service From Voc Rehab	Patients Working	Patients In School	Shift After 5:00pm	
252564	RENAL CARE GROUP-CENTREVILLE	11	0	0	0	N
252565	FMC D IBERVILLE S. MS KIDNEY CTR	6	0	1	0	N
252566	RENAL CARE GROUP - LOUISVILLE	8	0	0	0	N
252567	RENAL CARE GROUP - TUNICA	6	0	0	0	N
Mississippi Total	1785	45	230	23	7	
440015	UNIVERSITY OF TENNESSEE-KNOXVILLE	3	1	0	1	N
440054	WOODS MEMORIAL REG DIALYSIS CENTER	10	0	0	0	N
44013F	VA-MEMPHIS	15	2	1	0	N
44018F	VA-NASHVILLE DIALYSIS UNIT 111-A	11	0	1	0	N
442501	FMC-JOHNSON CITY	40	1	1	1	N
442502	DIALYSIS CLINIC, INC.-NASHVILLE	34	2	12	0	Y
442503	DIALYSIS CLINIC, INC.-KNOXVILLE	55	0	9	3	N
442504	DIALYSIS CLINIC, INC.-JACKSON	41	2	6	1	N
442505	DIALYSIS CLINIC, INC.-CHATTANOOGA	50	1	9	0	N
442507	DIALYSIS CLINIC, INC.-MADISON	26	0	4	0	N
442511	GAMBRO HEALTHCARE - COOKEVILLE	25	0	5	1	N
442513	FMC OAK RIDGE	9	0	2	1	N
442514	DIALYSIS CLINIC, INC.-EAST RIDGE	30	0	4	2	N
442517	MORRISTOWN DIALYSIS CENTER	9	1	0	1	N
442518	CUMBERLAND DIALYSIS CENTER	20	0	7	0	Y
442519	FMC-BRISTOL	25	0	0	0	N
442522	FMC-EASTERN TENNESSEE	9	0	2	0	N
442523	GAMBRO HEALTHCARE-MEMPHIS UNIV CTR	126	2	30	6	N
442524	FMC-EAST MEMPHIS	71	2	25	2	N
442527	NORTH KNOXVILLE DIALYSIS CENTER	28	0	1	0	N
442528	DCI MURFREESBORO	26	0	12	1	Y
442530	EAST KNOXVILLE DIALYSIS CENTER	18	0	2	1	N
442531	DIALYSIS CLINIC, INC.-MARYVILLE	18	1	2	2	N
442532	DIALYSIS CLINIC, INC.-HUMBOLDT	7	0	1	0	N
442533	GAMBRO HEALTHCARE - DYERSBURG	19	1	3	2	N
442536	DIALYSIS CLINIC, INC.-DICKSON	14	1	1	1	N
442537	LAFOLLETTE DIALYSIS CENTER	11	0	0	0	N
442538	DIALYSIS CLINIC, INC.-BROWNSVILLE	20	3	9	1	N
442539	GAMBRO HEALTHCARE - COLUMBIA	27	0	0	0	N
442540	GAMBRO HEALTHCARE - WHITE BRIDGE	18	0	7	0	N
442541	DIALYSIS CLINIC, INC.-SOUTHERN HILLS	14	0	3	0	N
442545	FMC-HUMBOLDT	3	0	0	0	N
442549	GAMBRO HEALTHCARE - MURFREESBORO	19	0	4	0	N
442550	FMC-MADISON COUNTY	7	2	0	0	N
442553	FMC WEST KNOXVILLE	8	0	0	0	N
442554	GAMBRO HEALTHCARE - TULLAHOMA	12	0	3	0	N
442555	DIALYSIS CLINIC, INC.-CHATTANOOGA	16	0	1	0	N
442556	GAMBRO HEALTHCARE - CLARKSVILLE	25	1	3	1	N
442558	GAMBRO HEALTHCARE - MCMINNVILLE	9	0	1	0	N
442561	FMC-BOLIVAR	7	0	1	0	N
442562	DIALYSIS CLINIC, INC.-PARIS	11	0	3	0	N
442564	DIALYSIS CLINIC, INC.-MEDICAL CENTER	33	0	0	0	N
442565	DIALYSIS CLINIC, INC.-HIXSON	19	0	5	0	N
442566	DIALYSIS CLINIC, INC.-DAYTON	7	0	0	0	N
442567	APPALACHIAN DIALYSIS CENTER	5	0	0	0	N
442569	FMC-NORTH PARKWAY DIALYSIS	39	0	3	0	N
442572	DIALYSIS CLINIC, INC.-CLARKSVILLE HWY	10	0	1	1	N
442573	GAMBRO HEALTHCARE - MEMPHIS-CENTRAL	70	1	13	3	N
442574	FMC ROANE COUNTY	6	0	0	0	N

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	Provider	Patients Aged 18 - 54	Patients Receiving Service From Voc Rehab	Patients Working	Patients In School	Shift After 5:00pm
442575	GAMBRO HEALTHCARE - UNION CITY	6	0	2	2	N
442576	GAMBRO HEALTHCARE - MEMPHIS EAST	107	0	14	3	N
442577	FMC-KINGSPORT	11	0	1	0	N
442579	BRADLEY DIALYSIS CLINIC	14	0	4	0	N
442581	DIALYSIS CLINIC, INC.-LEBANON	22	0	3	0	N
442583	VANDERBILT DIALYSIS CLINIC	85	7	21	7	Y
442584	SMOKY MOUNTAIN DIALYSIS CENTER	4	0	1	0	N
442586	DIALYSIS CLINIC, INC.-SHELBYVILLE	7	0	1	0	N
442587	GAMBRO HEALTHCARE - FRANKLIN	4	1	1	0	N
442589	DIALYSIS CLINIC, INC.-SEVIERVILLE	12	0	4	0	N
442591	FMC-GRACELAND	32	0	4	1	N
442592	TKCI - SELMER	5	1	0	0	N
442593	MEMPHIS KIDNEY & DX SVS - NORTH	37	2	5	2	N
442594	DIALYSIS CLINIC, INC.-SUMMIT	9	0	1	0	N
442595	FMC-ATHENS	3	0	0	0	Y
442596	DIALYSIS CLINIC, INC.-LYERLY	26	1	7	1	N
442598	TKCI - HUMBOLDT	14	0	1	0	N
442599	TKCI - BROWNSVILLE	16	0	0	0	N
442600	TKCI - JACKSON	35	1	6	1	N
442601	TKCI - BOLIVAR	4	0	0	0	N
442602	GAMBRO HEALTHCARE - CROSSVILLE	6	0	1	0	N
442603	FMC-TIPTON COUNTY	8	0	0	1	N
442604	GAMBRO HEALTHCARE - TIPTON COUNTY	14	0	1	1	N
442605	RENAL CARE GROUP MEMPHIS SOUTH	31	0	11	2	N
442606	FMC-WEST KINGSPORT	20	0	3	0	N
442607	CAMDEN KIDNEY CLINIC, INC.	5	1	0	0	N
442608	DIALYSIS ASSOCIATES OF PULASKI	7	0	3	0	N
442609	DIALYSIS ASSOCIATES - HOME TRAINING	32	3	17	1	N
442610	MEMPHIS KIDNEY & DX SVS - MIDTOWN	46	1	9	2	N
442611	GALLERIA KIDNEY CLINIC	15	0	3	1	N
442612	GAMBRO - LAWRENCEBURG	6	0	1	1	N
442613	DIALYSIS ASSOCIATES OF COLUMBIA	25	3	4	0	N
442614	DIALYSIS ASSOCIATES OF SPRINGFIELD	25	0	5	0	N
442615	DIALYSIS ASSOCIATES OF W. NASHVILLE	24	9	10	2	Y
442616	DIALYSIS ASSOCIATES OF GALLATIN	13	0	9	0	N
442617	GAMBRO HEALTHCARE-CUMBERLAND	6	0	0	2	N
442618	FMC - MORRISTOWN	11	0	2	0	N
442619	RENAL CARE GROUP-MARTIN	13	1	2	0	N
442620	FMC - HENDERSON COUNTY	6	1	0	0	N
442621	FMC - MOUNTAIN CITY	8	0	0	0	N
442622	LEXINGTON KIDNEY CLINIC	6	0	2	0	N
442623	SUMNER REGIONAL DX CENTER	10	0	2	0	N
442624	DIALYSIS ASSOCIATES - TULLAHOMA	10	0	3	0	N
442625	MEMPHIS KIDNEY & DX SVS - WHITEHAVEN	31	0	4	0	N
442626	DIALYSIS CLINIC, INC. - JASPER	13	0	0	0	N
442627	DIALYSIS ASSOCIATES OF MADISON	15	1	1	0	N
442628	FMC-CENTRAL MEMPHIS	9	0	1	0	N
442629	FMC ELK RIVER DIALYSIS	4	0	0	0	N
442630	DIALYSIS ASSOCIATES - FRANKLIN	12	1	4	0	N
442632	SAVANNAH KIDNEY CLINIC	9	0	1	0	N
442634	FMC LOUDON DIALYSIS	8	0	1	0	N
442635	DCI HOLSTON RIVER CLINIC	6	0	1	0	N
442636	EAST TN DIALYSIS CTR., INC.	7	0	0	0	N
442637	RENAL CARE GROUP-CENTRAL MEMPHIS	68	0	7	0	N
442638	PD DIALYSIS CTR OF MIDDLE TN	33	0	11	2	N
442639	BLOUNT DIALYSIS CENTER	4	0	1	0	N

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	Provider	Patients Aged 18 - 54	Patients Receiving Service From Voc Rehab	Patients Working	Patients In School	Shift After 5:00pm
442640	RENAL CARE GROUP MEMPHIS NORTH	21	1	10	1	N
442641	DYERSBURG KIDNEY CLINIC	7	0	0	0	N
442642	DIALYSIS ASSOC. OF EAST NASHVILLE	7	0	3	0	N
442643	DIALYSIS ASSOCIATES OF PORTLAND	4	0	3	0	N
442644	FMC DIALYSIS SVS. OF FORT SANDERS	20	0	2	1	N
442645	DIALYSIS ASSOC. OF MURFREESBORO-HT	5	0	1	0	N
442646	NNA OF MEMPHIS CENTRAL	31	4	9	1	N
442647	RENAL CARE GROUP MEMPHIS EAST	12	0	3	1	N
442648	COLLIERVILLE KIDNEY CLINIC, INC	3	0	0	0	N
442649	GAMBRO HEALTHCARE-MEMPHIS SOUTH	17	0	2	1	N
442650	NNA OF MEMPHIS SOUTH	11	0	5	1	N
442651	CHATTANOOGA KIDNEY CENTER, LLC	13	0	3	0	N
443500	METHODIST HOSPITAL - SOUTH	16	1	8	1	N
	Tennessee Total	2321	64	442	71	6
	Network 8 Total	6237	160	954	157	19