

2009 Annual Report



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MISSION

Heartland Kidney Network promotes and facilitates high quality care standards for dialysis and kidney transplant patients in Iowa, Kansas, Missouri and Nebraska.

VISION

Heartland Kidney Network leads and coordinates quality improvement initiatives through collaborative efforts to positively impact the clinical care for chronic kidney disease (CKD) patients.

Preface

A Message from the President

The Board of Directors and staff of Heartland Kidney Network are pleased to submit the 2009 Annual Report. On July 1, 2009, the Network entered into an 18-month extension with the Centers for Medicare & Medicaid Services (CMS). Heartland Kidney Network maintains pace with changes in the ESRD Network program and balances the growing needs of the Medicare beneficiaries, large dialysis organizations, independently owned dialysis providers, and kidney transplant providers.

With the 2008 release of the Conditions for Coverage (CfC), the Network identified an opportunity to increase dialysis facility knowledge of transplant. The Network partnered with Dr. Amy Waterman, a Health Psychologist and Assistant Professor of Medicine at Washington University School of Medicine, to introduce her *Explore Transplant* program as a Network Quality Improvement Initiative in 2009. The Network conducted 10 one-day trainings in our four-state region and offered the award-winning *Explore Transplant* educational resources to 273 dialysis centers serving over 13,000 patients. As a result, this Quality Improvement Initiative exceeded its initial goal and educated 201 dialysis centers (a 74% participation rate).

In an effort to keep pace with ever-changing regulatory and compliance issues within healthcare, the Network's bylaws were reviewed and revised to meet the needs of the organization in 2009. The healthcare industry operates in a heavily regulated environment with a variety of identifiable risk areas. An effective compliance program helps mitigate those risks. In order to address compliance risk areas, the Network implemented a new Corporate Compliance Program.

In August 2009, the Network began exploring new opportunities to enhance initiatives in quality. In October 2009, the Network hired a new Quality Improvement Director (QID) with experience in multiple quality disciplines including ISO 9000, pharmaceutical and medical device.

As part of our quality improvement activities, the Network reviews complaints by area of concern and by affiliation each quarter. The data analyzed for trending and possible interventions then the findings are reported to the Board of Directors (BOD), Medical Review Board (MRB) and State Survey Agency's for recommendation. During 2009, the Network proactively identified, prevented, processed and resolved patient, provider, and/or facility complaints and grievances in order to avert patient discharges.

The Board of Directors and Medical Review Board continue to provide a high level of support and leadership to the organization. We particularly wish to acknowledge the patients and professionals who are members of the boards and volunteer their service to further Network initiatives. The Boards also wish to commend you, the renal community, for your cooperation in working with the Network to achieve quality patient care outcomes. Together we can look with anticipation toward even greater opportunities and accomplishments in the coming years.

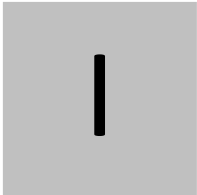
David Goldner, MD, President
Board of Directors

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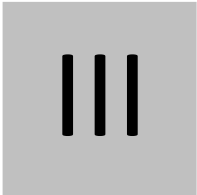
CMS Goal #4: Improve collaboration with providers to ensure achievement of the goals through the most efficient and effective means possible, with recognition of the differences among providers (e.g., independent, hospital-based, member of a group, affiliate of an organization, etc.) and the associated possibilities/capabilities.

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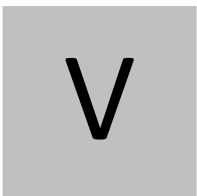
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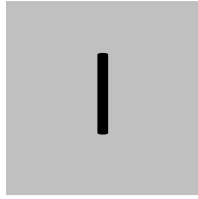


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Introduction

NETWORK DESCRIPTION

Heartland Kidney Network encompasses the four states of Iowa, Kansas, Missouri, and Nebraska covering approximately 285,604 square miles with a population base of 13.6 million persons. The dialysis and transplant facilities are situated in densely populated urban areas, suburbia, and small rural towns. There are no dialysis facilities in two hundred and sixty-eight (268) of the four hundred twelve (412) counties in the four-state region (65%). An additional one hundred and eleven (111) counties only contain one facility. The highest concentrations of facilities are in the St. Louis and Kansas City areas, corresponding to the density of the population.

Ownership of the facilities in Heartland Kidney Network includes large dialysis corporations, hospitals, independent physician/physician groups, small independent organizations, and the Veterans Administration. Sixty-three (63.6) percent of the facilities are owned/managed by large dialysis corporations (LDO). As of December 31, 2009, the patient census at facilities in Heartland Kidney Network (including both in-center and home dialysis patients) ranges from one patient to 218 patients. Ninety-five facilities (34.3%) reported thirty or less patients, while thirty-two facilities (11.6%) reported one hundred or more patients. There are seventeen transplant centers in Heartland Kidney Network, in which 756 kidney transplants were performed during 2009: 120 in Iowa, 152 in Kansas, 453 in Missouri, and 153 in Nebraska.

Population Demographics

The population of the Network area reported in the 1990 census was 11.7 million with an increase to 12.9 million reported in the 2000 census. Estimated and actual counts for the four-state area are as follows:

July 1, 2000	12,920,000
July 1, 2009	13,610,802

The overall population increased 0.82 percent during the past year.

Table A

Demographic Characteristics by State					
July 1, 2009					
	Iowa	Kansas	Missouri	Nebraska	Totals
White	2,824,723	2,495,350	5,084,023	1,637,009	12,041,105
Black	84,054	174,689	688,360	83,400	1,030,503
American Indian	13,248	29,355	31,135	19,999	93,737
Asian/Pacific Islander	51,584	67,100	95,915	32,188	246,787
Two or More	34,247	52,253	88,147	24,023	198,670
Male	1,485,609	1,399,823	2,926,002	891,652	6,703,086
Female	1,522,247	1,418,924	3,061,578	904,967	6,907,716
State Total	3,007,856	2,818,747	5,987,580	1,796,619	13,610,802

U.S. Census Bureau, Population Division, State Population Estimates. Table ST-EST2002-ASRO Release Date: June 2010

The sum of the five race groups may add up to more than the total population because they are estimates calculated on overall population growth, and rely on previous tables where individuals may have reported more than one race.

Table B

Total Population by State			
	2007	2008	2009
Iowa	2,983,236	3,002,555	3,007,856
Kansas	2,777,382	2,802,134	2,818,747
Missouri	5,878,399	5,911,605	5,987,580
Nebraska	1,796,473	1,769,473	1,796,619
Totals	13,408,614	13,499,726	13,610,802
2008 Total U.S. Population 307,006,550			

U.S. Census Bureau, Population Division, State Population Estimates. Annual Estimates of the Population for the United States, Regions, and Divisions: April 1, 2000 to July 1, 2008- Release Date: December 27, 2009

ESRD Population Demographics

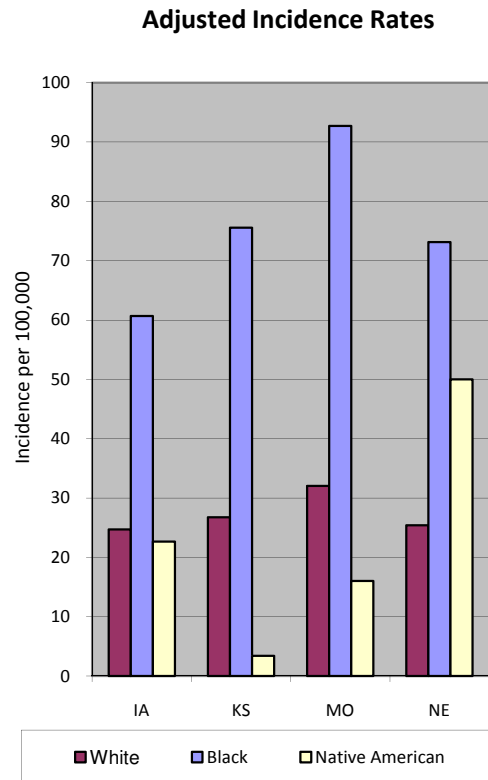
Incidence

Four thousand, five hundred and seventy-two (4,572) persons initiated chronic renal replacement therapy including transplantation, at a facility located within the Heartland Kidney Network region during 2009. Adjusted incidence rates per 100,000 persons for the four-state region are as follows:

Iowa	25.59
Kansas	28.94
Missouri	38.56
Nebraska	27.21

When analyzed by race, disparities in adjusted incidence rates become quite noticeable between white and black. (See Figure 1). This information will assist in the focus of additional educational interventions, both as a Network and in collaboration with other renal partners. The adjusted incidence of Native Americans may be skewed due to the low population of this group since there were only nineteen incident patients in the four states. The adjusted incidence rate of males is also higher than females in each of the four states as consistent with previous years. The difference in Nebraska is 9.42 per 100,000 patients while the other three states range from 11.04 to 11.67 per 100,000 patients.

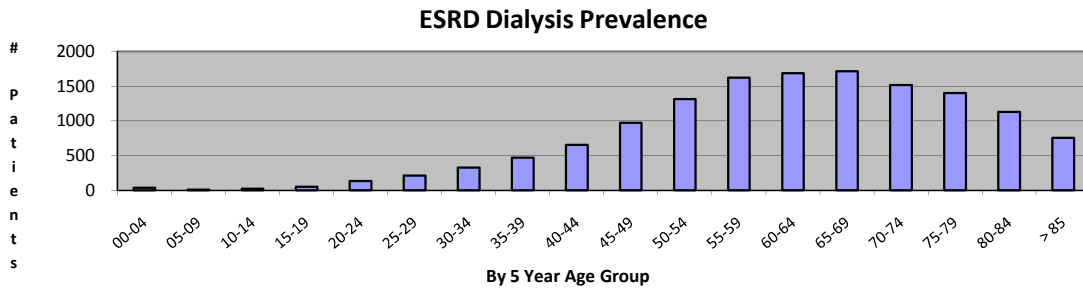
Figure 1



In the Heartland Kidney Network, diabetes continues to be the primary cause of renal failure. For 45.4 percent of the patients starting renal replacement therapy in 2009, it was identified as the primary cause of kidney failure, the same as 2008. Hypertension was the second-leading primary diagnosis, accounting for 26.8 percent of all new patients. Combined, these two diseases accounted for 72.2 percent of the renal failure leading to initiation of dialysis or transplantation during 2009. Please refer to Table #1 on page 63 for detailed demographics

As in past years, over half of the newly diagnosed ESRD patients were 65 years of age or older (51.7%) of the dialysis patients prevalent on December 31, 2009. Over forty-six percent (46.3%) were 65 years of age or older.

Figure 2



Dialysis Prevalence by Modality

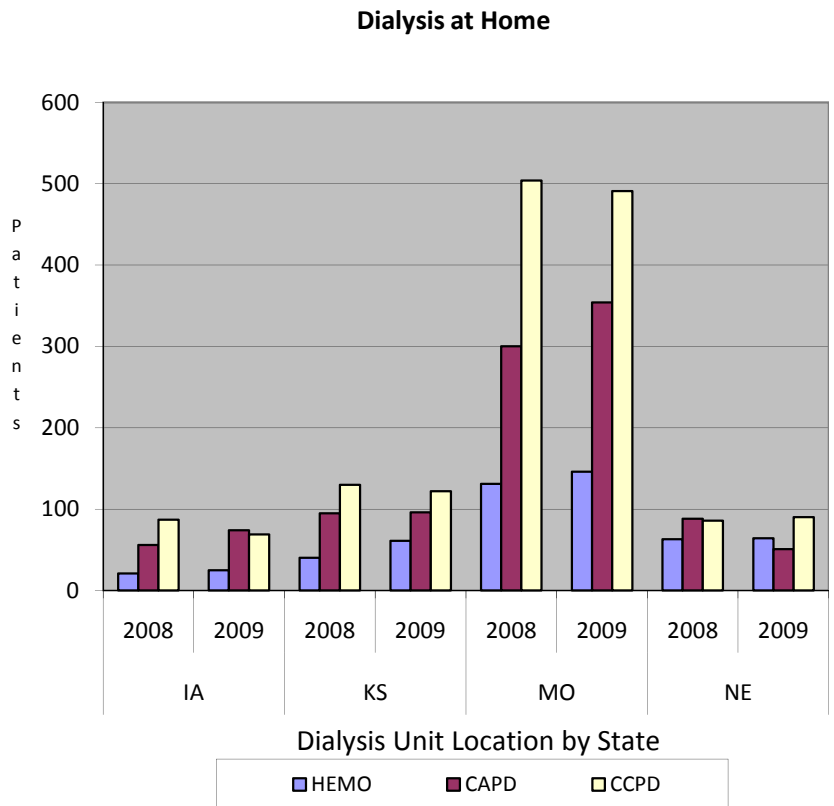
At the end of 2009, there were 14,009 patients actively dialyzing at a facility in Heartland Kidney Network.

Of the 14,009 persons, 2,385 resided in Iowa, 2,554 in Kansas, 6,943 in Missouri, and 1,530 in Nebraska, with 597 patients living in contiguous states while receiving treatment from a Heartland Kidney Network facility. The heaviest concentration of dialysis patients continues to be around Missouri's major metropolitan areas: St. Louis and Kansas City.

A relatively high percentage of patients being treated at Heartland

Kidney Network dialysis units continue to choose home therapies with an increase in home hemodialysis and CAPD. State percentages range from 6.6 percent to 13.4 percent with a Network-wide total of 11.7 percent. Network-wide, Continuous Cyclic Peritoneal Dialysis (CCPD) is the most common with 772 patients, 46.9 percent of the home population. Five hundred seventy-five (575) patients or 35.0 percent of the home population were receiving Continuous Ambulatory Peritoneal Dialysis, a 2.4 percentage point increase from 2008. Two

Figure 3



hundred ninety-six (296) patients were on home hemodialysis (18.0 percent of the home population) which is a 1.7 percentage point increase from 2008.

Figure 4

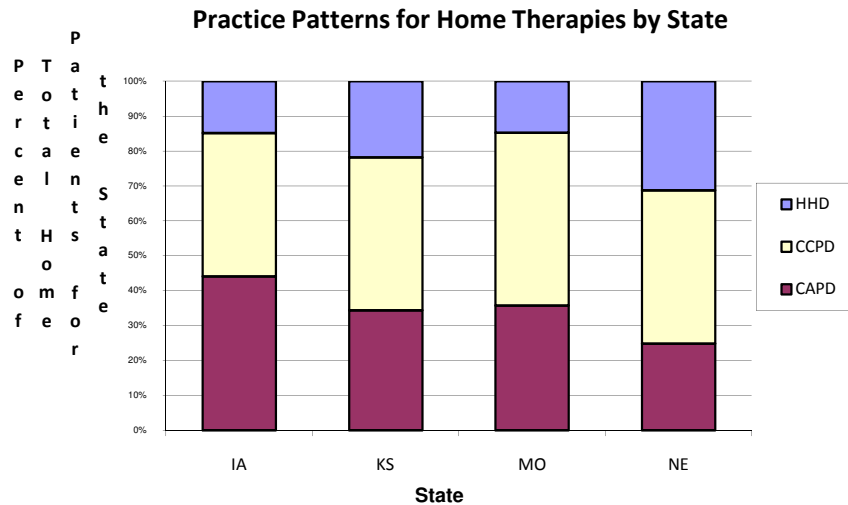


Figure 5

Number and Percent of Patients by Setting and Modality								
	Iowa		Kansas		Missouri		Nebraska	
	Number	Percent of All Dialysis	Number	Percent of All Dialysis	Number	Percent of All Dialysis	Number	Percent of All Dialysis
HEMO	25	0.98	61	2.38	146	1.98	64	4.10
CAPD	74	2.90	96	3.75	354	4.80	51	3.27
CCPD	69	2.71	122	4.77	491	6.66	90	5.76
IPD	0	0.00	0	0.00	1	0.01	0	0.00
In-Center (HD and PD)	2382	93.41	2279	89.09	6383	86.56	1355	86.86
Totals	2550	100.0	2558	100.0	7374	100.0	1560	100.0

Transplantation

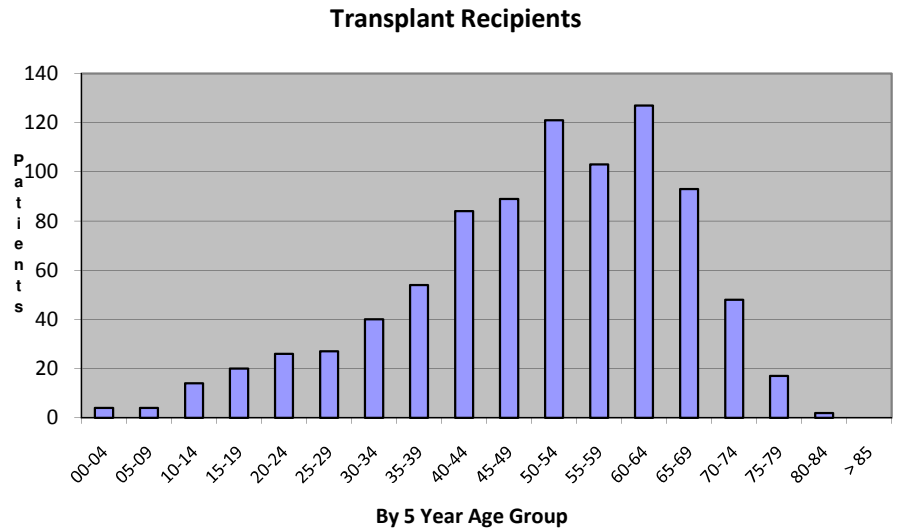
Transplant centers located in the four-state region performed 773 kidney transplants during 2009. Distribution of the recipients is interesting with a relative high occurrence of transplantation in the pediatric population.

Proportionally, patients nineteen years of age or younger are more likely to receive a transplant than patients over the age of 65. (Compare Figures 2 and 6). A disproportionately high number of persons in the categories of Whites, Asian/Pacific Islander, and Other/Multiracial are transplant recipients. Many factors including blood type, antigen typing, concomitant disease, and overall health may account for this inequitable distribution

as well as the small population of Asian/Pacific Islander and Other/Multiracial within Heartland Kidney Network.

As of the end of 2009, the Network-area transplant centers reported 861 patients are awaiting transplantation. Of the seventeen transplant centers reporting the number of patients waiting for transplant, three (23.5%) show an increase in the number of patients with the increases ranging from 3 patients to 10 patients. All states report a decreased number of patients waiting for a transplant.

Figure 6

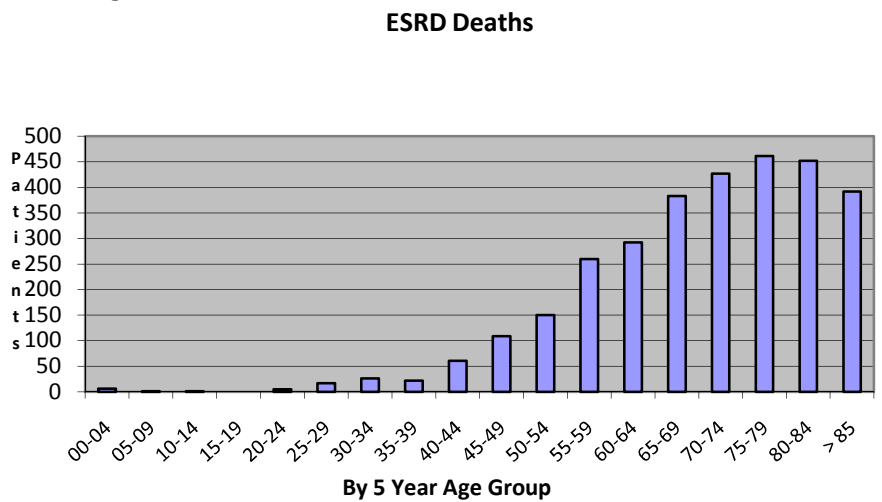


However, they did report an increased number of transplants performed. (Patients may be listed with more than one transplant center located in the four-state region and the number may represent patients who live and dialyze outside of the area.)

Deaths

Three thousand and sixty-five (3,065) patients died during 2009. The age group in which the largest number of persons died was the 75-79 years old range, which is also disproportionate for this age group's population (see Figure 7).

Figure 7

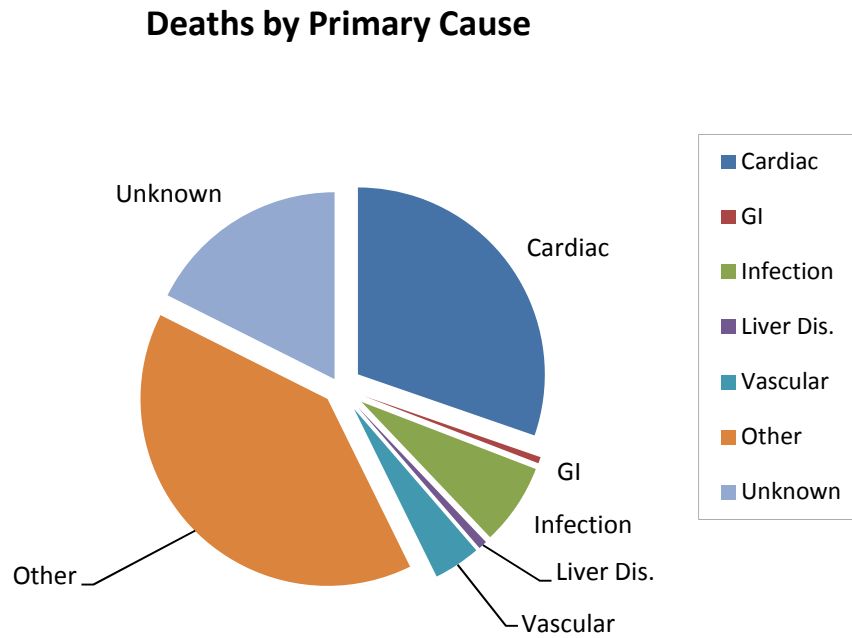


The leading known causes of death were

“other” (39.7%), cardiac related (30.3%) and infection accounting for 7.05 percent (see Figure 8).

Please refer to the Data Tables in Section V, for specific information on the ESRD population receiving treatment within Heartland Kidney Network.

Figure 8



NETWORK STRUCTURE

CORPORATE DESCRIPTION

End-Stage Renal Disease (ESRD)-12 Network Coordinating Council, Inc., is a not-for-profit corporation founded in Missouri on November 7, 1975. Then as now, the primary business is fulfillment of a federal contract as part of the ESRD Program within Medicare. Heartland Kidney Network's leaders and the evolution of the ESRD Program have driven the organization's development.

History

The Social Security Amendments of 1972 extended Medicare coverage to individuals who are unable to live without receiving dialysis or a kidney transplant. This unprecedented legislation created the first, and to date, only federal medical insurance program for persons with a specific disease. Individuals could now apply for and if eligible, receive insurance coverage for the majority of costs associated with dialysis, a kidney transplant, hospitalizations, and other medical care even unrelated kidney disease. The federal ESRD program is the only one that allows application for Medicare coverage regardless of age or disability status.

At the time of the legislation, the broad array of professionals and facilities involved in the treatment of such individuals indicated the need for a system to promote effective coordination of services and access to care. The supporters of the legislation believed that the integration of hospitals and other health care facilities into organized networks was the most effective way to assure the delivery of needed ESRD care. Therefore, regulations were published on June 3, 1976, that included provisions for implementing ESRD Networks.

Subsequent federal legislation has continued to mold the ESRD program into the current Network contracts. Heartland Kidney Network holds the contract to provide services to the dialysis and transplant facilities in the four-state region of Iowa, Kansas, Missouri, and Nebraska. Sections 9335(d) through (h) of the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) amended section 1881c(2) of the Social Security Act delineating Network functions as listed below:

- Encourage participation in vocational rehabilitation programs and develop criteria and standards relating to this participation.
- Evaluate the procedures used by facilities and providers in the Network in assessing patients for placement in appropriate treatment modalities.
- Implement a procedure for evaluating and resolving patient grievances.
- Conduct onsite reviews of facilities and providers using standards of care established by the Network Organization to ensure proper medical care, as determined by a Medical Review Board or the Secretary of Health and Human Services.
- Collect, analyze, and validate the data as are necessary to prepare the required annual report to the Secretary and to ensure the maintenance of a national ESRD registry.

- Identify facilities and providers that are consistently not cooperating toward meeting Network goals and assist the facilities and providers in developing plans for correction as well as report to the Centers for Medicare and Medicaid Services (CMS) on those facilities and providers that are not providing appropriate care.
- Submit an annual report to the Secretary by July 1 each year.

From these legislative requirements, CMS developed the Network contracts that are rewritten every three years. The contract has evolved from including utilization review, medical care studies, and case review with CMS-defined care statements to embracing clinically-important advances in technology and science, basing projects on nationally-developed clinical practice guidelines, and inclusion of beneficial new paradigms in health care.

Network Coordinating Council

Membership in the Heartland Kidney Network Council is extended to one representative of every ESRD facility located within the four-state region. Delineated in the bylaws, Council representatives have rights and responsibilities similar to shareholders. The Council determines its committee representatives responsible for implementing the corporation's bylaws and overseeing the company's business. The three standing committees of the Council are as follows: the Board of Directors, the Executive Committee (a committee of the Board of Directors), and the Medical Review Board.

Members of the Board of Directors, Medical Review Board, Council representatives, and the Network staff are a select group of individuals passionate about the care of persons with chronic kidney disease. This mutual interest is served by working together to fulfill not only the products and services required by the CMS contract, but to implement our corporate mission.

Mission, Vision, & Core Values

Guided by the leadership of the Board of Directors, Heartland Kidney Network's ultimate goal is to ensure and improve the quality of care renal patients receive at facilities within our four-state region. The organization's Mission, Vision and Core Values were reevaluated as part of Board of Directors retreat in the spring of 2006. The statements are listed below:

Mission

Heartland Kidney Network promotes and facilitates high quality care standards for dialysis and kidney transplant patients in Iowa, Kansas, Missouri and Nebraska.

Vision

Heartland Kidney Network leads and coordinates quality improvement initiatives through collaborative efforts to positively impact the clinical care for chronic kidney disease (CKD) patients.

Core Values

Humanitarianism:	People-centered organization. (We respect rights, individual beliefs, show compassion, share all resources, and listen.)
Fairness:	Being just in all dealings.
Professionalism:	Represents self and organization through responsible and ethical behavior.
Accountability:	Accepting responsibility for the consequences of one's actions or inaction.
Integrity:	Consistently maintains high standards of trust.

Board of Directors

The Board of Directors (BOD) has the full authority of the Council. The BOD leadership consists of the President, President-Elect, Secretary, Treasurer and Immediate Past President. In addition, the Chair of the Medical Review Board is also a member of the Board of Directors. BOD members include, nephrologists from each state in the Network region, a facility administrator, a renal social worker, a renal dietitian, a transplant surgeon, and one patient representative. The BOD meets quarterly to manage and monitor financial, personnel and other administrative matters.

During 2009, the Board of Directors was involved in the following activities:

- Fiscal oversight of the organization;
- Evaluate the co-employer agreement with Administaff© which manages and administers employee benefits and provides human resources support;
- Planning the educational portion of the Annual Business Meeting and Educational Conference;

The Medical Review Board (MRB) is responsible for the coordination of quality improvement activities and other activities as set forth in the CMS contract. The MRB is composed of ESRD professionals and patients including, nephrologists, a registered nurse, a renal social worker, a renal dietitian, a transplant surgeon, a pediatric nephrologist, a facility administrator, a renal technician, and four patient representatives.

During 2009, these activities included the following:

- Development of all projects for the Quality Improvement Work Plan (QIWP) designed to improve the quality of health care delivered to ESRD patients;
- Patient grievance reviews;

- Oversight of the Clinical Performance Measures data collection;
- Review and strategic planning to meet the goals of the Fistula First Breakthrough Initiative.

Standing Committees and Responsibilities

The Network utilizes ad hoc committees and subcommittees to direct project specific and business needs of the organization. These small groups review the details of the Network activities and make recommendations to the appropriate board upon review. Committee and their responsibilities were modified in accordance with the revision of the Networks Bylaws in March of 2009. These committees met as-needed basis throughout the year. The individual committee activities and responsibilities are as follows:

Executive Committee

A Committee of the Board of Directors

The role of Executive Committee (EC) is to fulfill the duties delegated to it by the Board and shall have and exercise all the powers of the Board at such times when the Board is not in session. The EC is responsible for detailed oversight of the Network operations and finances. These duties include review and development of personnel policies, staffing requirements, job descriptions, executive compensation and evaluation, fringe benefits, and oversight of general corporate financial affairs. During 2009, the Executive Committee was involved in the following:

- Continuous monthly oversight of the accounting procedures;
- Cash flow management review;
- Review and revision of Fiscal Policies.

Audit/Finance Committee

A Committee of the Board of Directors

The Finance/Audit Committee is responsible for overseeing (1) the integrity of the Corporation's financial statements, (2) the Corporation's compliance and legal regulatory requirements, (3) the independent auditor's qualifications and independence, (4) the performance of the Corporation's independent auditor, and (5) the Corporation's internal audit and internal controls regarding finance and accounting.

Governance Committee

A Committee of the Board of Directors

Established as part of the March 2009 Bylaw revision, the Governance Committee assists the Board in perpetuating the effectiveness of the Corporation through (1) periodic review of the Corporation's Bylaws and developing revisions of the Bylaws for Board consideration; (2) periodic review of Board policies and procedures and developing such necessary revisions for Board action; (3) evaluating Board performance; (4) identifying the qualities and characteristics required for effective governance; (5) identifying, developing, and training effective Directors and Officers; (6) serving as the Corporation's Nominating Committee to nominate candidates for election to the Board, as Officers of the Corporation and to serve as members of the MRB; and (7) overseeing the Corporation's corporate compliance plan

and its system of internal controls regarding legal compliance and ethics as established by the Board and the Corporation's staff from time to time.

Patient Advisory Committee*A Subcommittee of the Medical Review Board*

Established in 2007, this committee of transplant and dialysis patients provides recommendations for new approaches, updates educational materials, and reviews content for patient resources. The committee began with four members from the Medical Review Board and one Board of Directors patient representative. It has grown to include a total of fourteen members. The membership represents each of the four states, and each modality option.

Fistula First/FFBI Committee*A Subcommittee of the Medical Review Board*

Formed in the fall of 2003, the Fistula First Subcommittee has guided the Network in designing and evaluating Network's Fistula First activities. The Fistula First committee works closely with the Network Quality Improvement (QI) staff to review data, plan interventions, and strategize ways to overcome barriers in order to meet contractual goals. In addition to the Network QI staff, this ten-member committee consists of four physicians, one surgeon, two registered nurses, one patient representative, one administrator and one Network staff member.

Grievance Committee*A Subcommittee of the Medical Review Board*

The Grievance Committee reviews and makes determinations on formal grievances. The MRB Chair-Elect serves as chairman for this committee. The Patient Services Coordinator holds investigative calls with the committee as needed to discuss recommendations, corrective action planning, mediation, and referral activities. Six members of the Medical Review Board, including two patient representatives, serve on this committee.

Quality Agenda Committee*A Subcommittee of the Medical Review Board*

The Quality Agenda Subcommittee was charged by the BOD and MRB with determining the quality improvement needs of the Network and developing resource-appropriate interventions to address these issues. Goal setting, brainstorming interventions, and assisting with data analysis are ways in which this committee has been beneficial. In addition to the Network staff, membership includes a physician, registered nurse, patient, social worker, and registered dietitian.

Transplant Evaluation Committee*A Subcommittee of the Medical Review Board*

Established in 2006, this ad-hoc subcommittee of the Board of Directors and the Medical Review Board, reviews transplant data, makes recommendations for educational interventions, and oversees the Mission Referral Quality Improvement Project. Nine members, including three patient representatives, serve on this subcommittee

Board of Directors Membership

December 31, 2009

David Goldner, MD
 President
 Nephrologist
 Omaha Nephrology, PC
 Omaha, Nebraska

Wendy Funk-Schrag, LMSW, ACSW
 President-Elect
 Social Worker
 FMC - Newton
 Newton, Kansas

JoAnn Zynda, RN, BA, CNN
 Treasurer
 Registered Nurse
 DaVita Sun Dance Region 4
 Riverside, Missouri

Cory L. Sise, MD
 Immediate Past President
 Nephrologist
 Cotton O'Neil Clinic
 Topeka, Kansas

Jacob Alexander, MD
 Nephrologist
 McFarland Clinic
 Ames, Iowa

Surendra Shenoy, MD, PhD
 Transplant Surgeon
 Washington University
 St. Louis, Missouri

Thomas Bainbridge, MD
 Nephrologist
 Southeastern Renal Dialysis, LC
 Mt. Pleasant, Iowa

Les Spry, MD
 Nephrologist
 Dialysis Center of Lincoln
 Lincoln, Nebraska

Ardyth B.
 Patient Representative
 Des Moines, Iowa

Franz Winklhofer, MD
 Nephrologist
 Kansas University Med Center – Transplant
 Kansas City, Kansas

Joyce Dennis, RN, BSN, MBA, CNN
 Administrator
 FMC—Kansas City
 Independence, Missouri

Katrina M. Dinkel, MA
 Ex-Officio Member
 Executive Director, Heartland Kidney Network
 Kansas City, Missouri

Jan Dudley, MA, RD, LMNT
 Dietitian
 Dialysis Clinics, Inc. – Omaha
 Omaha, Nebraska

Timothy Govaerts, MD
 Nephrologist
 Dialysis Center of Lincoln
 Lincoln, Nebraska

Medical Review Board Membership

December 31, 2009

David Sommerfeld, MD Chair Nephrologist Springfield Nephrology Springfield, Missouri	Richard Lund, MD Chair-Elect Nephrologist Creighton University Omaha, Nebraska
Ellen G. Wood, MD Immediate Past Chair Pediatric Nephrologist Cardinal Glennon Children's Hospital St. Louis, Missouri	Jenna S. Patient Representative Iowa
Patrick Brophy, MD Pediatric Nephrologist University of Iowa Children's Hospital Iowa City, Iowa	Robert N. Smith, DO Nephrologist Associated Kidney Care Des Moines, Iowa
Michelle Carver, RN, BSN, CNN Registered Nurse Renal Advantage, Inc. – Home Programs Pickrell, Nebraska	Scott Solcher, MD Nephrologist Cotton O'Neil Clinic Topeka, Kansas
Allen G. Patient Representative Kansas	Sally Tyner, MS, RD, LD Dietitian DaVita Northland North Kansas City, Missouri
Norma K., MSW, LCSW Patient Representative Missouri	Lisa VanHoose, MSW Social Worker Dialysis Clinics, Inc. Columbia, Missouri
Judy R. Patient Representative Nebraska	Julie Williams, BSA Administrator Branson Dialysis, LLC Branson, Missouri
Mowaffaq Said, MD Nephrologist Sikeston Jaycee Regional Dialysis Center Sikeston, Missouri	Katrina M. Dinkel, MA Ex-Officio Member Executive Director, Heartland Kidney Network Kansas City, Missouri
Michael Schwarz, BMET, CHT Nephrology Technician Dialysis Center of Lincoln Lincoln, Nebraska	

Board Subcommittee Membership

December 31, 2009

<p style="text-align: center;">FINANCE COMMITTEE <i>A Subcommittee of the Board of Directors</i></p> <p>JoAnn Zynda, RN, BA, CNN, Treasurer David Goldner, MD, President Wendy Funk-Schrag, ACSW, LMSW, President-Elect Ardyth B., Patient Rep David A. Backus, CPA (Ad Hoc) Katrina M. Dinkel, MA, Executive Director</p>	<p style="text-align: center;">GRIEVANCE COMMITTEE <i>A Subcommittee of the Medical Review Board</i></p> <p>Richard Lund, MD, MRB Vice-Chair Norma K., Patient Rep Michelle Carver, RN, BSN, CNN Jenna S., Patient Rep Lisa VanHoose, MSW</p> <p>Julie Williams, BSA Anne Karanja, MPH Katrina M. Dinkel, MA</p>
<p style="text-align: center;">NOMINATING COMMITTEE <i>A Committee of the Board of Directors</i></p> <p>David Goldner, MD, President Wendy Funk Schrag, LSCW, ACSW, President-Elect JoAnn Zynda, RN, BA, CNN Treasurer David Sommerfeld, MD, MRB Chair Jan Dudley, MA, RD, LMNT Katrina M. Dinkel, MA, Executive Director</p>	<p style="text-align: center;">QUALITY AGENDA COMMITTEE <i>A Subcommittee of the Medical Review Board</i></p> <p>David Sommerfeld, MD, MRB Chair Sally Tyner, MS, RD, LD Dietitian Norma K., Patient Rep Katherine Brown, BS Cathy Long, BA, RHIT, CPHQ Sarah Yelton, RN, CNN, CPHQ</p>
<p style="text-align: center;">TRANSPLANT EVALUATION COMMITTEE <i>An ad-hoc Subcommittee of the Board of Directors and the Medical Review Board</i></p> <p>Ardyth B., Patient Rep David Goldner, MD, BOD President Richard Lund, MD, MRB Vice-Chair Surendra Shenoy, MD, PhD Judy R., Patient Rep Jenna S., Patient Rep David Sommerfeld, MD, MRB Chair Cathy Long, BA, RHIT, CPHQ Sarah Yelton, RN, CNN, CPHQ</p>	<p style="text-align: center;">FISTULA FIRST/FFBI COMMITTEE <i>A Subcommittee of the Medical Review Board</i></p> <p>Richard Lund, MD, MRB Vice-Chair Michelle Carver, RN, BSN, CNN Allen G., Patient Rep Mowaffaq Said, MD Scott Solcher, MD Surendra Shenoy, MD, PhD Julie Williams, BSA David Sommerfeld, MD, MRB Chair Katherine Brown, BS Cathy Long, BA, RHIT, CPHQ Sarah Yelton, RN, CNN, CPHQ</p>

PATIENT ADVISORY COMMITTEE

Ardyth B. – Secretary, Iowa
 Michael S. – Nebraska
 Jenna S. – Chair Elect, Iowa
 Amy S. – Missouri
 Todd W. – Missouri

Judy R. – Nebraska
 Marvin G. – Missouri
 Allen G. – Kansas
 Gloria S. – Chair, Missouri
 Nazaree D. – Kansas

Thomas M. – Kansas
 Sue D. – Nebraska
 Norma K. – Missouri
 Michael A. – Missouri

Heartland Kidney Network Staff

December 31, 2009 (with responsibilities)

Katrina M. Dinkel, MA Executive Director	Financial Management CMS Liaison Renal Community Liaison Daily Operations Personnel Management
Rosalie Littlejohn Office Manager	Office Equipment Management Facility Staff Database Maintenance Correspondence and Office Communications Supplies Management Reception Duties
Kristen Oehlert Event and Communication Coordinator	Meeting & Event Planning Board Liaison Correspondence and Office Communications Administrative Duties
Kay Brown, BS effective October 26, 2009 Quality Improvement Director	Fistula First Breakthrough Initiative Quality Improvement Activities Facility Regulation Information
Sarah Yelton, RN, CNN, CPHQ (1/1/09 – 8/12/09) Quality Improvement Director	USRDS Studies Coordination Facility and Staff Education Clinical Performance Measures (CPM) Data Collection
Cathy Long, BA, RHIT, CPHQ Quality Improvement Coordinator	Fistula First Breakthrough Initiative Quality Improvement Activities Facility Regulation Information USRDS Studies Coordination Facility and Staff Education Clinical Performance Measures (CPM) Data Collection
Anne Karanja, MPH Patient Services Coordinator	Patient Grievances and Facility Concerns Patient and Staff Newsletters Community Outreach Facility and Patient Education

Jeff Arnall, MCSE, PMP Information Systems Director	Computer Administration SIMS Database Management Computer System & Data Integrity Management CMS Data Contact Data Request Processing Web Master
Serena Timko Information Systems Assistant	Forms Compliance Reporting Facility Education on Forms Vision Software Contact Annual Facility Survey Facility Education on Rosters Quarterly Patient Rosters Facility Services Data Maintenance Processing of 2728 and 2746 Forms Monthly Patient Activity Rosters
Sarah Yelton, RN, CNN, CPHQ Special Services Manager, effective August Quality Improvement Director January 1, 2009 through August 12, 2009	Emergency Preparedness Corporate Compliance Officer Resource Development Coalition Liaison Conditions for Coverage/ State Survey Readiness Clinical Technical Assistance

Heartland Kidney Network Staff Members and Position Descriptions

During 2009, Heartland Kidney Network employed nine full-time employees (FTE's). The stability of our workforce is instrumental to maintaining efficiency and effectiveness to meet the Network contractual responsibilities. The average length of employment with the organization is approximately seven years. To ensure continued success of employees and the organization, all staff members are responsible for pursuing continuing education opportunities every year.

In 2004, the Network entered into an agreement with a Professional Employer Organization (PEO), Administaff. The PEO takes responsibility for human resource administration and compliance as well as providing payroll services, as part of their services. As part of the agreement, the Network employees are considered co-employees of both Heartland Kidney Network and Administaff.

ADMINISTRATION

Executive Director

Katrina M. Dinkel, MA

The Executive Director (ED) reports to and serves as the primary staff support to the Board of Directors. The ED is responsible for the overall management and coordination of ongoing organizational activities to fulfill the CMS contract requirements and deliverables. In addition to managing all day-to-day business of the Network, the ED is charged with financial and personnel activities, while overseeing all departments of the organization. Additionally, the Executive Director serves as the liaison to both the Centers for Medicare & Medicaid Services (CMS) and the renal community while ensuring effective working relationships with Department of Health & Human Services (DHHS), the State Survey Agencies of Iowa, Missouri, Kansas, and Nebraska,

facility staff members, and other renal-related organizations involved in the provision, monitoring and improvement of ESRD patient care.

Office Manager

Rosalie Littlejohn

Reporting directly to the Executive Director, the Office Manager is responsible for maintaining the accuracy of facility and staff databases while providing the first-line correspondence and various day-to-day communications with Medicare beneficiaries and family members. Customer service skills for both internal and external customers are vital to this position. The Office Manager is also responsible for maintaining office equipment, evaluating the need for new equipment and scheduling periodic maintenance. Additionally, he/she coordinates the mailing of the Facility-Specific Reports from UM-KECC, updates the new patient roster for the Forum of ESRD Networks and assists in Accounts Receivable and Payable process.

Event & Communication Coordinator

Kristen Oehlert

The Event and Communication Coordinator reports to the Executive Director and provides ongoing administrative support to the Network. Areas of responsibility for this position include effective Board communication, coordinating special projects, educational events and training arrangements and some website support. The Coordinator works with the Executive Director and planning committee to manage the Annual Business Meeting and Educational Conference by working with vendors and corresponding with speakers while meeting budget constraints. In the absence of the Office Manager, the Event and Communication Coordinator supports some administrative duties.

QUALITY IMPROVEMENT

Quality Improvement Director

Kay Brown, BS

The Quality Improvement Director (QID) reports to the Executive Director. The QID is a resource to and the direct supervisor of the Quality Improvement Coordinator. The QID is responsible for coordinating Quality Improvement activities for the four-state area. This includes but is not limited to being a resource to facilities in dealing with clinical questions and Continuing Quality Improvement (CQI), employee management issues, providing technical assistance, difficult management situations, distribution of educational materials, and unit policy enforcement. Additionally, the QID obtains intervention materials, consults with the statistician, reports to the Medical Review Board (MRB), and coordinates the Clinical Performance Measures (CPM) project. The QID coordinates the Internal Quality Plan of the Network. In the absence of the QID, the Quality Improvement Coordinator covers these responsibilities.

Quality Improvement Coordinator

Cathy Long, BA, RHIT, CPHQ

The Quality Improvement Coordinator (QIC) reports directly to the Quality Improvement Director and ultimately to the Executive Director. In the absence of the Quality Improvement Director, the QIC is responsible for the completion of deliverables and maintaining an efficient QI department. The QIC is involved in all aspects of the Network quality initiatives: from project development to writing the final report. The QIC completes the data entry and analysis tasks related to the quality improvement initiatives.

COMMUNITY INFORMATION & RESOURCES**Patient Services Coordinator**

Anne Karanja, MPH

The Patient Services Coordinator (PSC) reports to the Executive Director with supervisory oversight from the Quality Improvement Director. The primary responsibility of the PSC is to assist patients and facilities in resolving complaints or grievances. The PSC is responsible for acting as a resource to facilities, including but not limited to, assistance in dealing with clinical questions, technical assistance, and difficult situations. The PSC coordinates patient education/support activities including the development and distribution of educational materials and educational training. The PSC also performs the functions of the Community Outreach Coordinator. The PSC serves as liaison between the State Survey Agencies and other patient-centered organizations/agencies. The Patient Services and Quality Improvement departments work together on various projects and to provide technical assistance as needed. In the absence of the Patient Services Coordinator, the QID or QIC assist in these responsibilities.

Special Services Manager

Sarah Yelton, RN, CNN, CPHQ

The Special Services Manager (SSM) reports to the Executive Director. The SSM continually assesses and revises emergency preparedness plans for the Network office. She ensures corporate compliance of the Network staff, boards and patient advisory committees. It is a responsibility of this position to assess Network facility emergency preparedness and state survey readiness. She functions as the secondary Security Point of Contact (SPOC) and works with the SPOC to ensure security measures. The SSM serves as a resource to the Medical Review Board, Board of Directors, Patient Services Coordinator and Quality Improvement staff as needed/requested.

INFORMATION MANAGEMENT**Information Systems Director**

Jeff Arnall, MCSE, PMP

The Information Systems Director (ISD) reports to the Executive Director. The ISD continually assesses and revises data management system output to ensure efficiency, accuracy, Computer System Integrity Management, and adherence to CMS and Network requirements. He/She ensures compliance of all data requirements including SIMS Database Management, facility accuracy & compliance profiles, facility directory information, data storage, security/confidentiality, and CMS-2728, CMS-2746, and CMS-2744 submissions. It is a responsibility of this position to oversee implementation of SIMS, VISION, CROWNWeb, QualityNet Exchange and related hardware/software updates, facility training and security measures. The Information Systems Director serves as a resource to the Medical Review Board and Quality Improvement staff as needed/requested. The ISD coordinates the processing of all data requests and is the primary data interface with CMS officials and contractors, Social Security offices and HMOs regarding ESRD Medicare entitlement situations.

Information Systems Assistant

Serena Timko

The Information Systems Assistant (ISA) reports to the Information Systems Director. Responsibilities include assisting with report writing and data cleanup analysis, web site

updates, performing ongoing data entry of the CMS-2728, CMS-2746 and CMS-2744 Annual Facility forms, following-up on all new patients, transfers, deaths, transplants, and other patient related events including those submitted through VISION. The Information Systems Assistant uses data utilities to prepare periodic accuracy and compliance profiles, missing/incomplete forms summaries and other facility feedback reports while preparing notices to facilities with delinquent CMS and Network data forms. He/She analyzes forms compliance and provides facility education regarding the forms as needed. Additionally, the Information System Assistant is charged with maintaining well-organized hard copy files of forms and providing monthly Network Patient Status forms. The Information Systems Assistant researches and responds to facility inquiries regarding CMS and Network forms/data reporting requirements. He/She acts as a resource to the renal community in educating on the use of various data collection tools and software. He/She performs the majority of ongoing data entry of the CMS-2728 and CMS-2746, following-up on all new patients, transfers, deaths, transplants, and other patient related events, as well as facility personnel updates and roster updates.



CMS National Goals and Network Activities

CMS GOALS SUMMARY

Section II addresses how the Heartland Kidney Network actively worked to fulfill the Centers for Medicare & Medicaid Services (CMS) ESRD Program goals during 2009. The following table provides a synopsis of the goals as well as examples of how the Network achieved each of the goals.

CMS ESRD Program Goals	Examples of how Heartland Kidney Network performance/activities met the goal
<p>#1. Improve the quality and safety of dialysis related services provided for individuals with ESRD.</p>	<ul style="list-style-type: none"> • Quality Measures <ul style="list-style-type: none"> ○ Fistula First Breakthrough Initiative (FFBI) ○ Nephrologist and Annual Facility Scorecards ○ Lab Data Collection ○ Network Specific 2009 Goals ○ Quality Improvement Projects • Patient Safety and Beneficiary Protection <ul style="list-style-type: none"> ○ 5-Diamond Patient Safety Program ○ Network Emergency Preparedness ○ Conditions for Coverage (CfC) ○
<p>#2. Improve the independence, quality of life, and rehabilitation (to the extent possible) of individuals with ESRD through transplantation, use of self-care modalities (e.g., peritoneal dialysis, home hemodialysis), in-center self-care, as medically appropriate, through the end of life.</p>	<ul style="list-style-type: none"> • Independence <ul style="list-style-type: none"> ○ Patient Advisory Committee (PAC) • Quality of Life • Vocational Rehabilitation • Explore Transplant • Immunizations
<p>#3. Improve patient perception of care and experience of care, and resolve patient's complaints and grievances.</p>	<ul style="list-style-type: none"> • Patient Perception of Care <ul style="list-style-type: none"> ○ Patient Advisory Committee (PAC) ○ Network Patient Representatives (NPR) ○ Patient Perception of Care Analysis • Patient Educational Resources and Meetings <ul style="list-style-type: none"> ○ Modality Awareness Day ○ Patient Newsletter-Heartland Headlines ○ Patient Webpage ○ New ESRD Patient Welcome Booklet • Complaints, Grievances and other Contacts <ul style="list-style-type: none"> ○ Network contacts processing

	<ul style="list-style-type: none"> ○ Complaints and Inquires ○ Network Proactive Activities ○ Decreasing Dialysis Patient Provider Conflict (DPC) ○
<p>#4. Improve collaboration with providers to ensure achievement of the goals through the most efficient and effective means possible, with recognition of the differences among providers (e.g., independent, hospital-based, member of a group, affiliate of an organization, etc.) And the associated possibilities/capabilities.</p>	<ul style="list-style-type: none"> ● Collaboration with Providers and Facilities <ul style="list-style-type: none"> ○ Large, Independent and Small Dialysis Organizations ○ State Survey Agency ○ Missouri Kidney Program ○ Kansas Kidney Coalition ○ Heartland Chronic Kidney Disease (CKD) Coalition ○ Primaris CKD Sub-National ○ National Kidney Foundation (NKF) ○ Pediatric Dialysis Units ○ Peritoneal Dialysis Units and Dialysis Centers in Long Term Care Facilities ○ Prison Based and Veterans’ Administration and Acute Dialysis Centers ● Provision of Education Materials to the Renal Community <ul style="list-style-type: none"> ○ Annual Educational Meetings/Conference ○ Heartland Headlines Newsletters and Electronic Newsletters ○ The Network Website ○ Educational Resources ○ Regional and National Patterns of Care ○
<p>#5. Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes; maintain Patient Registry; and to support the ESRD Network Program.</p>	<ul style="list-style-type: none"> ● Improve the Data Collection, Reliability, and Timeliness <ul style="list-style-type: none"> ○ Network Annual Report ○ Forms Compliance Improvement Process ○ Fistula First Breakthrough Initiative (FFBI) ○ Crown Web ● Use of Data to Measure Processes of Care and Outcomes <ul style="list-style-type: none"> ○ Annual Facility Scorecard ○ Nephrologists Scorecard ○

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

The Network achieved CMS Goal #1 of improving the quality and safety of dialysis services provided for individuals with ESRD by designing and implementing quality improvement projects which produced rapid and sustained outcomes. The use of facility e-lab data and vascular access data has given the Network the ability to identify and influence both high and low performing dialysis centers. Rewarding care-givers who provide exemplary care is another means of recognizing and showcasing best performance examples. In addition, the Network has worked to accomplish this goal through promoting preventive care and safe transitions from one provider to another. Provided below are specific examples of Network activities which resulted in our achievement of this CMS goal.

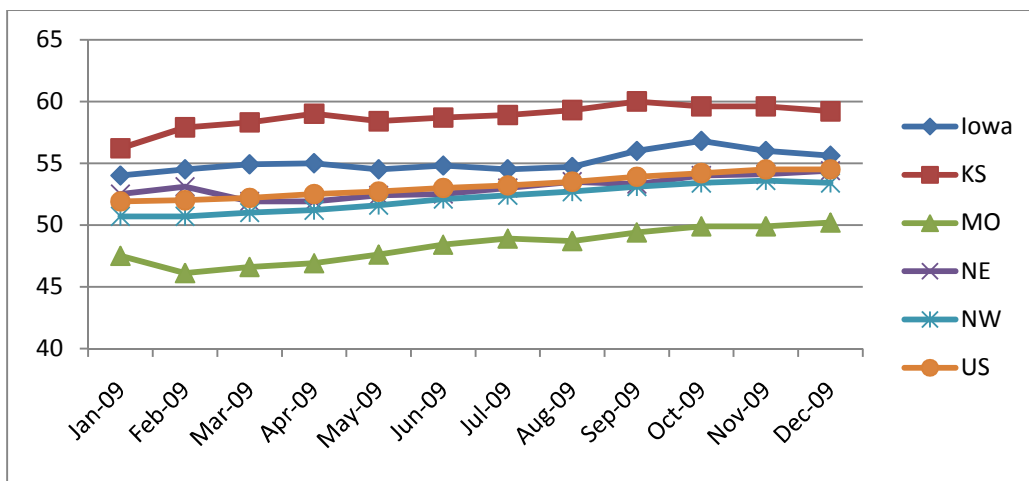
QUALITY MEASURES

Fistula First Breakthrough Initiative (FFBI)

Permanent vascular access continues to be a major emphasis in Network quality improvement and educational activities/projects. In 2009 a quality improvement project focusing on conversion of AV grafts to AV fistula was completed. In July 2009, a three prong quality improvement project was initiated. The three prongs include:

- “Arch Madness” focusing on twenty-five facilities in the St. Louis area
- Facility Specific goals for each facility in the Network
- Nephrology scorecards

The graph below illustrates the progress of Heartland Kidney Network in increasing the AVF percentage from January 2009 thru December 2009:



Nephrologist and Annual Facility Scorecards

During the fall of 2009 the Network identified the need to assess individual Nephrologists vascular access outcomes compared to the state and Network. With support from the Medical Review Board the Network prepared comparative incident patient statistics designed to raise the awareness of the type of vascular access incident patients begin dialysis with as well as determine whether or not the patient was evaluated by a nephrologist during the twelve (12) months prior to initiating dialysis. Data analysis of January 2009 through June 2009 was completed in December 2009. Roll-out of the project is anticipated for January 2010. Detailed information regarding the roll-out, distribution, and evaluation will be shared in the 2010 Annual Report.

In October 2009, both the Unit Administrator and the Medical Director of each facility received the Annual Facility Scorecard which included twenty-four (24) comparative graphs and tables. Seven (7) of the indicators were based on e-Lab reports. These reports were also accompanied by a facility specific letter addressing accomplishments and areas for improvement as well as a letter from the Medical Review Board.

Lab Data Collection

During first quarter 2009 Heartland Kidney Network participated in the Lab Data Collection project which included both hemodialysis and peritoneal dialysis data from October – December 2008. The following facility-specific reports were forwarded to the Facility Administrator in April 2009:

- Facility specific report including comparisons to state and Heartland Kidney Network data
- Comparative graph of the report

- Facility HD Percentile compared to Network HD Percentile
- Means and Medians Report
- Patient Characteristics with comparisons to state and Heartland Kidney Network

If peritoneal dialysis information was submitted, separate reports were also distributed.

Heartland Kidney Network utilizes the data from the lab data collection in the compilation of the Annual Facility Scorecard and in the selection of facilities for quality improvement projects.

Network-Specific 2009 Goals

Annually the Network stimulates improvement through strategizes with the quality improvement projects. Medical Review Board and the Board of Directors work with the Quality Improvement Department to outline the clinical outcome and other Network-specific goals for the CMS contract year.

Once the goals are finalized, each facility, as well as the state survey agencies, is provided with a copy of the goals via the Network Facility Scorecard Representative. The representatives sign a document attesting that the goals have been received and that the facility will work toward meeting those goals for all of the patients and return the signed form to the Network. The goals that were chosen for 2009 matched those clinical goals that were stated in the ESRD Conditions for Coverage and the Measures Assessment Tool (MAT) from the Centers for Medicare & Medicaid Services. The Network posts the Network-specific goals on the website for easy access, download, and reference.



FACILITY GOALS FROM HEARTLAND KIDNEY NETWORK

JULY 2009 – JUNE 2010

Centers for Medicare & Medicaid Services (CMS) Federal Register, HHS § 405.2110 to 405.2113, discusses the ESRD Network responsibilities regarding the formulation of Network-specific goals and the dialysis facility's responsibility toward meeting them. As directed by the Secretary, the Heartland Kidney Network's Medical Review Board and Board of Directors have set performance goals that every dialysis facility is expected to achieve. The State Survey Agencies utilize Network goals and initiatives as a guideline during their evaluation process. The 2008 Conditions for Coverage (CfC) were utilized in the development of these Facility Goals.

QUALITY IMPROVEMENT

	Clinical Performance Indicator	Value
Vascular Access	Fistula	KDOQI guideline >66% in all HD patients, 50% in incident patients. Network goal is 54.0 % by March 30, 2010. Acceptable, if fistula not possible, usually <10%
	Graft Central Venous Catheter	Avoid, unless bridge to fistula/graft or to PD, if transplant soon, or in small adult/peds pt
PD Adequacy	Adult PD patient <100 mL urine output/day	Min. delivered Kt/V urea ≥ 1.7 /week
	Pediatric PD patients, low urine urea clearance	Min. delivered Kt/V urea ≥ 1.8 /week
Nutrition	Serum Albumin	Preferred: ≥ 4.0 g/dL bromocresol green (BCG) method
Mineral Metabolism	Calcium (corrected)	All: >8.4 mg/dL & <10.2 mg/dL
	Phosphorus	All: 3.5-5.5 mg/dL

	Intact PTH every 3 months	Adult: 150-300 pg/mL (16.5-33.0 pmol/L) Pediatric 200-300 pg/mL
Anemia	Adult & pediatric Hgb on ESAs Adult & pediatric Hgb on ESAs Adult & pediatric Hgb off ESAs Adult & pediatric Hgb on ESAs Adult & pediatric: transferrin saturation Adult & pediatric: serum ferritin	Hgb: <12.0 g/dL Hgb: 10-12.0 g/dL Hgb: >10.0 g/dL Hgb: 11-12.0 g/dL, ≤13.0 g/dL >20% (HD, PD), or CHR >29 pg/cell HD: >200 ng/mL; PD: >100 ng/mL HD/PD: <500 ng/mL or evaluate if indicated
Preventive Care	Immunization	ESRD patients will be offered immunization against Influenza, Pneumonia, and Hepatitis B
<i>Source: 2009 MAT</i> *If goals are not specifically mentioned, please refer to K/DOQI. Unless otherwise stated, the goal is 100%.		

Quality Assessment and Performance Improvement (QAPI): The dialysis facility will measure, analyze, and track quality indicators, per the Conditions for Coverage.

All patients will be provided with education on modality options annually.

COMMUNITY INFORMATION & RESOURCES

Disaster and Emergency Preparedness: All facilities will have plans in place (including back-up plans) and share them with physicians, staff members and patients. Quarterly drills are required. Facilities must notify the Network in the event of closure.

Qualified and trained staff: The facility staff must meet personnel qualification and demonstrated competencies needed to perform the specific duties of their positions.

Educational Information: Resources provided by the Network will be made available to all patients and staff members.

Conflict Resolution: The dialysis facility will follow the conditions for coverage related to conflict resolution, internal grievance process, patients' rights and responsibilities, patient transfer and involuntary discharge. Facilities must notify the Network for all Involuntary Discharges.

Network, Patient Rights & Responsibilities & Grievance Posters: Every dialysis facility will display the poster in a prominent location within the all patients view.

ADMINISTRATION

Network Council: Network Facility Representatives (Council Members) will annually provide input to the Network; which evaluates current initiatives, identifies the needs of the facility and community, and includes suggestions for future initiatives. Network Facility Representatives will participate in the Annual Board Election and Network bylaw revisions, as necessary. The facility will notify the Network when their representative changes.

Facility Goals: Network goals will be revised annually and distributed to every facility for acknowledgment. The designated Network Facility Representative must sign and return (fax or email) the document to the Network. **The Network reserves the right to update or revise goals based on CMS contract and regulatory requirements. A current copy of the Network goals is available on the Networks website under 'Administration'.*

INFORMATION MANAGEMENT

Compliance:

Forms: All facilities will be 90% accurate and timely with their submission of the 2728 (Eligibility) and 2746 (Death).

PAR (Patient Activity Reports): All facilities will submit five out of six monthly PARs for each six-month cycle ending in January and July.

CROWNWeb: Electronic submission of 2728 (Eligibility) and 2746 (Death) forms and clinical data with a 90% timeliness goal. Perform monthly online validation of current census with any corrections with a 90% monthly timeliness goal. Maintain accurate list of staff contact information in CROWNWeb.

Quality Improvement Projects

The following Quality Improvement Projects were initiated and/or completed during 2009:

Task	Title of QIP	Summary	Status
1.a	<u>Decreasing arteriovenous grafts (AVG)</u>	<p>September 1, 2008 to March 31, 2009</p> <p>The project focused on decreasing arteriovenous graft (AVG) usage by addressing the barriers to secondary AVG conversion to arteriovenous fistula (AVF) in 19 facilities representing over 1,800 patients.</p> <p>The goal of this project was to decrease the aggregate percentage of patients using an AVG as their only access in the nineteen (19) participating facilities from over thirty two percent (32.67%) down one percentage point to just over thirty one percent (31.6%) by March 31, 2009 using February data.</p> <p>The aggregate decrease of AVGs among the participants of this project went from 32.7 percent at baseline to 29.8 percent (2.9 percentage points) at the final measurement. This meant that by the end of the project five hundred thirty six (536) used AVGs as their primary vascular access, representing a decrease of AVG use by fifty four (54) patients from the baseline level.</p>	Completed. Goal met.
1.a	<u>Vascular Access</u>	<p>September 1, 2009 to March 31, 2010</p> <p>This project utilizes a three prong approach to increasing the use of arteriovenous fistula (AVF) in Heartland Kidney Network:</p> <ul style="list-style-type: none"> • Arch Madness which focuses on twenty-five facilities in Saint Louis County and Saint Louis City • Facility Specific Goals for each facility based on the CMS formula. The goal for facilities with AVF percentage of sixty-six percent or higher was to maintain their AVF percentage • Nephrologist scorecards for all nephrologists in the four-state area <p>Interventions to date include on-site visits with facilities in the project, meetings with the LDO regional/quality managers, corrective actions plans, feed-back graphs, and educational resources.</p> <p>The goal of the project is a Network AVF percentage of 54.0 by March 31, 2010 data.</p> <p>A detailed report of this project will be included in the 2010 Annual Report.</p>	On-going
1.a	<u>2728 Discrepancies</u>	<p>October 1, 2009 to March 31, 2010</p> <p>This project determined if the data received by the Network via form 2728 matches claims data. If the data does not match, determine the facilities with the greater than 3 discrepancies during the two year time period and require a corrective action. The Network collaborated with Primaris (the Missouri QIO) for this project.</p> <p>The goal of this project is that 80% (8/10 facilities) will develop and implement a corrective action to address the data discrepancies.</p> <p>All ten (10) of the identified facilities implemented a corrective action to address the data discrepancies.</p>	On-going
1.b	<u>Catheter Reduction</u>	<p>September 1, 2008 to March 31, 2009</p> <p>This project reduced long-term catheter use in 17 facilities representing 1800 patients by addressing patient needle fear and requiring CQI tracking by the facility.</p> <p>The goal of the project was to decrease aggregate LTC (greater than 90 days as the only access) use in the seventeen (17) participating facilities from 27.5% to 26.3% by March 31, 2009 (using February data).</p> <p>The aggregate long term catheter use decreased from 27.5 percent to 23.3 percent (showing a decrease 4.2 percentage points). At the conclusion of this project there were seventy (70) less patients with a catheter as their only access in place for greater than ninety (90) days.</p>	Completed. Goal met.

1.b	<u>Catheter Reduction</u>	<p>July 1, 2009 to April 30, 2010</p> <p>This project had three components:</p> <ul style="list-style-type: none"> • Evaluation of catheter patients for an arteriovenous fistula (AVF) • Using facility protocols for catheter indications and removal • Promoting facility tracking of catheter use <p>Interventions to date include conference calls, educational resources, feedback to facilities, and corrective action plans.</p> <p>The goal of the project is to decrease aggregate long term (> 90 day) catheter use in the twenty five (25) participating facilities from 21.67% to 16.72% by month ten (April 2010). This represents an aggregate 4.95 percentage point decrease. It means that each participant facility would have to average a decrease in catheter usage by two patients in ten months.</p> <p>A detailed report on the goal achievement will be included in the calendar year 2010 Annual Report.</p>	On-going
1.c	<u>Anemia Management</u>	<p>September 1, 2008 to April 30, 2009</p> <p>The project worked with 9 facilities representing 800 patients to achieve adequate hemoglobin levels via a back-to-basics approach including anemia 101, inflammatory process information, and iron stores education.</p> <p>The objective/goal for this project was to increase the aggregate percentage of adult (> 18 years) in-center hemodialysis patients in the participating facilities with a mean hemoglobin greater than or equal to 11 g/dL from 62.2% to 65% by March 31, 2009 or 2.8 percentage points.</p> <p>There was an aggregate increase from 62.2 percent to 72.94 percent (representing 10 percentage points) of patients achieving a mean Hgb \geq11g/dL for the participating facilities. Seven (7) out of nine (9) participating facilities showed increases over their baseline at the end of the project. The range of participant increases was from 2.6 percentage points all the way up to 47.9 percentage points with a mean increase of 11.4 percentage points.</p>	Completed. Goal met.
1.c	<u>Hemodialysis Adequacy</u>	<p>September 1, 2008 to February 28, 2009</p> <p>This project addressed increasing hemodialysis (HDO) adequacy by focusing on missed/shortened treatments in 8 facilities representing 560 patients.</p> <p><u>Goal:</u> Reduce the aggregate rate of patients shortening treatments >15 minutes (or missing treatments) by one-tenth (10%) by February 2009 (January 2008 data).</p> <p>Analysis indicated that the aggregate rate of patients shortening treatments >15 minutes or missing treatments was reduced by 10 percent.</p>	Completed. Goal met.
1.c	<u>Hemodialysis Adequacy</u>	<p>October 1, 2009 to March 31, 2010</p> <p>This project addressed increasing hemodialysis (HDO) adequacy by focusing on missed/shortened treatments in 22 facilities representing 1340 patients.</p> <p>The goal of the project is to reduce the aggregate rate of patients shortening treatments >15 minutes and/or missing treatments by 10 percent by March 2010. Interventions to date include two webExs, facility feedback, corrective action plans, and monthly data collection.</p> <p>A detailed report of the results will be provided in the calendar year 2010 Annual Report.</p>	On-going
1.c	<u>Mineral Metabolism</u>	<p>October 1, 2008 to February 28, 2009</p> <p>The project focused on increasing the percentage of patients achieving a calcium phosphorus product < 55 mg/dl by addressing patient and staff education in 9 facilities representing 733 patients.</p> <p>The improvements range from a 1.2 percentage point increase to 30.43 percentage point increase in patients having a Ca-P Product \leq 55mg/dL.</p>	Completed. Goal met.

		The overall goal of this project was that over sixty-six percent (66.7%) of the participating facilities (6/9) would report a one (1) percentage point increase in the percentage of patients having a Ca-P Product \leq 55mg/dL by January 31, 2009. 66.7% of the participating facilities reported at least a one percentage point increase in the percentage of patients achieving the clinical goal.	
1.d	<u>QAPI Program</u>	<p>November 1, 2009 to March 31, 2010</p> <p>The project focused on individual training and monitoring of a QAPI project at ten (10) facilities in the Omaha, Nebraska/Council Bluffs, Iowa metropolitan area. The project involved two (2) LDOs. Two (2) on-site training sessions on how to create a QAPI program and how to complete a Root Cause Analysis (RCA) were provided by the Network.</p> <p>It is expected that at least 7/10 (70.0%) of the intervention facilities will succeed in developing and implementing a comprehensive QAPI project by March 31, 2010. A detailed report of results will be provided in the 2010 Annual Report.</p>	Project is in progress

PATIENT SAFETY AND BENEFICIARY PROTECTION

The Patient Advisory Committee (PAC) of the Network regularly focuses on patient safety issues as well as patient health information protection. The PAC has been supportive of the 5 diamond patient safety program. The Network protects sensitive information that is collected, produced, stored and disseminated in the course of our operations.

In December of 2009, the ESRD Network Security Point of Contact (SPOC) Award was presented to the Heartland Kidney Network Information Systems Director, Jeff Arnall by the CMS Chief Medical Officer, Dr. Barry Straube for exemplary actions as the Network security point of contact.

5 -Diamond Patient Safety Program

The Mid-Atlantic Renal Coalition (Network 5), in collaboration with the ESRD Network of New England (Network 1) developed the *5-Diamond Patient Safety Program* to assist dialysis facilities with the improvement of both staff and patient awareness of specific patient safety areas. In 2009, the Heartland Kidney Network began to strategize ways to incorporate this patient safety program into our region.

The goals of this project are:

- ◆ To build a patient safety culture in every dialysis unit
- ◆ To promote patient safety values
- ◆ To create an awareness of patient safety issues
- ◆ To help dialysis units learn more about specific areas of patient safety

Overview: The *5-Diamond Patient Safety Program* consists of educational modules, which include the tools and resources necessary for implementation of each patient safety concept. Facilities may complete any of the modules, with only one module, Patient Safety Principles, being mandatory. The module options are as follows:

- ◆ Patient Safety Principles
- ◆ Decreasing Dialysis Patient-Provider Conflict
- ◆ Emergency Preparedness
- ◆ Hand Washing (Infection Control)
- ◆ Influenza Vaccination

- ◆ Medication Reconciliation
- ◆ Missed Treatments (Only available in Network 5)
- ◆ Sharps Safety
- ◆ Slips, Trips, & Falls

The anticipated roll out of this project in the Network is planned for early 2010.

Network Emergency Preparedness

During 2009 the Heartland Kidney Network was actively involved in three ways to address emergency and disasters as related to the renal community:

- Network-specific preparation activities
- Provider-specific preparation activities
- Response to actual Network and or provider emergency

Conditions for Coverage (CFC)

The new Conditions for Coverage have been in place since October 2008. One of the major changes in the Conditions was the requirement that Patient Care Technicians become certified by one of several certification boards by April 15, 2010. Core Curriculum books have been made available from the Network as well as technical assistance.

The Educational conference in January 2009 included a panel discussion and question/answer session held by three of the State Survey Agencies in the Network which highlighted most-cited deficiencies as well as facility preparation a survey.

In addition to the above actions, the Network employed multiple activities in order to improve the quality and safety of dialysis related services provided for individuals with ESRD. Activities such as the Patient Care Technician (PCT) Awards, Vascular Access Quality Awards for Facilities, Facility Data Stars and Emergency Preparedness Awards given at the Annual Meeting reward the care-givers as well as the facilities. The Network is working behind the scenes by participating in workgroups such as FFBI Work Group Hospital Systems in order to promote improved patient care and tools for discharge planning. Heartland Kidney Network staff serve as a resource for dialysis facilities by providing technical assistance as they adapt to the regulations. The Network website (www.heartlandkidney.org) contains a section on the Conditions for Coverage with downloads available of multiple resources including the tools used by the state surveyors. Heartland Kidney Network strives daily through internal continuous quality improvement to develop best practices to achieve CMS Goal #1.

CMS GOAL #2 IMPROVE THE INDEPENDENCE, QUALITY OF LIFE, AND REHABILITATION (TO THE EXTENT POSSIBLE) OF INDIVIDUALS WITH ESRD THROUGH TRANSPLANTATION, USE OF SELF-CARE MODALITIES (E.G., PERITONEAL DIALYSIS, HOME HEMODIALYSIS), IN-CENTER SELF-CARE, AS MEDICALLY APPROPRIATE, THROUGH THE END OF LIFE.

Heartland Kidney Network recognizes the importance of quality of life issues for people with renal disease. Through education and technical assistance to patients and providers of care, the Network works to increase awareness and utilization of activities and modalities that contribute to independence, rehabilitation and increased quality of life for ESRD patients. Through information provided in professional and patient

newsletters, annual educational meeting, and in cooperation and collaboration with other renal related organizations, the Network encourages all professionals and patient activities that promote improved quality of care outcomes and improve quality of life. Detailed descriptions of Network activities related to this goal are provided below.

INDEPENDENCE

The Patient Advisory Committee (PAC) began to develop self-care and patient empowerment resources and tools to encourage other patients to be more involved in their care. As of the end of 2009 many of these tools were already available on the PAC pages of the Heartland Kidney Network website for download on demand.

In 2009, some dialysis centers started “self-care pods” in their units. Self-care varies from unit to unit but usually consists of patient’s self-cannulation, machine set up and limited self-monitoring. The Heartland Kidney Network is able to provide educational materials for patients and staff members on this topic.

During 2009 the Patient Advisory Committee elected to work on the topic of care transitions:

- transition that occurs from childhood to adult dialysis care
- returning to dialysis after failed transplant
- modality changes

In the fall of 2009, the Network began developing a resource booklet for use by hospital discharge planners to help coordinate the care transition from hospital to outpatient dialysis center. At the end of 2009 this materials were under review by the Fistula First breakthrough initiative (FFBI) hospital care coordination task force.

QUALITY OF LIFE

In the fall of 2009 the educational conference planning committee began coordinating a session to be held at the Network annual educational conference in January 2010 highlighting a patient panel who would discuss quality of life from a patient’s perspective. Four PAC members were selected as participants.

The Patient Advisory Committee (PAC) established a Network Patient Representatives (NPR) pilot study in October 2009 to educate and encourage patient participation in their health care to improve their overall health outcomes and quality of life.

The July 2009 Network Patient Newsletter addressed the following topics on improving the quality of life:

- *Vocational Rehabilitation*
- *Staying Active while on dialysis*
- *The benefits of volunteering*
- *Why should I work?*
- *Need to work but have vision impairment?*

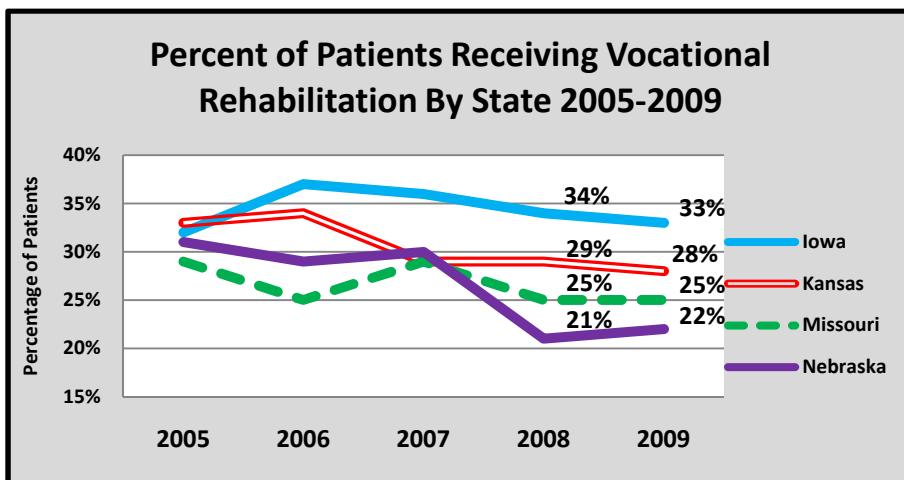
A copy of the newsletter was made available to each patient by mailing copies to facility Social Workers to distribute to patients. The Newsletter is also available online for patient access.

VOCATIONAL REHABILITATION

Vocational rehabilitation (VR) can be defined as the process of facilitating an individual in the choice of, or return to, a suitable vocation. When necessary, assisting the patient to obtain training for such a vocation. Vocational rehabilitation can also mean preparing an individual regardless of age, or physical condition to cope emotionally, psychologically, and physically with changing circumstances in life, including remaining at school, work, or a work equivalent (homemaker). Even being able to do pleasurable activities would be considered renal rehabilitation. Creatively work with your patients to help them obtain their highest level of activity.

Each year Heartland Kidney Network collects vocational rehabilitation data from dialysis and transplant facilities through the annual Facility Survey (CMS-2744 Form). This report gathers the following information regarding vocational rehabilitation and employment (Table 8) for dialysis patients:

- Number of patients between the ages of 18-54 who are receiving rehabilitation services
- Number of patients between the ages of 18-54 who are employed full or part time
- Number of patients between the ages of 18-54 who are in school full or part time



This graph shows the percentage of Networks' patients (by state) between the ages of 18 and 54 that were reported to have been receiving vocational rehabilitation, employed full or part time or attending school in the years 2005-2009 (based on Facility Survey data for each of those 5 years). In 2009, there were 33% from Iowa; 28% from Kansas; 25% from Missouri and 22% from Nebraska with a 26% Network participation. The

percentage of patients involved with VR in 2009 declined by at most one percent in IA, KS, and MO remained stable with an increased by one percent in NE. Despite the noted slight decline in the two states, the number of patients between the ages of 18-54 who utilized VR services went up from 1,061 in 2008 to 1,082 in 2009. It was also noted that there was an increase in the number of patients between the ages of 18-54 during 2009 (4,105) compared to 2008 (3978) throughout the Network region.

The Network compiled and distributed vocational rehabilitation resource toolkit to all Social Workers in the dialysis facilities and transplant centers to assist improve patients' independence, quality of life, and rehabilitation. The following resources were included in the June 1, 2009 mailing:

- Vocational Rehabilitation Resource List-A list of DVR offices
- 2009 Vocational Rehabilitation Question & Answer resource
- Vocational rehabilitation best practices checklist
- Heartland Kidney Network 2008 Vocational Summary Report
- Keeping your job when you need dialysis
- Sample Employment Facility Letters,
- Tips to volunteering Wisely,
- Work Incentives Planning

- Employment Module 3: Practical Guide to Renal Rehabilitation.
- 2009 Red Book
- Vocational Rehabilitation Toolkit Evaluation

A resource link page was added in the Network website with information from kidney related agencies on rehabilitation issues. These agencies include:

- Life Options
- Renal Support Network
- National Kidney Foundation
- Social Security Work Site
- Ticket to Work Site
- State Specific Vocational Rehabilitation Agencies

The Network has plans to conduct collaborative activities with local VR representatives in 2010 to educate them about the ESRD Network program, ESRD patient population needs as well as assist in the improvement of patient participation in VR services.

EXPLORE TRANSPLANT

In anticipation of the new ESRD regulations and the overwhelming need for improved transplant education reported to us by dialysis providers, Heartland Kidney Network developed a Quality Improvement Initiative in Partnership with Amy D. Waterman, PhD, at Washington University School of Medicine in St. Louis, Missouri.

Dr. Waterman is a leading expert in transplant decision-making research and has designed a transplant education program, *Explore Transplant*. In a previously conducted group randomized controlled trial, Dr. Waterman found that dialysis center patients who had participated in the *Explore Transplant* program were more knowledgeable about transplant and more likely to present for transplant evaluation compared with patients in control dialysis centers.

From April through October, 2009, the Network instituted Explore Transplant Meetings. The goals were as follows:

- To help more dialysis patients make informed transplant decisions
- To improve dialysis providers' ability to deliver transplant education to ESRD patients.
- To provide copies of the *Explore Transplant* education materials for patients
- To provide patient education regarding kidney transplantation, home therapies, and in-center self-care.

Training consisted of a *Transplant 101* panel discussion, videos demonstrating how to conduct Explore Transplant with patients, and peer-to peer discussions about barriers to transplant education and what might work in dialysis facilities now. The Network's goal was to have 30% (N=82 facilities, 82 facility staff) of dialysis centers participating. After 10 one-day trainings, the Network actually had 74% of dialysis centers participate (N=201 facilities, 294 facility staff).

IMMUNIZATION

During 2009 there was a special emphasis placed on patient receipt of the seasonal influenza vaccine as well as the H1N1 vaccine as world-wide concerns increased about a possible influenza pandemic. The Special Services Manager of the Network is a member of the Kidney Community Emergency Response coalition (KCER) Pandemic Response Team. This committee is represented by ESRD patients, transplant recipients, kidney patient and

dialysis provider organizations, governmental state and local representatives, the Centers for Disease Control, and physicians. This group develops and disseminates plans to help the Kidney Community maintain its ability to care for patients in the event of pandemic flu. The team works with Federal, state and local agencies to assure that the KCER plan fits into the over-all Pandemic Preparedness plans.

The Network provided the following information regarding immunization during 2009:

- The February 2009 nutshell update reminded facilities that the center for Disease Control (CDC) recommends that all ESRD patients receive influenza, pneumonia and Hepatitis B vaccines. This is due to the immuno-compromised condition of renal patients. Receipt of these vaccines should be documented in the patients' health records.
- The July, 2009 Heartland Headlines Newsletters contained information on immunization for patients. On September 16, 2009 the Network forwarded information to all of the facilities on how to contact the local health department and possibly become a vaccination station for H1N1. Eleven units in MO, nine in IA, seven in KS, and two in NE had signed up with their health departments to be considered.
- In November 2009, the Network distributed information received from the Department of Health and Human Services to dialysis and transplant facilities with up to date information about 2009 H1N1 virus.
- Network brochure: On Immunization is available on the Network website and available upon facility request.
- A widget link is provided on the home page of the Network website and directly links to the Centers for Disease Control and Prevention (CDC) providing an easy method to obtain more information on influenza.

Heartland Kidney Network improved the independence, quality of life, and rehabilitation of individuals with ESRD through transplantation, use of self-care modalities, in-center self-care, as medically appropriate, through the end of life by providing resources, technical assistance and education.

CMS GOAL #3 IMPROVE PATIENT PERCEPTION OF CARE AND EXPERIENCE OF CARE, AND RESOLVE PATIENT'S COMPLAINT AND GRIVANCES.

The Network maintained consistent efforts throughout 2009 to assist facilitate and educate ESRD patients and providers in resolving beneficiary complaints and grievances. Central to this goal was the process of improving patients' perception and experience of care. This was achieved by providing educational information to patients, implementing educational programs for providers, conducting trend analysis of reported situations to detect patterns of concern and developing Network-specific policies and procedures for dealing with patient complaints.

PATIENT PERCEPTION OF CARE

Patient Advisory Committee (PAC)

The Network maintained a Patient Advocacy Committee (PAC), made up of patient volunteers from Iowa, Kansas, Missouri and Nebraska. PAC members serve on each of the Network boards and Committees. In 2009, the PAC had twelve members who represent all treatment modalities thus sustaining the CMS required representation.

Mission Statement: The mission of the Patient Advisory Committee (PAC) is to educate and provide patients with perspective for dialysis and kidney transplant.

Vision: To improve the quality of life for those living with Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD)

Goals:

- Identify and present the needs and concerns of renal patients.
- Act as a liaison between the renal population and the Network.
- Promote patient empowerment and involvement in their healthcare issues.
- Develop and provide patient education to be used in the community at large.

PAC members work hard to assure that the patients' perspectives are carefully considered in the development of all tools, resources and Network events for patients and professionals.

In 2009 the PAC accomplished the following:

- Developed peer-to-peer resources for patients on the Heartland Kidney Network website (PAC pages website link)
- Sponsored patient education meetings (modality awareness day)
- Created patient-to-patient educational materials (rights and responsibility poster, fistula first poster)
- Encouraged increased patient involvement in facility and Network activities (Network Patient Representative program)
- Assisted in reviewing patient brochures and other educational resources such as: patient newsletters, PAC website resources, Network Patient Representatives (NPR) quarterly reports questioners and manual, patient fistula first poster, patients' rights and responsibility poster.
- Provided input on topics of discussion for patient newsletters publishing
- Held productive and successful meetings

The Network values the commitment and input of our PAC members. The Network encourages members to participate in educational organizations outside of the Network such as National Kidney Foundation (NKF) and American Association of Kidney Patients (AAKP). Two members of the PAC are very involved in the Renal Support Network (RSN) and one member is also very involved with NKF.

Network Patient Representatives (NPR)

Heartland Kidney Network established the Network Patient Representative (NPR) program in October, 2009. The goal of this program is to have at least one patient in each dialysis facility acting as a liaison between the Network, facility representative (usually the social worker) and facility patients, providing educational materials as approved by their facilities to patients through bulletin boards, activities and brochures. As of December, 2009 the program had 36 individuals participating in the program including the Network Patient Advisory Committee (PAC) members. The patient services Coordinator developed a structured approach to recruiting and sustaining participation in the program.

Dialysis facilities are encouraged to have more than one NPR so that all days and shifts can be covered if specific individuals are interested. NPR'S are encouraged to work with their social workers to distribute educational health information to new patients, post fliers and encourage patients to learn about the resources available to them through the Network.

Patient Perception of Care Analysis

During 2009, ten (10) facilities were requested to participate in a voluntary patient perception of care assessment. The facilities were instructed to provide assessment sheets to five (5) of their patients. They were

asked to vary the ages, modalities, and disposition of the patients. The patients were asked to complete six (6) yes/no and four (4) 1to5 Likert scale questions. There were three (3) fill in the blank optional questions as well. To allow freedom of expression by the patients, the instructions asked patients to contact the Network directly if they had specific issues or complaints that they wished to discuss.

These data indicated that the respondents were on dialysis a total of 1,658 months or over 138 patient years at the participating unit was reported. The average patient length of time on dialysis at the current facility was 41.45 months or about 3.5 years. All patients noted that they were provided with information about the rules and policies of the unit as well as patient rights. Over 90% indicated that they were given information about the medications they took and that they would recommend their dialysis unit to other patients. Over 70% noted that the care team explained things in a way that a patient can understand. Majority of the responding patients indicated that the care team listened carefully to them and that they were treated with respect and dignity.

PATIENT EDUCATIONAL RESOURCES AND MEETINGS

Modality Awareness Day

In May of 2009, the Network with assistance from PAC members hosted a patient educational meeting in Kansas City Missouri. The meeting focused on educating people dealing with kidney disease about the need to know about all of the treatment options that are open to them. The meeting also provided information about each modality option and provided attendees (patients and the family members) opportunities to talk with other patients who were using various home modalities.

Patient Newsletter-Heartland Headlines

The Network published quarterly patient newsletters, *Heartland Headlines* in 2009. The main goal of this publication is to disseminate educational information to ESRD patients to improve the independence, quality of life and rehabilitation of individuals with ESRD, and to provide opportunity for patient feedback. The newsletters were mailed directly to each facility's social worker with exact number of copies based on patient population per facility. A cover letter was included requesting Social workers to distribute copies to each patient. PAC members contributed articles, suggested topics and reviewed each edition. Over 28,000 copies of Heartland Headlines issues of the patient newsletters were distributed in 2009.

In an effort to assist and collaborate with other renal organizations, the Network distributed information on their educational opportunities and resources to facility representatives to make available to patients. These materials included information on National Kidney Foundation (NKF) monthly conference calls and on American Association of Kidney Patients (AAKP) Health line (poster and flyers) patient conference calls and other educational opportunities.

Patient Webpage

In 2009, the PAC continued to be actively involved in creating the PAC pages webpage on the Network website, and provided input and recommendations to the Network. PAC Webpage business cards were also developed and distributed to help advertise the link to the renal community. The Network's web site provides educational materials, links to Medicare, dialysis and transplant-related services, links to Medicare Part D, Network region facility listings, support groups, a patient-specific information page and other Network activities for renal patients and their families. The Network web site also gives information about and a link to the Medicare Dialysis Facility Compare Web site, encouraging patients to use this web site when looking for information on local dialysis facilities or those throughout the country.

New ESRD Patient Welcome Booklet

The Network continued to distribute the Welcome Booklets to new dialysis patients. An assessment card is included in the welcome booklet for patients to fill in and resubmit to the Network in order to assess their needs. Over 3,500 copies were mailed out during 2009. The Network will continue to reevaluate the effectiveness of the resource to determine future distribution. The Welcome Booklet contains information from CMS regarding Medicare Coverage and ESRD as well as information regarding the role of the Network, how to contact the Network directly for information, available Network educational resources, treatment modality options, services and assistance offered, or complaints and /or grievances, and how to contact the State Survey Agency to report regulatory complaints and /or grievances to ensure they meet Medicare standards.

COMPLAINTS GRIEVANCES AND OTHER CONTACTS

Network Contacts Processing

Throughout 2009, the Network was available to receive complaints, grievances and other contacts, such as facility or patient inquiries, on a daily basis through phone calls, email and regular mail. Review of a grievance involves a CMS-specified investigation process that includes a grievance determination, due process for all parties involved and a final written report. The following is an overview of the Network’s grievance procedure, which is also available on the Network website. The formal Grievance process must be completed within 90 calendar days of receipt.

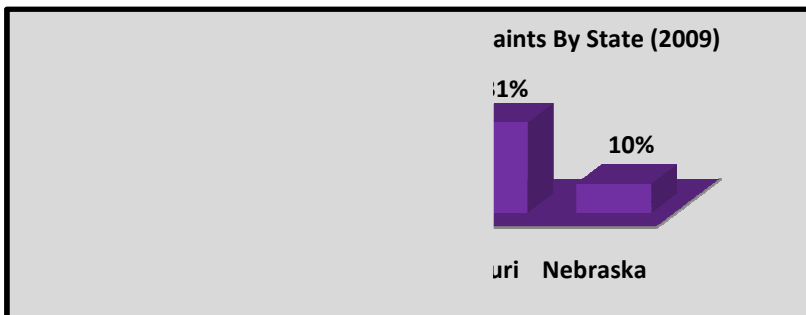
A facility visit may be necessary at any time during this process depending on the nature of the complaint. Matters serious enough to be an immediate threat to the patient’s or other patients’ health and safety are referred immediately to the appropriate State Survey Agency. If care problems are found, the Medical Review Board (MRB) may request a QIP from the facility. If the facility is not successful in correcting the identified problem within the time frame of the QIP, the MRB may recommend that CMS sanction the facility. There is an appeal process available if a grievant is not satisfied with the findings of the Network.

The Network continues to encourage patients and facilities to first attempt to collaborate with each other on solutions to quality of care issues unless immediate jeopardy is determined or the caller indicates being uncomfortable with addressing the issue(s) directly with facility staff. All contacts received at the Network are documented in SIMS data base which is intern utilized to analyze trends.

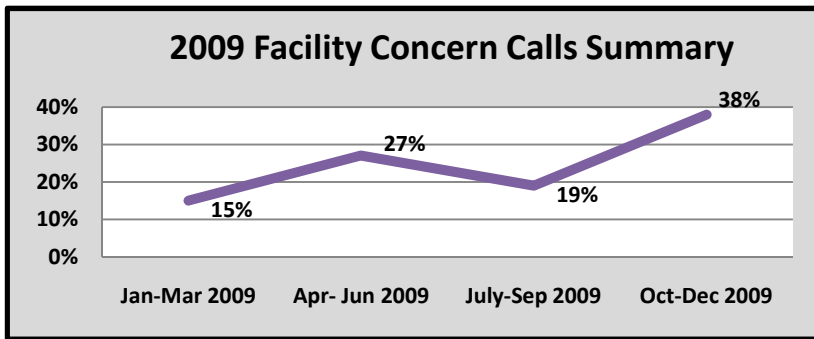
Complaints and Inquiries

The Network received a total of 1,025 calls from beneficiaries and facilities in 2009. A majority of the calls (52%) were regarding facility concerns and inquires related to information management and the annual educational conference. The Network also reviewed every patient complaint received during 2009 in order to identify themes. Patient complaints fell into the following categories:

- Treatment Related
- Staff Related
- Patient Transfer/Discharge
- Transportation
- Physical Environment



This chart provides beneficiary complaints which originated from different facilities in the four states region. Calls received represent rural, suburban and urban settings. Forty-two percent (42%) of complaints originated from KS, 31% from MO, 17% from IA and 10% from NE.

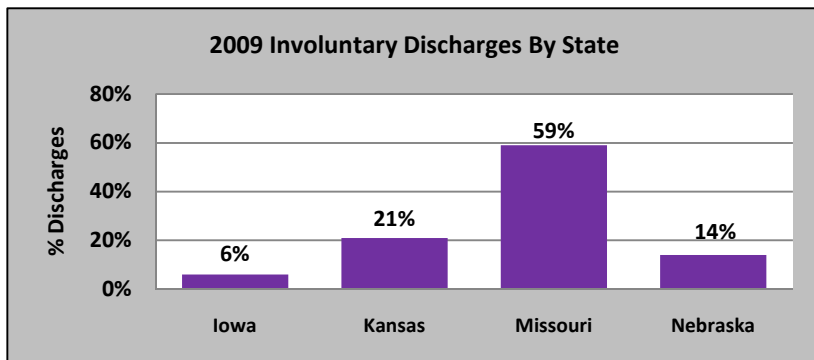


The Network observed a trend in the number of concern calls received relating to verbally and physically abusive patients during the past year. Most callers associated these concerns with an increase in the number of drug and mental health related problems identified with patients.

Involuntary Discharges

The Conditions for Coverage released October 14, 2008, provide detailed summary of involuntary discharge regulations. Facilities are strongly encouraged to review and become familiar with the new conditions. (§494.180 (V.766, 767). Although some involuntarily discharged patients are accepted into other area dialysis facilities, a number of patients move out of the area to find placement elsewhere. Additionally, there are a number of patients who, even with assistance from the Network and other entities, are unable to find placement in an outpatient chronic setting and must seek dialysis services through local emergency departments.

Through the SIMS database the Network internally tracks involuntarily discharged patients at three and six month intervals to determine readmission and mortality status, after all attempts toward placement have failed, or patient has lost contact. The graph below depicts information the Network has gathered regarding this small but growing population of patients involuntarily discharged in the Network region during 2009.



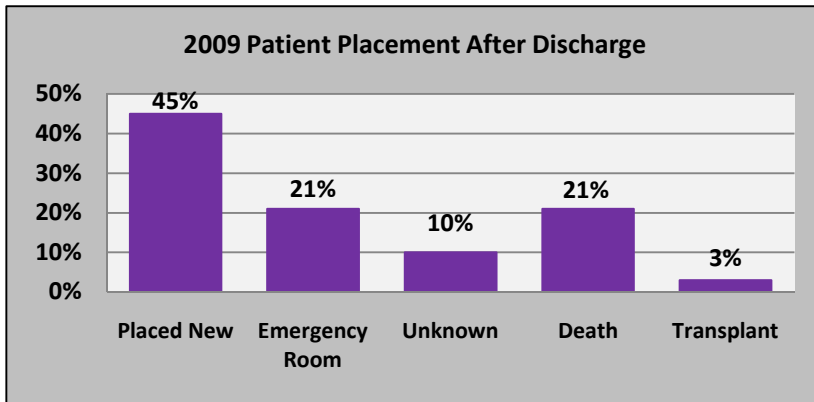
Network processed a total of 29 involuntary discharges during 2009. Discharges originated from different patients and facilities in the four states region. This diagram provides the total number of discharges reported to the Network each quarter by state (IA, KS, MO and NE). As noted, the majority (59%) of the discharges originated from MO, followed by 21% in KS, 14% in NE and 6% in IA. Based on the Network's

demographics and patient residents, Missouri has the greatest dialysis patient population, followed by Kansas, thus the significant variance in percentage of discharges reported.

The PSC reviewed the issue(s) with facility staff and to review the actions/interventions taken to address the situation and potential outcomes of the actions/interventions. The Network worked with the affected facilities to explore if actions other than discharge might be utilized. The Network Standard encourages the training of staff in a conflict management model such as the *Decreasing Dialysis Patient/Provider Conflict* (DPC) model and to conduct and document this training annually. It instructs the facilities to accurately report all involuntary discharges to the Network, and reminds them that all involuntary discharges are an option of last resort.

The PSC continued to track reported involuntarily-discharged patients to determine the number and identity of patients that returned to a chronic outpatient dialysis facility within 6 months and to track mortality for these patients at 3-month and 6-month intervals. Data gathered during this activity was presented to facility staff members in activities aimed toward the prevention of involuntary discharges.

Patient Placement after Discharge



Forty-five percent (45%) or 13 of the patients discharged from the dialysis facilities have been placed into other dialysis units within their region or Network region while others have relocated to other states out of the Network region to ensure continue quality care. Twenty-one percent (21%) or six of patients are reported to have continued seeking Emergency Room care as they await to be accepted at an out dialysis patient unit or consider alternative modality option. Another 21% (6) of patients were reported dead during

2009 after being discharged from their dialysis units. Ten percent (10%) or three of the patients' current dialyzing status is unknown and 3% (1) of the patients successfully received a kidney transplant after being discharged from a facility.

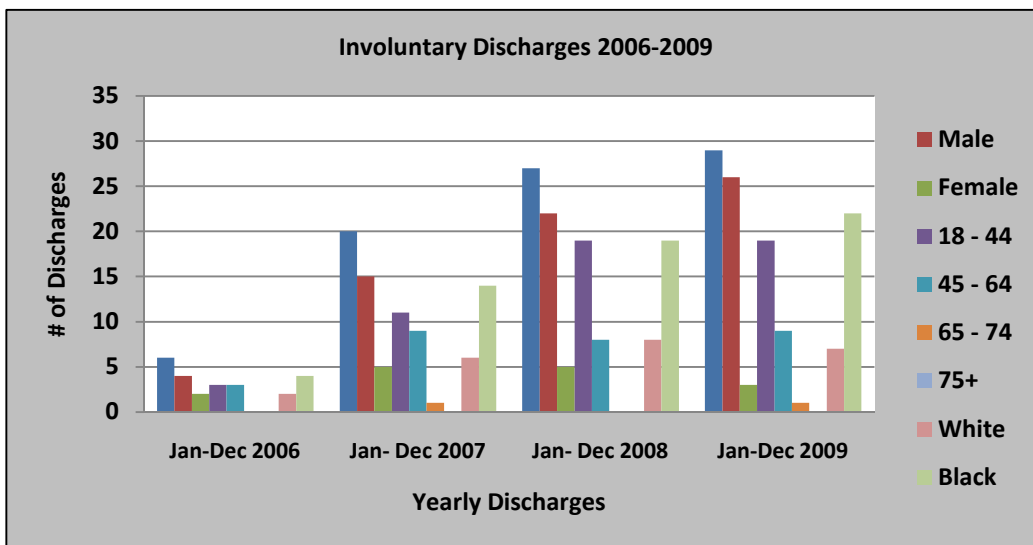
The Network recommended facility staff to contact the Network at the initial conflict point to receive guidance and suggestions and prevent issues from escalating leading to patient involuntary discharges. Facility staff was educated on how to manage challenging patient situations. Callers were recommended to utilize effective assessment, care planning, interventions, and collaboration between themselves and patients in order to successfully manage challenging situations. Facility staff was encouraged to reference the DPC (Decreasing Dialysis Patient-Provider Conflict) and Guide to Care Agreement materials provided by the Network and become very familiar with the new Conditions of Coverage.

Involuntary Discharge Trending (2006-2009)

The review of demographics of discharged patients showed that when compared to the expected outcomes for age, gender and race the following categories were overrepresented (i) the 18-44 year old age, (ii) males, and (iii) blacks. In 2009, a total of 29 involuntary discharges were processed. The Network continued to observe an increase in male patients discharged from facilities. A total of 90% of discharged patients were male and 10% females. Sixty-six percent (66%) of discharges were aged between 18-44 years old which was a decline from the 2008 reporting. Seventy-six percent (76%) of discharged patients were represented by black patients and 24% were white patients. Hospital staff and facility staff primarily contacted the Network about the difficulty in

finding placement for a patient at a dialysis facility.

Verbal/written abuse and physical abuse were the most reported as the reason for discharge. Placement barriers reported to the Network indicated that behaviors were the most frequent category reported. The table (below) provides a



summary of involuntary discharges reported to the Network involuntary discharges activities for the last four years

(2006, 2007, 2008 and 2009). A summary is provided based on the reporting period, total number of discharges reported and a further breakdown is provided to give an analysis of discharged patients gender, race and age. This figure on the previous page provides a visual graphic depicting the Heartland Kidney Network's involuntary discharges activities for the last four years (2006, 2007, 2008 and 2009).

Network Proactive Activities

During 2009, The Network worked collaboratively with facilities based on patient complaints and concerns. These facilities were requested to develop and implement staff training in areas of skills competency, professionalism and boundaries, patient-centered care, communications and sensitivity skills, improved documentation, care planning and patient safety. Facilities were encouraged to look for trends in the data they collect, share results of their patient satisfaction surveys with the patients, involve patients in finding solutions to problems and implement solutions in a timely manner. Suggested proactive measures included: use patients as leaders and mentors to help patients and staff identify and resolve patient concerns; keep a suggestion box in waiting room; and use the facility bulletin boards, newsletter, etc. to provide patients advance notice of facility changes that will affect them.

Facilities submitted written summaries of action plans after receiving complaint notifications from the Network. Facilities have also provided intervention summaries and reported complaints have been reviewed during monthly QAPI meetings.

On a quarterly basis, the Network provided the State Survey Agencies with a listing of the facilities reporting involuntary discharges to the Network to compare with those that have contacted the State Survey Agency as well. This is an ongoing collaborative activity to ensure accuracy in reporting. Monthly contacts summary reports were provided to the Project Officer.

Decreasing Dialysis Patient Provider Conflict (DPC)



In 2009 the DPC toolkit and materials remained the gold standard for addressing patient provider conflicts. From time to time, issues arise in the dialysis setting which are difficult for the staff to handle and for patients to understand. When conflicts arise the DPC methodology provides step by step instructions suggestions and tips on how to manage difficult situations. The Network shared information on DPC to facilities on the Network website and offered technical assistance in the staff newsletters. Copies of the DPC resources were mailed to

facilities upon request. Facilities are counseled to utilize the DPC resources and tools. PSC conducted offsite training upon request by dialysis organizations.

IDENTIFYING AND REDUCING HEALTHCARE DISPARITIES

Examining health care disparities is an integral part of improving health care quality. Health care disparities are the differences or gaps in care experienced by one population compared with another population.

As the National Healthcare Quality Report (NHQR) has shown, Americans too often do not receive care that they need or they receive care that causes harm. The National Healthcare Disparities Report (NHDR) shows that moreover, some Americans receive even worse care than other Americans. The quality of health care is different for different people. Within the scope of health care delivery, these disparities are due to differences in access to care, provider biases, poor provider-patient communication, poor health literacy, and other factors.

The adequacies of dialysis treatments as well as the number of patients on the waitlist for kidney transplantation have been focus areas of the NHQR in recent years. Variations by age, sex, and ethnicity have been identified and continue to be examined.

Dialysis centers are encouraged to examine their patient demographics to determine if there are any healthcare disparities present and then perform root cause analysis and other quality improvement methods to overcome any barriers to equality in healthcare that are identified.

In summary, the Network was able to reach out and help improve patients' perception and experience of care. The Network was able to achieve these outcomes by providing educational information to patients, implementing educational programs for providers, conducting trend analysis of reported situations to detect patterns of concern and developing Network-specific policies and procedures for dealing with patient complaints.

CMS GOAL #4 IMPROVE COLLABORATION WITH PROVIDERS TO ENSURE ACHIEVEMENT OF THE GOALS THROUGH THE MOST EFFICIENT AND EFFECTIVE MEANS POSSIBLE, WITH RECOGNITION OF THE DIFFERENCES AMONG PROVIDERS (E.G. INDEPENDENT, HOSPITAL-BASED, MEMBER OF A GROUP, AFFILIATE OF AN ORGANIZATION, ETC.) AND THE ASSOCIATED POSSIBILITIES/CAPABILITIES.

Heartland Kidney Network has over the years continued to collaborate with the dialysis community. Developing and maintaining cooperative relationships within the renal community is a key aspect of quality improvement and is critical to the achievement of the strategic goals of the Network program. The new Conditions for Coverage also specifically address collaboration, stating that providers must cooperate with the ESRD Network in fulfilling the terms of the current SOW and that each facility must participate in ESRD Network activities and pursue Network goals. Throughout 2009, the Network worked diligently to foster new relationships and strengthen existing ones. The Network has strong partnerships at the local, state and national level, which span all affiliations and disciplines and include key stakeholders from both the renal and non renal community. The following provides an overview of collaborative activities conducted by the Network in support of the CMS National goal.

COLLABORATION WITH PROVIDERS AND FACILITIES

Large, Independent and Small Dialysis Organizations

The needs of large dialysis organizations (LDO) are different from those of small dialysis organization or independently owned units. The large organizations have policies and procedures covering virtually all aspects of dialysis care. They provide many internal tools resources and quality improvement materials for use by their company. The Network provides technical assistance as well as support that can complement the activities and strategies of the LDO toward meeting their company goals and expectations.

In 2009 the Network strategized ways to include the regional large dialysis organization managers whenever possible related to quality improvement projects or community information outreach activities. In May 2009 members of the LDO's in our four state region participated in planning sessions for the modality awareness day activities. In October 2009, the Executive Director and the Quality Improvement Coordinator held face to face meetings with regional representative from DaVita and FMC in St. Louis. At the end of 2009 the Network collaborated with LDO's and Primaris to co-sponsor an event for Nephrologists in the St. Louis, Missouri metropolitan area to be held in March 2010.

Independently owned dialysis facilities do not have the same level or availability of management resources and tools that the large dialysis organizations have. The Network takes this into consideration when designing quality improvement projects and determining participant inclusion criteria. The Anemia project

completed in 2009 and the Catheter Reduction Project initiated in 2009 both focused on independent/small dialysis organization facilities.

State Survey Agency

During 2009 the Network participated in quarterly teleconferences with the State Survey Agencies. The teleconferences allowed for discussions on common citations, involuntary discharges, complaints and grievances, Network quality improvement initiatives including Fistula First and other updates pertaining to quality of care and conditions for coverage. The Network provided the State Survey Agencies facility specific information upon request and reviewed survey results. Three (3) out of the four (4) State Agencies participated in panel discussion regarding conditions for coverage during the Annual Educational Conference in January 2009.

Missouri Kidney Program (MOKP)

During 2009 the Network attended quarterly meetings with MOKP and provides the members with an update on Network activities and other information germane to the renal community. The Executive Director is an Ad Hoc member of the Advisory Committee. The relationship between the MOKP and the Network is long standing and continues to provide more strength to each through our collaborative activities.

Kansas Kidney Coalition

The Network has been involved with the Kansas Kidney Coalition since 2007 and continues to support its grassroots efforts towards providing additional support for ESRD/CKD patients living in Kansas. Current activities of the coalition include Kidney Awareness Day at the Capital, kidney disease screenings, and legislative activities. Heartland Kidney Network, however, does not participate in the legislative activities.

Heartland Chronic Kidney Disease (CKD) Coalition

When Primaris was awarded the CKD special project from CMS, the Heartland Chronic Kidney Disease (CKD) Coalition merged with the Primaris CKD Sub-national project to become a stronger entity with additional partners to provide a greater impact in Missouri. All CKD resources and tools from the coalition are available for use by Kansas, Iowa, and Nebraska dialysis providers as well.

Primaris CKD Sub-National

At the close of 2009 the various partners of the Primaris CKD Sub-national project had additional tools to share with diabetic patients, promoted the Fistula First Breakthrough Initiative, implemented task force recommendations, made headway in gaining renal lab cooperation on including ^eGFR on lab reports, screened potential CKD patients at community events, and promoted the use of ACE and ARBs for hypertensive patients. The Heartland Kidney Network assisted the CKD coalition efforts by focusing on the St. Louis, Missouri area to improve vascular access performance in that highly ESRD populated region.

National Kidney Foundation (NKF)

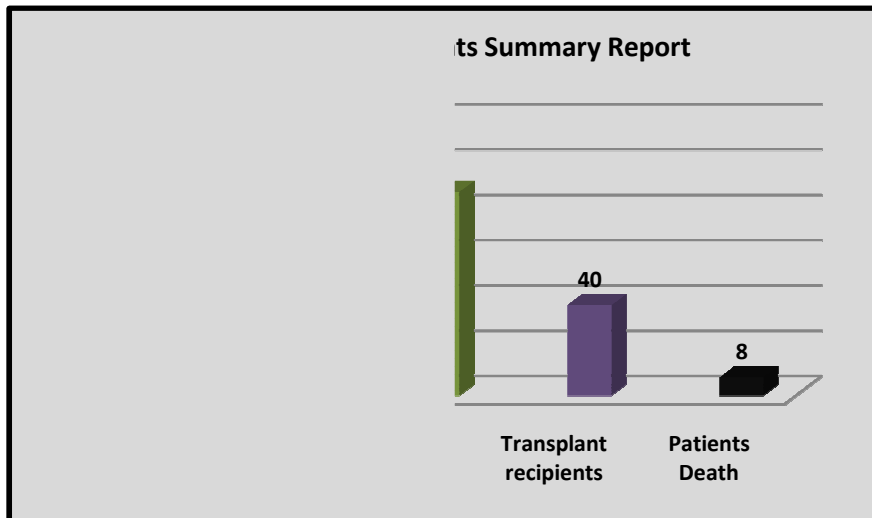
The Network staff works closely with the local NKF organizations as members of the educational planning committee.

- On May 14, 2009 the Quality Improvement Director spoke at the 1st Annual National Kidney Foundation (NKF) Renal Professionals Education Seminar in St. Louis, MO.
- On May 19, 2009 The QID spoke on Disaster Planning for ESRD Facilities, Extreme Team Makeover, at the National Kidney Foundation (NKF) of Kansas & Western Missouri in Kansas City, Missouri.
- The Network staff participated in NKF national clinical educational meeting.

- In 2009, the Network offered vendor space to the NKF at the Networks annual educational conference.

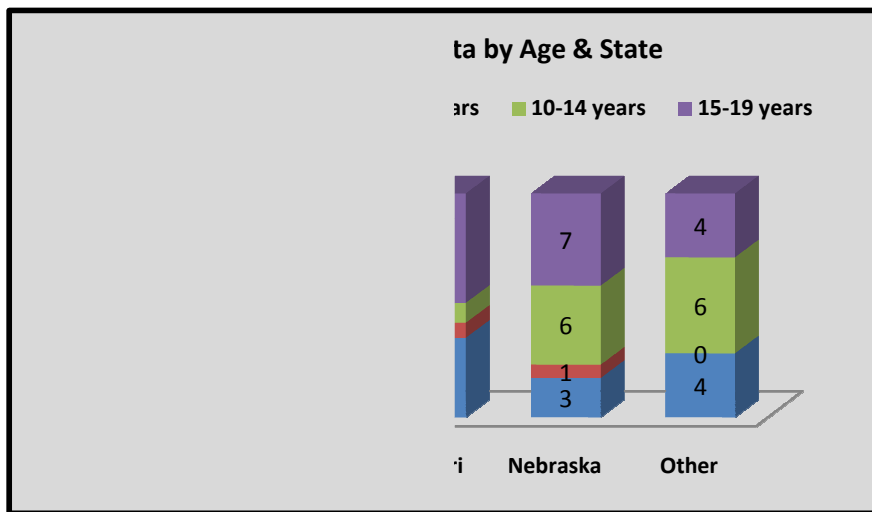
Pediatric Dialysis Units

The Network provided each of the pediatric facilities located in the Network was with the already compiled and categorized comprehensive pediatric resource kit resource in early 2009. The majority of the contents were already existing resources and tools; however, the Network developed some specific need materials to fill in the gaps.



The chart provides a summary of the pediatric prevalent and incident patients at the Network as of December 31, 2009 as reported in the Annual survey data (table 1, 2, 6, 7). As of December 31, 2009, there were a total of 110 pediatric prevalent patients compared to 81 in 2008. There were ninety (90) reported incident patients compared to 63 in 2008. Forty (40) pediatric patients underwent kidney transplant compared to 48 in

2008 and eight (8) deaths were reported during 2009 compared to four (4) in 2008.



According to the Table 2 Annual survey report data, there were 110 pediatric patients in the Network during 2009. There were ten (10) patients from IA, twenty four (24) from KS, forty-five (45) from MO fourteen (14) from NE and fourteen (14) from other out of Network regions. Majority (47) of the pediatric population was between the ages of 15-19 yrs followed by 36 who were between the ages of 0-4 yrs old. The Network will

continue to collaborate with pediatric facilities and care providers to address the needs of the pediatric patient population.

Peritoneal Dialysis Units and Dialysis Centers in Long Term Care Facilities

There are dialysis centers that serve only peritoneal dialysis patients in the four-state region. During 2009, the Network included peritoneal dialysis clinical goals in the Network goals. Peritoneal dialysis is a

wonderful option for suitable candidates as it promotes independence as well as a more liberal diet and fluid intake.

Throughout 2009, the Network continued to provide services to the five dialysis facilities in the St. Louis, Missouri area located in long term care facilities. Basing a dialysis center within a long term care facility provides a special need population with convenient dialysis services.

Prison Based and Veterans' Administration and Acute Dialysis Centers

There are two Federal prison dialysis facilities located in the Heartland Kidney Network. Although these facilities are under different regulation and oversight than the other Network facilities, they receive all of the educational materials that are distributed to the Network facilities. This has been the practice of the Network for over twelve years. The Network receives telephone calls from the staff of the prison facilities from time to time who express that the Network is a valued resource for them. Common concerns of the prison dialysis units usually revolve around clinical outcomes.

There are four Veterans Administration dialysis facilities located in the four-state region. These facilities are under different regulation and oversight than the other Network facilities. All educational materials that were distributed to the Network facilities in 2009 were also shared with the Veterans Administration dialysis centers for their patients and staff members. This has been the practice of the Network for many years. The Veterans Administration facilities share information with the Network which varies from institution to institution.

During 2009 the Network conducted activities to identify the hospitals in our region that provided acute dialysis services and contact information for the acute dialysis nursing staff. In many cases the first attempt to educate the patient about renal disease management occurs in the acute dialysis rooms. The database of acute providers was shared with the state survey agencies in our four states.

PROVISION OF EDUCATIONAL MATERIALS TO THE RENAL COMMUNITY

During 2009, developed a Consumer Education Plan in an effort to guide and summarize Network consumer educational activities. In development of the plan, the Network analyzed information regarding patient needs, help-line calls and national, state and local demographics. The plan outlined the strategy for providing educational materials and activities, including the New ESRD Patient Orientation Package (NEPOP), Network facility posters, Network newsletters, focused dissemination of educational information, the Network website, patient educational meetings and direct consumer requests. When developing patient educational materials, the Network followed principles of consumer engagement, including consideration of the most effective strategies for distribution of materials, utilization of basic marketing principles and in-depth knowledge of the demographic and educational needs of the Network's patient population

Annual Educational Meetings/Conference

Heartland Kidney Network hosted its 2009 Annual Educational Conference on January 8-9, 2009, in Overland Park, Kansas. This meeting served as part of the Network's ongoing efforts to provide professional education to the Iowa, Kansas, Missouri and Nebraska renal community. Over 400 people attended the meeting with the theme "Changes, Challenges & Champion." A strong multi-disciplinary speaker line-up with breakout sessions and panel sessions provided excellent educational and networking opportunities for those who attended.

In addition to the educational sessions, Physicians, Nurses, Social Workers, Dietitians, Administrators and Patient Care Technicians took advantage of earning Continuing Education Units (CEUs) or Continuing Medical Education (CMEs) offered at the meeting. The conference was packed with local and nationally-known speakers who presented through two general sessions and four separate discipline tracks.

Heartland Headlines Newsletters and Electronic Newsletters

The Network publishes a quarterly professional newsletter entitled *Heartland Headlines*. This publication addresses clinical quality and outcome issues, data, nutrition and psychosocial information. It also provides information on new renal technologies for professionals, as well as current information to assist in providing the most effective and efficient quality of care to dialysis patients. The first quarter newsletter was mailed to the attention of the Unit Administrator including three additional copies for the Social Worker, Medical Director and Dietitian.

In an effort to better serve the greater renal community as well as the four state regions and also to protect the environment, the Network created an e-Newsletter. The purpose of the newsletter was to provide details on topics important to dialysis facilities as well as patients. The Network used this format to convey brief excerpts of information. The December 2009 edition of the e-Newsletter highlighted upcoming Network educational events and other current topics. The electronic format was effective in providing a timelier, efficient and eco-friendly publication. The Network's e-Newsletter will continue to be distributed on a monthly basis and can be subscribed to by anyone in the Network or outside of the network region.

The Network Website

The Network Web site <http://www.heartlandkidney.org> is updated continuously, providing educational materials for patients and professionals. It meets the CMS minimum requirements as described here: *The Network shall develop and/or maintain a Web site that follows CMS standards and guidelines. The Network Web site shall include at a minimum: Network grievance process, location of Network, toll free number for patients to contact the Network, completed Annual Report, Network goals and a link to the Medicare - Dialysis Facility Compare (DFC) Web site. The Web site complies with Section 508 regulations pertaining to accessibility to disabled users.*

The Network Web site is divided into eight sections, which cover Network activities, information and resources for different interests and needs. These pages are updated and maintained regularly to provide current information.

- Home Page
- News Section
- Quality Improvement
- Community Information
- Information Management
- Administration
- Links
- Search

Educational Resources

A Clearinghouse Library is maintained at the Network to provide educational, training and quality improvement materials (brochures, books, posters, videos, articles, journals, audiotapes, etc.) to the renal community and to direct individuals to resources available outside the Network's capacity to meet their requested needs. In 2009 the Network received requests from beyond our region for vascular access care brochures that the Network had produced. These were supplied as requested.

Regional and National Patterns of Care

The Network developed an Annual Scorecard that gave individualized information on how facilities were doing and where they needed improvement. Technical Assistance was offered in the accompanying cover

letter. The Annual Scorecard provided technical assistance to all facilities in the Network (reporting of DFR data, e-lab data, complaints/grievances/IVDs and forms compliance in one location). The accompanying Annual Scorecard letter detailed areas of successes and of concerns and suggested that the information be used in the facility Quality Assessment Process Improvement (QAPI) program.

In October 2009, both the Unit Administrator and the Medical Director of each facility received the Annual Facility Scorecard which includes twenty-four comparative graphs and tables. These graphs included state, Network, and US (if available) data. These reports were also accompanied by a facility specific letter addressing accomplishments and areas for improvement as well as a letter from the Medical Review Board. Technical assistance was offered. Both the Arch Madness prong of the Vascular Access Quality Improvement project and the 1d QAIP project are based on regional patterns of care.

CMS GOAL #5 IMPROVE THE COLLECTION, RELIABILITY, TIMELINESS, AND USE OF DATA TO MEASURE PROCESSES OF CARE AND OUTCOMES; MAINTAIN PATIENT REGISTRY; AND TO SUPPORT THE ESRD NETWORK PROGRAM.

The Network achieved CMS Goal #5 by actively using its influence on dialysis providers to improve the quality of the data and ultimately improving outcomes. To be used in an efficient manner data must be accurate. During 2009 the Network achieved an improvement in facility reported data that surpassed the CMS goal for reliability and timeliness. Examples of Network interaction and activities are provided below.

IMPROVE THE DATA COLLECTION, RELIABILITY, AND TIMELINESS

Network Annual Report

The Network's Annual Report, which contains the Network's goals, activities, and plans for monitoring compliance, is made available to the renal community annually. In addition to an announcement at the Annual Educational Conference a notice is provided on the website and or through a mail notification to all facilities that the annual report is available online.

The 2009 Annual Report was posted on the Network website within the CMS 90-day requirement. The facilities were notified via fax blast, with a directive to make available the accessibility/link for patients that the Network Annual Report is posted on the Network website and is available in CD/hard copy upon request.

The Network also developed and distributed Executive Summary for the 2008 Annual Report. The summary report was mailed to all facilities and nephrologists offices in July 2009. Technical assistance was offered in the cover letter and the resource is available on the Network website.

Forms Compliance Improvement Process

The Forms Compliance QIP has been modified so that the Network checks missing forms monthly and faxes that report to facilities with any forms outstanding or near the deadline. This is more proactive and should result in better reporting compliance.

Fistula First Breakthrough Initiative (FFBI)

Inaccuracies were identified nationally in the FFBI dashboard data early in 2009. The reliability and quality of the FFBI data was a high priority issue as the Network is held to deliverables that are based on data that may not be reliable. The Network asked CMS to consider the following:

- Validating the FFBI data
- If the data is not reliable requiring written corrective action plans from the LDOs
- Requiring accurate/corrected data by x date
- If the data is still incorrect, consider actions such as assessing fines for each facility with missing or inaccurate data.

The Network continues to collaborate with the LDOs to improve the quality and reliability of the data submitted including facility specific Quality Assessment and Improvement Projects, site visits, and meetings with Regional Managers.

CROWNWeb

The Network recruited additional facilities for Phase 2 in September for a total of 10 facilities participating in Phase 2 of CROWNWeb. The Network also participated in the workgroups to determine the needs and specifications of ad-hoc reporting in CROWNWeb to data support for future quality improvement initiatives.

USE OF DATA TO MEASURE PROCESSES OF CARE AND OUTCOMES

Annual Facility Scorecard

In October 2009, both the Unit Administrator and the Medical Director of each facility received the Annual Facility Scorecard which included twenty-four (24) comparative graphs and tables. Seven (7) of the indicators were based on ELab reports. These reports were also accompanied by a facility specific letter addressing accomplishments and areas for improvement as well as a letter from the Medical Review Board.

Nephrologists Scorecard

In October 2009, the Network began analyzing data from Form 2728 to provide nephrologists with a better understanding of their incident patient population. The Nephrologists Scorecard will be rolled out during 2010.

SUPPORT THE ESRD NETWORK PROGRAM

The Network uses all available data to assess the outcomes of the facilities compared to the Network's scope of work. Educational programs, quality improvement projects patient educational resources and other materials are developed based on these data. The Network's participation in CROWNWeb Phases 1 and 2, as well as continuous communication with the provider community about CROWNWeb demonstrates our support of the ESRD program.



Sanction Recommendations

The Network has policies and procedures in place to perform sanctioning or alternative sanctioning should the need arise. Facilities that consistently fail to cooperate or do not meet the Network goals are referred to the CMS Project Officer for recommendation of remedial action. If appropriate, facilities are referred to the State Survey Agency or requested to submit a Corrective Action Plan (CAP).

No sanctions were recommended or imposed against any facility or provider by Heartland Kidney Network during 2009.

IV

Recommendations for Additional Facilities

During 2009, seven (7) dialysis units opened, which is a 0.97% growth over the previous year (see figure A). As of December 31, 2009, Heartland Kidney Network consisted of the following types of facilities:

- 4 Organ Procurement Agencies
- 17 Medicare-certified Transplant Centers (three of which are Veterans Administration facilities)
- 273 Medicare-certified Dialysis Providers (including units offering outpatient, home training, and acute-only services)
- 5 Veterans Administration or Federal Prison System Dialysis Providers

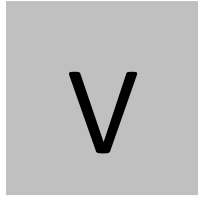
Figure A, tracks a decade of facility growth in the four-state region showing double-digit growth in the late 1990's, followed by conservative expansion.

Figure A

Dialysis Facility Counts and Growth by Calendar Year		
Year	Facility Count	Average Percent Growth
1997	184	15.72%
1998	204	10.87%
1999	205	0.49%
2000	215	4.88%
2001	219	1.86%
2002	226	3.20%
2003	228	0.88%
2004	231	1.31%
2005	237	2.59%
2006	249	5.06%
2007	264	5.69%
2008	266	0.99%
2009	273	0.97%

The Network routinely receives requests from dialysis organizations performing market research as they consider expanding their services in the four-state area. Heartland Kidney Network did not recommend additional facilities in 2009. However, the Network

acknowledges that due to changes throughout the year, including but not limited to, facility closures or patient relocations, the geographic need for additional facilities may be determined by individual states based on their Certificate of Need (CON). Iowa and Kansas do not require a CON, but Missouri and Nebraska do.



Data Tables

2009 Network Incidence Data

Incidence reflects the number of persons who were newly diagnosed as having ESRD during a calendar year. The data shows the number of newly diagnosed patients who started renal replacement therapy (dialysis or transplant) in 2009. Patients are not included if they are returning to dialysis following rejection of a kidney transplant, or if they are an existing ESRD patients transferring from another region into one of the four Heartland Kidney Network states.

Incidence rates, standardized on the same unit of population, are useful for future population projections, long-range healthcare planning and for comparison among regions. Caution is required in interpreting data where there is a small population base. In such areas, a difference of only a small number of patients can make the rates in different years appear to vary considerably. Incidence rates become more meaningful as the population base increases in size.

2009 Network Prevalence Data

Prevalence reflects the number of people on chronic maintenance dialysis in the Network on December 31, 2009. Patients are reported as to their geographic residence to determine and compare prevalence rates. These data do not include individuals with functioning renal transplants or those patients who are treated in a contiguous state. A prevalence rate will indicate if a certain disease is significantly more commonplace in some areas than in others. It can be applied to future population projections used for long-range health care planning.

Special Note on Data Tabulation

The data tables and charts include only patients who are dialyzing or received a renal transplant at a facility located within the Network's four-state region. Additionally, tabulations are exclusive to those patients for whom the necessary documents have been filed; i.e., Medical Evidence Reports (CMS 2728 forms) or ESRD Death Notifications (CMS 2746). Patient modality or status changes are confirmed with the Annual Facility Survey and Renal Management Information System (REMIS).

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 2009

Age Group	IA	KS	MO	NE	Other	Total
00-04	3	6	19	3	7	38
05-09	2	1	2	1	0	6
10-14	4	2	3	3	4	16
15-19	1	7	16	5	1	30
20-24	9	3	21	5	3	41
25-29	8	14	32	4	2	60
30-34	8	21	48	11	4	92
35-39	14	30	64	18	3	129
40-44	21	29	102	20	10	182
45-49	34	52	153	28	12	279
50-54	44	71	193	47	18	373
55-59	78	91	252	39	18	478
60-64	76	89	262	41	22	490
65-69	107	109	274	57	25	572
70-74	89	95	272	55	19	530
75-79	108	74	255	66	16	519
80-84	97	77	208	50	14	446
>=85	67	45	133	36	10	291
Missing	0	0	0	0	0	0
Total	770	816	2309	489	188	4572
Gender						
Female	302	333	1014	204	73	1926
Male	468	483	1295	285	115	2646
Missing	0	0	0	0	0	0
Total	770	816	2309	489	188	4572
Race						
American Indian/Alaska Native	3	1	5	10	1	20
Asian	15	14	24	2	2	57
Black or African American	51	132	638	61	21	903
More than one race selected	1	0	2	0	0	3
Native Hawaiian or Other Pacific Islander	2	1	11	0	0	14
White	698	668	1629	416	164	3575
Missing	0	0	0	0	0	0
Total	770	816	2309	489	188	4572
Primary Diagnosis						
Cystic Kidney	23	15	56	21	5	120
Diabetes	321	376	1073	193	114	2077
Glomerulonephritis	59	67	111	44	11	292
Hypertension	194	196	681	116	37	1224
Other	121	126	301	80	16	644
Other Urologic	15	15	18	8	4	60
Missing	0	0	0	0	0	0
Unknown	37	21	69	27	1	155
Total	770	816	2309	489	188	4572

Source of information: Network SIMS Database

Date of Preparation: May 2010

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

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

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

This table includes 137 patients with transplant therapy as an initial treatment.

This table includes 71 patients receiving treatment at VA facilities.

Living ESRD Dialysis Patients
(ESRD Dialysis Prevalence)

All active Dialysis Patients by state of residence, age, race, gender and primary diagnosis as of 12/31/2009.

Age Group	IA	KS	MO	NE	Other	Total
00-04	5	8	16	3	4	36
05-09	1	2	3	1	0	7
10-14	1	3	4	6	6	20
15-19	3	11	22	7	4	47
20-24	23	21	65	13	11	133
25-29	38	48	97	21	7	211
30-34	60	61	154	34	16	325
35-39	64	96	238	46	25	469
40-44	91	107	356	63	36	653
45-49	131	183	517	105	37	973
50-54	169	236	696	150	61	1312
55-59	237	304	838	169	75	1623
60-64	255	333	859	169	72	1688
65-69	325	330	803	185	71	1714
70-74	267	253	760	181	56	1517
75-79	284	254	675	137	49	1399
80-84	245	184	520	142	38	1129
>=85	186	120	320	98	29	753
Missing	0	0	0	0	0	0
Total	2385	2554	6943	1530	597	14009
Gender						
Female	1069	1132	3143	705	236	6285
Male	1316	1422	3800	825	361	7724
Missing	0	0	0	0	0	0
Total	2385	2554	6943	1530	597	14009
Race						
American Indian/Alaska Native	18	22	14	70	6	130
Asian	29	48	66	12	4	159
Black or African American	249	631	2775	281	196	4132
More than one race selected	1	6	16	1	1	25
Native Hawaiian or Other Pacific Islander	5	9	33	1	2	50
White	2083	1838	4039	1165	388	9513
Missing	0	0	0	0	0	0
Total	2385	2554	6943	1530	597	14009
Primary Diagnosis						
Cystic Kidney	94	79	173	60	15	421
Diabetes	1011	1116	2954	676	231	5988
Glomerulonephritis	296	327	590	174	63	1450
Hypertension	535	601	2258	358	163	3915
Other	326	292	646	160	72	1496
Other Urologic	58	64	106	32	15	275
Missing	0	1	0	0	0	1
Unknown	65	74	216	70	38	463
Total	2385	2554	6943	1530	597	14009

Source of information: Network SIMS Database

Date of Preparation: May 2010

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

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

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

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

This table includes 146 patients receiving treatment at VA facilities.

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
 settings as of December 31, 2008 and December 31, 2009
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
160005	0	0	0	0	0	0	0	0	0	0
160016	0	0	0	0	5	2	0	0	5	2
160020	0	0	0	0	0	0	0	0	0	0
160030	0	0	5	7	0	2	0	0	5	9
160033	0	0	0	0	0	0	0	0	0	0
160044	0	0	0	0	0	0	0	0	0	0
160048	0	0	0	0	0	0	0	0	0	0
16004F	0	0	0	0	0	0	0	0	0	0
160058	10	12	0	2	7	4	0	0	17	18
160064	0	0	0	0	0	0	0	0	0	0
160067	0	0	0	0	1	0	0	0	1	0
160079	0	0	0	0	0	0	0	0	0	0
160080	0	1	0	0	0	0	0	0	0	1
160112	0	0	0	0	0	0	0	0	0	0
160113	0	0	0	0	0	0	0	0	0	0
161317	0	0	0	0	0	0	0	0	0	0
161329	0	0	0	0	0	0	0	0	0	0
162500	3	5	4	5	6	5	0	0	13	15
162501	0	0	3	7	5	2	0	0	8	9
162506	0	0	0	0	0	0	0	0	0	0
162507	0	0	0	0	0	0	0	0	0	0
162508	0	0	0	0	0	0	0	0	0	0
162509	0	0	1	1	8	6	0	0	9	7
162511	0	0	0	0	0	0	0	0	0	0
162512	0	0	2	1	2	1	0	0	4	2
162514	0	0	0	0	0	0	0	0	0	0
162515	0	0	9	10	12	8	0	0	21	18
162516	0	0	0	4	3	3	0	0	3	7
162517	0	0	0	0	0	0	0	0	0	0
162518	0	0	0	0	2	0	0	0	2	0
162519	0	0	0	0	0	0	0	0	0	0
162520	0	0	0	0	0	0	0	0	0	0
162522	0	0	0	0	0	0	0	0	0	0
162523	0	0	0	0	0	0	0	0	0	0
162524	0	0	0	0	0	0	0	0	0	0
162525	0	0	0	0	0	0	0	0	0	0
162526	0	0	0	0	0	0	0	0	0	0
162527	0	0	0	0	0	0	0	0	0	0
162528	0	0	0	0	0	0	0	0	0	0
162529	0	0	8	8	3	3	0	0	11	11
162530	0	0	0	0	0	0	0	0	0	0
162532	0	0	9	5	8	6	0	0	17	11
162533	3	2	10	19	15	18	0	0	28	39
162534	0	0	0	0	0	0	0	0	0	0
162535	4	5	3	2	1	1	0	0	8	8
162536	0	0	0	0	0	0	0	0	0	0

Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care
settings as of December 31, 2008 and December 31, 2009

Self-Care Settings - Home

	HEMO		CAPD		CCPD		IPD		TOTAL	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
Provider										
162537	0	0	0	0	0	0	0	0	0	0
162538	0	0	0	1	0	1	0	0	0	2
162539	0	0	0	0	0	0	0	0	0	0
162540#	0	0	0	0	0	0	0	0	0	0
162541#	0	0	0	0	0	0	0	0	0	0
162542#	0	0	0	0	0	0	0	0	0	0
162543#	0	0	0	0	0	0	0	0	0	0
163501	0	0	0	0	0	0	0	0	0	0
163502	0	0	0	0	0	0	0	0	0	0
163503	0	0	0	0	0	0	0	0	0	0
163504	0	0	0	0	0	0	0	0	0	0
163505	0	0	0	0	0	0	0	0	0	0
163506	0	0	0	0	0	0	0	0	0	0
163507	0	0	0	0	0	0	0	0	0	0
163508	0	0	0	0	0	0	0	0	0	0
163509	0	0	0	0	0	0	0	0	0	0
163510	0	0	0	0	0	0	0	0	0	0
163513	0	0	0	0	0	0	0	0	0	0
163514	0	0	2	2	9	7	0	0	11	9
163515	0	0	0	0	0	0	0	0	0	0
IA Total	20	25	56	74	87	69	0	0	163	168
170017	0	0	0	0	0	0	0	0	0	0
170040	3	2	3	0	7	9	0	0	13	11
172501	0	0	11	11	1	2	0	0	12	13
172502	0	1	5	5	6	5	0	0	11	11
172503	6	7	13	11	14	13	0	0	33	31
172504	19	27	20	23	20	18	0	0	59	68
172505	0	0	0	0	0	0	0	0	0	0
172506	0	0	0	0	0	0	0	0	0	0
172507	0	0	0	0	0	0	0	0	0	0
172508	7	12	6	8	27	18	0	0	40	38
172509	0	4	17	16	34	26	0	0	51	46
172510	0	1	0	0	0	0	0	0	0	1
172511	0	0	0	0	0	0	0	0	0	0
172512	0	0	0	0	0	0	0	0	0	0
172514	0	0	1	4	1	3	0	0	2	7
172515	0	0	0	0	0	0	0	0	0	0
172516	0	0	0	0	0	0	0	0	0	0
172517	0	0	0	0	0	0	0	0	0	0
172518	0	0	0	0	1	1	0	0	1	1
172519	0	0	0	0	0	0	0	0	0	0
172520^	0	0	0	0	0	0	0	0	0	0
172521	0	0	0	0	0	0	0	0	0	0
172522	0	0	0	0	0	0	0	0	0	0
172523	0	0	0	0	58	0	0	0	0	0

Table #3

Dialysis Modality

Number of living patients by modality by dialysis facility self-care settings as of December 31, 2008 and December 31, 2009

Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
172524	1	0	0	0	0	1	0	0	1	1
172526	0	0	0	0	0	0	0	0	0	0
172527	0	0	0	1	0	1	0	0	0	2
172528	0	0	0	0	0	0	0	0	0	0
172529	0	0	0	0	0	0	0	0	0	0
172530	0	0	3	7	6	5	0	0	9	12
172531	0	0	0	0	0	0	0	0	0	0
172532	0	0	0	0	0	0	0	0	0	0
172533	0	0	0	0	0	0	0	0	0	0
172534	0	0	0	0	0	0	0	0	0	0
172535	0	0	0	0	0	0	0	0	0	0
172536	0	0	0	0	0	0	0	0	0	0
172537	0	0	0	0	0	0	0	0	0	0
172539	0	0	0	0	0	0	0	0	0	0
172540	0	0	0	0	0	0	0	0	0	0
172541	0	0	0	0	0	0	0	0	0	0
172542	0	0	0	0	0	0	0	0	0	0
172543	0	0	0	1	0	0	0	0	0	1
172544	0	0	0	0	0	0	0	0	0	0
172545	0	0	0	0	0	0	0	0	0	0
172546	0	0	0	0	0	0	0	0	0	0
172547	4	7	1	2	3	7	0	0	8	16
172548	0	0	14	5	9	13	0	0	23	18
172549	0	0	0	0	0	0	0	0	0	0
172550	0	0	4	2	0	0	0	0	4	2
KS Total	40	61	98	96	129	122	0	0	267	279
260020^	0	0	0	0	0	0	0	0	0	0
260027	0	0	0	0	0	0	0	0	0	0
260040	0	0	0	0	0	0	0	0	0	0
26004F	0	0	1	0	14	10	0	0	15	10
26008F	0	0	2	2	0	0	0	0	2	2
26009F	0	0	2	2	0	0	0	0	2	2
260100	0	0	0	0	0	0	0	0	0	0
260113	0	0	2	5	1	2	0	0	3	7
260137	0	0	5	3	8	11	0	0	13	14
260141	0	0	1	1	4	3	0	0	5	4
260172	0	0	0	0	0	0	0	0	0	0
260179^	0	0	0	0	0	0	0	0	0	0
262501	2	2	2	1	11	11	0	0	15	14
262502	0	0	0	0	0	0	0	0	0	0
262503	0	0	0	0	3	2	0	0	3	2
262504	5	3	7	4	29	29	0	0	41	36
262505	0	0	0	0	0	0	0	0	0	0
262506	3	2	22	27	35	25	0	0	60	54
262507	4	5	2	2	59	0	0	0	6	7

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
 settings as of December 31, 2008 and December 31, 2009
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
262508	0	2	16	24	22	16	0	0	38	42
262509	1	1	2	4	3	3	0	0	6	8
262511	0	0	0	0	0	0	0	0	0	0
262513	0	0	0	0	0	0	0	0	0	0
262514	0	0	0	1	0	0	0	0	0	1
262515	0	0	0	0	0	0	0	0	0	0
262516	0	0	0	0	0	0	0	0	0	0
262517	13	13	0	0	10	8	0	0	23	21
262520	0	0	1	0	0	0	0	0	1	0
262521	0	1	8	8	12	9	0	0	20	18
262522	0	0	0	0	0	0	0	0	0	0
262523	0	0	0	0	0	0	0	0	0	0
262524	1	0	1	1	0	1	0	0	2	2
262526	0	1	0	1	4	4	0	0	4	6
262527	0	0	0	0	0	0	0	0	0	0
262528	0	0	0	0	0	0	0	0	0	0
262530	0	0	0	0	0	0	0	0	0	0
262531	0	0	0	0	0	0	0	0	0	0
262534	0	0	0	3	1	1	0	0	1	4
262535	1	1	0	0	0	0	0	0	1	1
262536	0	0	1	8	10	12	0	0	11	20
262537	0	0	0	0	0	0	0	0	0	0
262538	0	0	0	0	0	0	0	0	0	0
262539	0	0	0	0	0	0	0	0	0	0
262540	0	1	5	4	6	7	0	0	11	12
262541	0	0	1	2	41	39	0	0	42	41
262542	0	0	0	0	0	0	0	0	0	0
262543	0	0	5	5	11	13	0	0	16	18
262544	0	0	2	5	0	0	0	0	2	5
262547	4	7	30	38	21	14	0	0	55	59
262548	1	2	8	8	9	13	0	0	18	23
262549	4	4	2	2	18	24	0	0	24	30
262550	0	0	0	0	0	0	0	0	0	0
262551	0	0	0	0	0	0	0	0	0	0
262552	0	0	0	0	0	0	0	0	0	0
262553	0	1	0	0	0	0	0	0	0	1
262555	0	0	0	0	0	0	0	0	0	0
262556	0	0	0	0	0	0	0	0	0	0
262557^	0	0	0	0	0	0	0	0	0	0
262559	0	0	0	7	0	2	0	0	0	9
262560	0	0	0	0	0	0	0	0	0	0
262561	0	0	7	9	18	13	0	0	25	22
262562	0	0	2	0	9	7	0	0	11	7
262563	0	0	0	1	0	0	0	0	0	1
262564	6	10	4	0	35	30	0	0	45	40
262565	23	18	31	32	22	31	0	0	76	81

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
 settings as of December 31, 2008 and December 31, 2009
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
262567	0	0	1	2	2	1	0	0	3	3
262568	0	0	0	0	0	0	0	0	0	0
262569	0	0	1	0	1	0	0	0	2	0
262570	0	0	0	0	0	0	0	0	0	0
262572	0	0	0	1	2	8	0	0	2	9
262573	0	0	0	0	0	0	0	0	0	0
262574	5	4	0	0	0	0	0	0	5	4
262575	0	0	0	0	0	0	0	0	0	0
262576	0	3	8	13	18	9	0	0	26	25
262577	0	0	0	0	0	0	0	0	0	0
262578	0	0	0	0	0	0	0	0	0	0
262579	0	0	0	0	0	0	0	0	0	0
262580	0	0	0	0	0	0	0	0	0	0
262581	0	0	0	0	0	0	0	0	0	0
262582	0	0	0	0	0	0	0	0	0	0
262583	0	0	0	0	0	0	0	0	0	0
262584	0	0	3	3	4	14	0	0	7	17
262585	12	16	12	23	23	16	0	0	47	55
262587	0	0	0	0	0	0	0	0	0	0
262588	0	0	0	0	0	0	0	0	0	0
262589	0	0	0	0	0	0	0	0	0	0
262590	0	0	0	0	0	0	0	0	0	0
262591	0	0	6	6	11	18	0	0	17	24
262592	0	0	0	0	0	2	0	0	0	2
262593	0	0	3	0	1	0	0	0	4	0
262594	0	0	1	0	2	0	0	0	3	0
262595	0	0	0	0	0	0	0	0	0	0
262596	0	0	0	0	1	0	0	0	1	0
262597	0	0	0	0	0	0	0	0	0	0
262598	0	0	0	0	0	0	0	0	0	0
262599	0	0	0	0	0	0	0	0	0	0
262600	0	0	0	0	0	0	0	0	0	0
262603	0	0	3	2	5	6	0	0	8	8
262604	0	0	0	3	0	1	0	0	0	4
262605	9	8	6	3	6	10	0	0	21	21
262606	0	0	0	1	15	16	0	0	15	17
262607	0	0	0	0	0	0	0	0	0	0
262610	0	0	0	0	0	0	0	0	0	0
262611	5	4	5	5	0	1	0	0	10	10
262612	0	0	2	0	4	2	0	0	6	2
262613	0	0	0	0	0	0	0	0	0	0
262614	0	0	0	0	1	2	0	0	1	2
262615	0	0	2	3	7	3	0	0	9	6
262616	0	0	0	0	0	0	0	0	0	0
262617	0	0	0	0	0	0	0	0	0	0
262618	0	0	8	4	2	1	0	0	10	5

Table #3

Dialysis Modality
 Number of living patients by modality by dialysis facility self-care
 settings as of December 31, 2008 and December 31, 2009
Self-Care Settings - Home

Provider	HEMO		CAPD		CCPD		IPD		TOTAL	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
262619	0	0	3	4	0	0	0	0	3	4
262620	0	0	0	0	0	0	0	0	0	0
262621	0	0	0	1	0	0	0	0	0	1
262622	0	0	0	0	0	1	0	0	0	1
262623	0	0	0	0	0	1	0	0	0	1
262624	10	16	1	0	1	0	0	0	12	16
262625	0	0	0	0	0	0	0	0	0	0
262626	0	0	0	0	0	0	0	0	0	0
262627	15	16	4	3	11	13	0	0	30	32
262628	0	0	0	0	0	0	0	0	0	0
262629	0	1	1	1	0	1	0	0	1	3
262630	0	0	0	0	0	0	0	0	0	0
262631	0	0	0	0	0	0	0	0	0	0
262632#	0	0	0	0	0	0	0	0	0	0
262633#	0	0	0	0	0	0	0	0	0	0
262634#	0	0	0	0	0	0	0	0	0	0
262635#	0	0	0	0	0	0	0	0	0	0
262636#	0	0	0	0	0	0	0	0	0	0
263300	0	0	0	0	4	6	0	0	4	6
263301	0	0	0	0	7	5	0	0	7	5
263302	0	0	0	1	10	11	0	0	10	12
263503	4	0	1	1	5	3	0	0	10	4
263506	3	4	59	62	2	0	0	0	64	66
263508	0	0	0	1	0	0	0	0	0	1
263510	0	0	0	1	0	0	0	0	0	1
MO Total	131	146	302	354	502	491	0	0	935	991
280039	0	0	0	0	0	0	0	0	0	0
28006F	0	0	0	0	0	0	0	0	0	0
280118	0	0	0	0	0	0	0	0	0	0
280125	0	0	1	0	0	0	0	0	1	0
281329	0	0	0	0	0	0	0	0	0	0
281341	0	0	0	0	0	0	0	0	0	0
281344	0	0	0	0	0	0	0	0	0	0
282500	0	0	1	0	0	0	0	0	1	0
282501	0	0	2	4	10	7	0	0	12	11
282502	0	0	0	0	0	0	0	0	0	0
282503	4	5	12	8	12	12	0	0	28	25
282504	0	1	5	7	11	12	0	0	16	20
282506	7	5	7	7	3	3	0	0	17	15
282507	0	0	0	0	0	0	0	0	0	0
282508	0	0	1	1	1	1	0	0	2	2
282509	0	0	0	0	0	0	0	0	0	0
282510	0	0	1	0	0	0	0	0	1	0
282511	0	0	0	0	0	0	0	0	0	0
282512	0	0	0	0	62	0	0	0	0	0

Table #3

Dialysis Modality										
Number of living patients by modality by dialysis facility self-care settings as of December 31, 2008 and December 31, 2009										
<i>Self-Care Settings - Home</i>										
	HEMO		CAPD		CCPD		IPD		TOTAL	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
Provider										
282513	0	2	0	0	0	0	0	0	0	2
282514	0	0	0	0	0	0	0	0	0	0
282515	0	0	4	3	9	4	0	0	13	7
282516	0	0	0	0	0	0	0	0	0	0
282517	0	0	3	3	8	4	0	0	11	7
282518	0	0	0	0	0	0	0	0	0	0
282519	2	1	5	1	4	4	0	0	11	6
282520	14	12	15	8	10	21	0	0	39	41
282521	0	0	0	0	0	0	0	0	0	0
282522	0	0	0	0	0	0	0	0	0	0
282523	0	0	0	0	0	2	0	0	0	2
282524	0	0	0	0	0	0	0	0	0	0
282525	0	0	0	0	0	0	0	0	0	0
282526	0	0	0	0	0	0	0	0	0	0
282527	38	38	6	9	18	20	0	0	62	67
282528#	0	0	0	0	0	0	0	0	0	0
NE Total	65	64	63	51	86	90	0	0	214	205
Network Total	256	296	519	575	804	772	0	0	1579	1643

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

Date of Preparation: May 2010

This table includes 17 Veterans Affairs Facility patients for 2008 and 12 Veterans Affairs Facility patients for 2009.

Provider not operational in 2008

^ Provider not operational in 2009

Dialysis Modality
 Number of living patients by modality by dialysis facility
 in-center as of December 31, 2008 and December 31, 2009
In-Center

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2008	2009	2008	2009	2008	2009	2008	2009
160005	35	33	0	0	35	33	35	33
160016	63	55	0	0	63	55	68	57
160020	30	30	0	0	30	30	30	30
160030	34	32	0	0	34	32	39	41
160033	120	134	0	0	120	134	120	134
160044	26	26	0	0	26	26	26	26
160048	12	12	0	0	12	12	12	12
16004F	7	5	0	0	7	5	7	5
160058	44	48	0	0	44	48	61	66
160064	64	65	0	0	64	65	64	65
160067	56	62	0	0	56	62	57	62
160079	7	6	0	0	7	6	7	6
160080	59	61	0	0	59	61	59	62
160112	18	17	0	0	18	17	18	17
160113	15	12	0	0	15	12	15	12
161317	9	9	0	0	9	9	9	9
161329	13	4	0	0	13	4	13	4
162500	107	118	0	0	107	118	120	133
162501	78	84	0	0	78	84	86	93
162506	42	44	0	0	42	44	42	44
162507	33	36	0	0	33	36	33	36
162508	7	0	0	0	7	0	7	0
162509	28	27	0	0	28	27	37	34
162511	21	23	0	0	21	23	21	23
162512	46	55	0	0	46	55	50	57
162514	20	23	0	0	20	23	20	23
162515	114	115	0	0	114	115	135	133
162516	119	115	0	0	119	115	122	122
162517	22	18	0	0	22	18	22	18
162518	33	34	0	0	33	34	35	34
162519	10	8	0	0	10	8	10	8
162520	14	10	0	0	14	10	14	10
162522	20	23	0	0	20	23	20	23
162523	23	27		0	23	27	23	27
162524	16	16	0	0	16	16	16	16
162525	46	58	0	0	46	58	46	58
162526	29	31	0	0	29	31	29	31
162527	37	27	0	0	37	27	37	27
162528	14	16	0	0	14	16	14	16
162529	57	52	0	0	57	52	68	63
162530	14	16	0	0	14	16	14	16
162532	76	57	0	0	76	57	93	68
162533	58	66	0	0	58	66	86	105
162534	17	21	0	0	17	21	17	21
162535	21	28	0	0	21	28	29	36

Dialysis Modality
 Number of living patients by modality by dialysis facility
 in-center as of December 31, 2008 and December 31, 2009
In-Center

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2008	2009	2008	2009	2008	2009	2008	2009
162536	21	21	0	0	21	21	21	21
162537	26	27	0	0	26	27	26	27
162538	59	46	0	0	59	46	59	48
162539	56	63	0	0	56	63	56	63
162540#	0	13	0	0	0	13	0	13
162541#	0	0	0	0	0	0	0	0
162542#	0	27	0	0	0	27	0	27
162543#	0	4	0	0	0	4	0	4
163501	51	56	0	0	51	56	51	56
163502	18	26	0	0	18	26	18	26
163503	22	20	0	0	22	20	22	20
163504	31	31	0	0	31	31	31	31
163505	27	27	0	0	27	27	27	27
163506	24	22	0	0	24	22	24	22
163507	13	14	0	0	13	14	13	14
163508	11	13	0	0	11	13	11	13
163509	21	21	0	0	21	21	21	21
163510	16	16	0	0	16	16	16	16
163513	22	23	0	0	22	23	22	23
163514	140	142	0	0	140	142	151	151
163515	10	11	0	0	10	11	10	11
IA Total	2302	2382	0	0	2302	2382	2465	2550
170017	28	26	0	0	28	26	28	26
170040	97	106	0	0	97	106	110	117
172501	75	94	0	0	75	94	87	107
172502	84	68	0	0	84	68	95	79
172503	107	105	0	0	107	105	140	136
172504	81	81	0	0	81	81	140	149
172505	20	24	0	0	20	24	20	24
172506	44	43	0	0	44	43	44	43
172507	46	44	0	0	46	44	46	44
172508	146	165	0	0	146	165	186	203
172509	47	56	0	0	47	56	98	102
172510	22	22	0	0	22	22	22	23
172511	43	48	0	0	43	48	43	48
172512	26	30	0	0	26	30	26	30
172514	39	45	0	0	39	45	41	52
172515	37	37	0	0	37	37	37	37
172516	16	14	0	0	16	14	16	14
172517	46	43	0	0	46	43	46	43
172518	26	19	0	0	26	19	27	20
172519	93	88	0	0	93	88	93	88
172520^	0	0	0	0	0	0	0	0
172521	27	0	0	0	27	0	27	0

Dialysis Modality
 Number of living patients by modality by dialysis facility
 in-center as of December 31, 2008 and December 31, 2009
In-Center

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2008	2009	2008	2009	2008	2009	2008	2009
172522	28	0	0	0	28	0	28	0
172523	65	72	0	0	65	72	65	72
172524	62	55	0	0	62	55	63	56
172526	35	39	0	0	35	39	35	39
172527	31	35	0	0	31	35	31	37
172528	34	38	0	0	34	38	34	38
172529	17	19	0	0	17	19	17	19
172530	24	28	0	0	24	28	33	40
172531	25	30	0	0	25	30	25	30
172532	35	32	0	0	35	32	35	32
172533	82	96	0	0	82	96	82	96
172534	21	23	0	0	21	23	21	23
172535	30	29	0	0	30	29	30	29
172536	46	48	0	0	46	48	46	48
172537	14	12	0	0	14	12	14	12
172539	0	0			0	0	0	0
172540	39	42	0	0	39	42	39	42
172541	44	53	0	0	44	53	44	53
172542	53	56	0	0	53	56	53	56
172543	65	72	0	0	65	72	65	73
172544	43	65	0	0	43	65	43	65
172545	22	59	0	0	22	59	22	59
172546	46	66	0	0	46	66	46	66
172547	42	60	0	1	42	61	50	77
172548	32	55	0	0	32	55	55	73
172549	13	13	0	0	13	13	13	13
172550	24	23		0	24	23	28	25
KS Total	2122	2278	0	1	2122	2279	2389	2558
260020^	1	0	0	0	1	0	1	0
260027	25	25	0	0	25	25	25	25
260040	16	1	0	0	16	1	16	1
26004F	28	32		0	28	32	43	42
26008F	95	94			95	94	97	96
26009F	36	41	0	0	36	41	38	43
260100	25	20	0	0	25	20	25	20
260113	91	86	0	0	91	86	94	93
260137	42	58	0	0	42	58	55	72
260141	0	1	0	0	0	1	5	5
260172	13	17	0	0	13	17	13	17
260179^	1	0	0	0	1	0	1	0
262501	86	100	0	0	86	100	101	114
262502	184	178	0	0	184	178	184	178
262503	102	99	0	0	102	99	105	101
262504	73	78	0	0	73	78	114	114

Dialysis Modality
 Number of living patients by modality by dialysis facility
 in-center as of December 31, 2008 and December 31, 2009
In-Center

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2008	2009	2008	2009	2008	2009	2008	2009
262505	40	43	0	0	40	43	40	43
262506	78	93	0	0	78	93	138	147
262507	37	45	0	0	37	45	43	52
262508	112	121	0	1	112	122	150	164
262509	115	124	0	0	115	124	121	132
262511	42	58		0	42	58	42	58
262513	35	41	0	0	35	41	35	41
262514	40	47	0	0	40	47	40	48
262515	46	55	0	0	46	55	46	55
262516	29	34	0	0	29	34	29	34
262517	98	101	0	0	98	101	121	122
262520	40	42	0	0	40	42	41	42
262521	50	57	0	0	50	57	70	75
262522	15	19	0	0	15	19	15	19
262523	27	16	0	0	27	16	27	16
262524	34	37	0	0	34	37	36	39
262526	39	38	0	0	39	38	43	44
262527	122	120	0	0	122	120	122	120
262528	59	53	0	0	59	53	59	53
262530	44	42	0	0	44	42	44	42
262531	58	56		0	58	56	58	56
262534	30	36	0	0	30	36	31	40
262535	93	92	0	0	93	92	94	93
262536	69	64	0	0	69	64	80	84
262537	109	107	0	0	109	107	109	107
262538	54	52	0	0	54	52	54	52
262539	116	121	0	0	116	121	116	121
262540	38	45	0	0	38	45	49	57
262541	52	61	0	0	52	61	94	102
262542	49	43	0	0	49	43	49	43
262543	58	60	0	0	58	60	74	78
262544	61	62	0	0	61	62	63	67
262547	101	99	0	0	101	99	156	158
262548	39	48	0	0	39	48	57	71
262549	132	125		0	132	125	156	155
262550	46	41	0	0	46	41	46	41
262551	58	58	0	0	58	58	58	58
262552	20	24	0	0	20	24	20	24
262553	47	54	0	0	47	54	47	55
262555	34	37	0	0	34	37	34	37
262556	50	47	0	0	50	47	50	47
262557^	0	0	0	0	0	0	0	0
262559	33	40		0	33	40	33	49
262560	60	65		0	60	65	60	65
262561	65	72	0	0	65	72	90	94

Dialysis Modality
 Number of living patients by modality by dialysis facility
 in-center as of December 31, 2008 and December 31, 2009
In-Center

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2008	2009	2008	2009	2008	2009	2008	2009
262562	38	46	0	0	38	46	49	53
262563	59	59	0	0	59	59	59	60
262564	117	112	0	0	117	112	162	152
262565	135	137	0	0	135	137	211	218
262567	24	16	0	0	24	16	27	19
262568	41	41	0	0	41	41	41	41
262569	58	53	0	0	58	53	60	53
262570	25	21	0	0	25	21	25	21
262572	55	53	0	0	55	53	57	62
262573	42	49	0	0	42	49	42	49
262574	41	40	0	0	41	40	46	44
262575	38	41	0	0	38	41	38	41
262576	72	95	0	0	72	95	98	120
262577	40	30	0	0	40	30	40	30
262578	22	24	0	0	22	24	22	24
262579	30	63	0	0	30	63	30	63
262580	23	25	0	0	23	25	23	25
262581	29	27	0	0	29	27	29	27
262582	12	0	0	0	12	0	12	0
262583	94	95	0	0	94	95	94	95
262584	45	39	0	0	45	39	52	56
262585	1	0	0	0	1	0	48	55
262587	45	57	0	0	45	57	45	57
262588	34	27	0	0	34	27	34	27
262589	66	67	0	0	66	67	66	67
262590	17	23	0	0	17	23	17	23
262591	27	28	0	0	27	28	44	52
262592	27	30	0	0	27	30	27	32
262593	55	49	0	0	55	49	59	49
262594	36	45	0	0	36	45	39	45
262595	34	36	0	0	34	36	34	36
262596	36	43	0	0	36	43	37	43
262597	49	54	0	0	49	54	49	54
262598	31	0	0	0	31	0	31	0
262599	54	50	0	0	54	50	54	50
262600	28	27	0	0	28	27	28	27
262603	80	85	0	0	80	85	88	93
262604	28	25	0	0	28	25	28	29
262605	48	43	0	0	48	43	69	64
262606	73	69	0	0	73	69	88	86
262607	41	55	0	0	41	55	41	55
262610	24	22	0	0	24	22	24	22
262611	41	43	0	0	41	43	51	53
262612	68	86	0	0	68	86	74	88
262613	20	23	0	0	20	23	20	23

Dialysis Modality
 Number of living patients by modality by dialysis facility
 in-center as of December 31, 2008 and December 31, 2009
In-Center

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2008	2009	2008	2009	2008	2009	2008	2009
262614	34	30	0	0	34	30	35	32
262615	41	41	0	0	41	41	50	47
262616	14	17	0	0	14	17	14	17
262617	68	65	0	0	68	65	68	65
262618	49	41	0	0	49	41	59	46
262619	23	31	0	0	23	31	26	35
262620	18	29	0	0	18	29	18	29
262621	33	37	0	0	33	37	33	38
262622	29	31	0	0	29	31	29	32
262623	17	23	0	0	17	23	17	24
262624	29	42	0	0	29	42	41	58
262625	26	32	0	0	26	32	26	32
262626	11	22	0	0	11	22	11	22
262627	0	0	0	0	0	0	30	32
262628	14	13	0	0	14	13	14	13
262629	19	23	0	0	19	23	20	26
262630	23	32	0	0	23	32	23	32
262631	28	45	0	0	28	45	28	45
262632#	0	17	0	0	0	17	0	17
262633#	0	18	0	0	0	18	0	18
262634#	0	4	0	0	0	4	0	4
262635#	0	11	0	0	0	11	0	11
262636#	0	0	0	0	0	0	0	0
263300	4	6	0	0	4	6	8	12
263301	6	6	0	0	6	6	13	11
263302	8	6	0	0	8	6	18	18
263503	32	40	0	0	32	40	42	44
263506	0	3	0	0	0	3	64	69
263508	82	101	0	0	82	101	82	102
263510	42	38	0	0	42	38	42	39
MO Total	6045	6382	0	1	6045	6383	6980	7374
280039	26	27	0	0	26	27	26	27
28006F	60	59	0	0	60	59	60	59
280118	20	18	0	0	20	18	20	18
280125	33	35	0	0	33	35	34	35
281329	14	12	0	0	14	12	14	12
281341	11	9	0	0	11	9	11	9
281344	7	7	0	0	7	7	7	7
282500	89	91	0	0	89	91	90	91
282501	31	25	0	0	31	25	43	36
282502	60	61	0	0	60	61	60	61
282503	17	18	0	0	17	18	45	43
282504	121	116	0	0	121	116	137	136
282506	60	64	0	0	60	64	77	79

Dialysis Modality
 Number of living patients by modality by dialysis facility
 in-center as of December 31, 2008 and December 31, 2009
In-Center

Provider	HEMO		PD		TOTAL		TOTAL OF HOME & IN-CENTER*	
	2008	2009	2008	2009	2008	2009	2008	2009
282507	53	45	0	0	53	45	53	45
282508	21	25	0	0	21	25	23	27
282509	40	42	0	0	40	42	40	42
282510	36	30	0	0	36	30	37	30
282511	52	58	0	0	52	58	52	58
282512	29	30	0	0	29	30	29	30
282513	37	49	0	0	37	49	37	51
282514	45	43	0	0	45	43	45	43
282515	66	64	0	0	66	64	79	71
282516	26	35	0	0	26	35	26	35
282517	21	21	0	0	21	21	32	28
282518	24	33	0	0	24	33	24	33
282519	45	47	0	0	45	47	56	53
282520	79	78	0	0	79	78	118	119
282521	48	56	0	0	48	56	48	56
282522	19	25	0	0	19	25	19	25
282523	48	45	0	0	48	45	48	47
282524	27	29	0	0	27	29	27	29
282525	22	20	0	0	22	20	22	20
282526	13	12	0	0	13	12	13	12
282527	24	26	0	0	24	26	86	93
282528#	0	0	0	0	0	0	0	0
NE Total	1324	1355	0	0	1324	1355	1538	1560
Network Total	11793	12397	0	2	11793	12399	13372	14042

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

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

Date of Preparation: May 2010

This table includes 131 Veterans Affairs Facility patients for 2008 and 137 Veterans Affairs Facility patients for 2009.

Provider not operational in 2008

^ Provider not operational in 2009

Renal Transplant by Transplant Center
Number of transplants performed by transplant center calendar year 2008 and
calendar year 2009

Transplant Center	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
	2008	2009	2008	2009
16004F	27	25	100	0
160058	60	54	0	0
160082	18	17	61	71
160083	25	24	67	63
IA Total	130	120		
170040	108	115	195	0
170122	43	37	44	51
KS Total	151	152		
260014	161	203	642	0
260020^	0	0	0	0
260027	64	64	147	0
26004F	0	1		9
26009F	0	0	0	9
260105	49	78	339	254
260138	54	48	145	43
260141	24	34	78	84
263300	5	3	4	2
263301	16	6	4	7
263302	15	16	17	0
MO Total	388	453		
280013	108	153	282	268
NE Total	108	153		

<p>Renal Transplant by Transplant Center</p> <p>Number of transplants performed by transplant center calendar year 2008 and calendar year 2009</p>

Transplant Center	TOTAL TRANSPLANTS PERFORMED		PATIENTS WAITING FOR TRANSPLANT *	
	2008	2009	2008	2009
NETWORK TOTAL:	777	878		

Source of information: Network SIMS Database/CMS-2744

Date of Preparation: May 2010

* 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 2008

^ Provider not operational in 2009

Renal Transplant Recipients

Renal transplant recipients by transplant type, age, race, gender and primary diagnosis for calendar year 2009

Age Group	CADAVERIC	LIVING RELATED	LIVING UNRELATED	Total
00-04	4	0	0	4
05-09	3	0	1	4
10-14	7	5	2	14
15-19	7	12	1	20
20-24	15	9	2	26
25-29	16	9	2	27
30-34	28	8	4	40
35-39	42	8	4	54
40-44	63	10	11	84
45-49	63	14	12	89
50-54	96	14	11	121
55-59	74	17	12	103
60-64	96	23	8	127
65-69	74	13	6	93
70-74	40	6	2	48
75-79	14	3	0	17
80-84	0	1	1	2
>=85	0	0	0	0
Missing	0	0	0	0
Total	642	152	79	873
Gender				
Female	247	49	30	326
Male	395	103	49	547
Missing	0	0	0	0
Total	642	152	79	873
Race				
American Indian/Alaska Native	6	0	1	7
Asian	14	1	2	17
Black or African American	151	7	6	164
More than one race selected	4	0	1	5
Native Hawaiian or Other Pacific Islander	2	0	0	2
White	465	144	69	678
Missing	0	0	0	0
Total	642	152	79	873
Primary Diagnosis				
Cystic Kidney	42	15	16	73
Diabetes	234	31	19	284
Glomerulonephritis	113	32	15	160
Hypertension	111	23	8	142
Other	91	33	13	137
Other Urologic	19	8	2	29
Missing	0	0	0	0
Unknown	32	10	6	48
Total	642	152	79	873

Source of information: Network SIMS Database

Date of Preparation: May 2010

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.

Dialysis Deaths

Deaths of dialysis patients by state of residence, age, race, gender, primary diagnosis and cause of death for calendar year 2009

Age Group	IA	KS	MO	NE	Other	Total
00-04	2	0	3	0	1	6
05-09	0	0	1	0	0	1
10-14	0	0	0	1	0	1
15-19	0	0	0	0	0	0
20-24	1	0	4	0	0	5
25-29	5	1	9	1	1	17
30-34	3	6	9	4	4	26
35-39	5	2	11	3	1	22
40-44	6	10	41	4	0	61
45-49	13	18	63	10	5	109
50-54	25	30	71	18	6	150
55-59	35	43	151	22	9	260
60-64	56	49	148	23	16	292
65-69	60	73	192	41	17	383
70-74	83	69	217	42	16	427
75-79	81	80	216	60	24	461
80-84	95	82	207	58	10	452
>=85	93	52	178	55	14	392
Missing	0	0	0	0	0	0
Total	563	515	1521	342	124	3065
Gender						
Female	235	225	721	152	57	1390
Male	328	290	800	190	67	1675
Missing	0	0	0	0	0	0
Total	563	515	1521	342	124	3065
Race						
American Indian/Alaska Native	3	4	5	10	3	25
Asian	4	8	8	1	2	23
Black or African American	31	96	418	38	22	605
More than one race selected	0	0	1	1	0	2
Native Hawaiian or Other Pacific Islander	1	2	2	0	0	5
White	524	405	1087	292	97	2405
Missing	0	0	0	0	0	0
Total	563	515	1521	342	124	3065
Primary Diagnosis						
Cystic Kidney	17	9	32	3	0	61
Diabetes	247	249	689	158	54	1397
Glomerulonephritis	30	41	85	23	5	184
Hypertension	141	133	475	90	43	882
Other	95	64	174	47	16	396
Other Urologic	11	7	22	5	1	46
Missing	0	0	0	0	0	0
Unknown	22	12	44	16	5	99
Total	563	515	1521	342	124	3065
Primary Cause of Death						
Cardiac	188	173	426	115	27	929
Gastro Intestinal	4	2	10	1	0	17

Infection	41	31	112	23	9	216
Liver Disease	4	4	11	2	2	23
Vascular	21	30	5759	9	7	124
Missing	0	0	0	0	0	0
Other	251	218	563	131	54	1217
Unknown	54	57	342	61	25	539
Total	563	515	1521	342	124	3065

Source of information: Network SIMS Database

Date of Preparation: May 2010

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

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

This table cannot be compared to the CMS Facility Survey because the CMS Facility Survey is limited to those deaths reported by only Medicare-approved facilities.

This table includes 32 patients receiving treatment at VA facilities.

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

IOWA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
160005	5	0	1	0	N	
160016	11	0	5	0	N	
160020	5	0	0	0	N	
160030	7	0	1	2	N	
160033	27	2	9	2	Y	
160044	7	1	2	1	N	
160048	2	0	0	0	N	
16004F	1	0	0	0	N	
160058	28	0	0	0	N	
160064	14	0	7	0	N	
160067	20	5	7	5	N	
160079	2	0	0	0	N	
160080	16	2	8	1	N	
160082	0	0	0	0	N	
160083	0	0	0	0	N	
160112	5	0	0	0	N	
160113	0	0	0	0	N	
161317	3	0	0	0	N	
161329	0	0	0	0	N	
162500	26	0	16	1	N	
162501	29	0	0	0	Y	
162506	10	0	0	0	N	
162507	13	0	4	1	N	

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

IOWA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
162508	0	0	0	0	N	
162509	6	0	0	0	N	
162511	6	0	2	0	N	
162512	18	0	2	0	N	
162514	6	0	2	0	Y	
162515	37	0	3	2	Y	
162516	29	0	16	0	N	
162517	5	0	2	0	N	
162518	5	0	2	2	N	
162519	0	0	0	0	N	
162520	3	0	1	0	N	
162522	4	0	2	0	N	
162523	1	0	1	0	N	
162524	1	0	0	0	N	
162525	5	0	4	0	N	
162526	4	1	1	1	N	
162527	6	0	1	0	N	
162528	3	0	1	1	N	
162529	22	2	12	1	N	
162530	0	0	0	0	N	
162532	19	0	8	2	N	
162533	39	0	5	0	N	
162534	3	1	1	0	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

IOWA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
162535	12	0	2	0	N	
162536	4	0	1	0	N	
162537	3	0	0	0	N	
162538	10	0	2	1	N	
162539	22	0	1	0	N	
162540	1	0	1	0	N	
162541	0	0	0	0	N	
162542	6	0	0	0	N	
162543	0	0	0	0	N	
163501	18	1	1	0	N	
163502	1	0	1	0	N	
163503	5	2	1	0	N	
163504	11	0	0	0	N	
163505	6	0	3	1	N	
163506	0	0	0	0	N	
163507	0	0	0	0	N	
163508	4	0	0	0	N	
163509	9	0	0	0	N	
163510	4	0	0	0	N	
163513	4	0	0	0	N	
163514	34	1	19	3	Y	
163515	4	0	0	1	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

State Total 611 18 158 28

KANSAS

DURING THE SURVEY PERIOD

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
170017	8	0	3	1	N
170040	58	0	0	0	N
170122	0	0	0	0	N
172501	16	0	0	0	N
172502	18	0	13	0	N
172503	46	0	26	0	N
172504	56	2	19	1	Y
172505	5	0	0	0	N
172506	11	0	0	0	N
172507	10	0	0	0	N
172508	76	3	17	3	N
172509	27	2	19	2	N
172510	5	0	0	1	N
172511	9	0	4	0	N
172512	8	0	0	0	N
172514	17	0	4	0	N
172515	18	0	5	1	N
172516	2	0	0	0	N
172517	18	1	2	0	N
172518	1	0	1	0	N

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

KANSAS

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
172519	26	0	2	0	N	
172521	0	0	0	0	N	
172522	0	0	0	0	N	
172523	20	0	0	0	N	
172524	20	0	2	2	N	
172526	9	0	0	0	N	
172527	14	0	1	1	N	
172528	9	0	2	0	N	
172529	3	0	1	0	N	
172530	11	0	2	1	N	
172531	4	0	0	0	N	
172532	5	0	0	1	N	
172533	20	0	7	0	N	
172534	6	0	3	0	N	
172535	8	1	4	0	N	
172536	12	0	2	0	N	
172537	3	0	0	0	N	
172539	0	0	0	0	Y	
172540	4	1	0	0	N	
172541	25	1	7	1	N	
172542	16	0	4	0	N	
172543	25	0	9	0	N	
172544	24	0	5	0	N	

**ANNUAL REPORT TABLE 8
VOCATIONAL REHABILITATION
BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

KANSAS

DURING THE SURVEY PERIOD

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
172545	15	0	0	0	N
172546	16	0	0	0	Y
172547	33	2	2	1	N
172548	14	0	9	0	N
172549	4	0	2	0	N
172550	11	1	4	0	N
State Total	766	14	181	16	

MISSOURI

DURING THE SURVEY PERIOD

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME	SHIFT AFTER 5 PM
260014	0	0	0	0	N
260027	11	0	1	0	N
260040	0	0	0	0	N
26004F	5	0	3	1	N
26008F	25	0	0	0	N
26009F	11	0	0	0	N
260100	4	0	2	0	N
260105	0	0	0	0	N

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

MISSOURI

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
260113	35	1	17	1	Y	
260137	21	1	5	0	N	
260138	0	0	0	0	N	
260141	2	0	0	0	N	
260172	5	0	1	0	N	
262501	40	1	8	0	N	
262502	75	0	31	3	N	
262503	50	0	18	0	N	
262504	31	1	9	0	N	
262505	12	0	1	0	N	
262506	57	0	0	0	Y	
262507	19	0	1	0	N	
262508	40	2	19	2	N	
262509	43	0	0	1	N	
262511	7	0	0	0	N	
262513	13	0	2	1	Y	
262514	13	2	2	0	N	
262515	10	0	4	0	N	
262516	5	0	0	0	N	
262517	43	0	26	0	Y	
262520	9	0	1	0	N	
262521	31	0	11	3	N	
262522	4	0	0	0	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

MISSOURI

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
262523	3	0	0	0	N	
262524	14	0	0	0	N	
262526	15	0	0	1	N	
262527	42	1	1	2	N	
262528	14	0	2	1	N	
262530	5	0	2	0	N	
262531	17	0	0	0	N	
262534	13	0	1	0	N	
262535	35	0	5	0	N	
262536	25	0	5	0	N	
262537	33	0	0	0	Y	
262538	15	0	2	0	N	
262539	49	1	19	2	N	
262540	17	0	14	1	N	
262541	34	1	15	2	N	
262542	9	0	0	0	N	
262543	20	0	5	0	N	
262544	13	0	2	1	N	
262547	48	0	0	1	N	
262548	17	1	2	0	N	
262549	87	10	20	2	Y	
262550	11	0	0	0	N	
262551	29	0	0	0	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

MISSOURI

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL-TIME		
262552	4	0	0	0	N	
262553	13	1	0	1	N	
262555	12	0	3	1	N	
262556	13	0	0	0	N	
262559	11	0	1	0	N	
262560	25	0	3	0	N	
262561	32	0	8	0	N	
262562	14	0	0	0	N	
262563	17	0	1	0	N	
262564	53	2	6	2	N	
262565	97	1	38	7	N	
262567	7	0	0	1	N	
262568	10	0	0	0	N	
262569	14	0	2	0	N	
262570	5	0	0	0	N	
262572	8	0	6	1	N	
262573	10	0	1	0	N	
262574	14	7	14	1	N	
262575	14	0	0	0	N	
262576	30	1	6	0	N	
262577	9	0	0	0	N	
262578	7	1	2	0	N	
262579	27	1	5	2	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

MISSOURI

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
262580	5	0	0	0	N	
262581	5	0	0	0	N	
262582	0	0	0	0	Y	
262583	35	1	13	0	Y	
262584	14	0	2	0	N	
262585	22	1	16	2	N	
262587	10	0	2	1	N	
262588	5	0	0	0	N	
262589	31	0	8	2	N	
262590	6	0	0	0	N	
262591	17	0	4	0	Y	
262592	6	0	0	0	N	
262593	18	0	0	0	Y	
262594	9	0	1	0	N	
262595	6	0	0	0	N	
262596	11	0	0	0	N	
262597	16	0	3	0	N	
262598	0	0	0	0	N	
262599	11	0	1	0	N	
262600	6	0	0	0	N	
262603	28	1	3	0	N	
262604	10	0	1	0	Y	
262605	15	0	2	1	Y	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

MISSOURI

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
262606	31	2	9	2	N	
262607	14	0	3	0	N	
262610	7	0	0	0	N	
262611	15	0	5	2	N	
262612	17	0	1	0	N	
262613	4	0	0	0	N	
262614	10	0	0	0	N	
262615	14	0	5	0	N	
262616	2	0	0	0	N	
262617	22	3	6	1	Y	
262618	14	0	0	0	N	
262619	2	0	1	0	N	
262620	1	0	0	0	N	
262621	4	0	4	0	N	
262622	4	0	0	0	N	
262623	7	0	1	0	N	
262624	16	0	0	0	Y	
262625	8	0	5	0	N	
262626	8	0	0	0	N	
262627	19	0	5	0	N	
262628	5	0	3	0	N	
262629	7	0	0	0	N	
262630	7	0	0	0	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

MISSOURI

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
262631	20	0	2	2	N	
262632	5	0	0	0	N	
262633	6	0	1	0	N	
262634	2	0	0	0	N	
262635	1	0	0	1	N	
262636	0	0	0	0	N	
263300	4	0	0	1	N	
263301	5	0	0	0	N	
263302	3	0	0	2	N	
263503	11	0	2	1	Y	
263506	23	0	0	0	N	
263508	26	0	0	0	N	
263510	7	0	0	0	N	
State Total	2,269	44	462	59		

NEBRASKA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
280013	0	0	0	0	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

NEBRASKA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
280039	4	0	0	0	N	
28006F	12	0	0	0	N	
280118	6	0	0	1	N	
280125	12	0	0	0	N	
281329	4	0	0	0	N	
281341	3	0	0	0	N	
281344	1	0	0	0	N	
282500	15	0	7	0	Y	
282501	9	2	2	2	N	
282502	18	0	4	0	N	
282503	17	1	6	0	Y	
282504	54	0	7	0	Y	
282506	24	0	9	3	N	
282507	16	0	0	0	N	
282508	5	0	1	1	N	
282509	9	0	2	0	N	
282510	3	0	0	0	Y	
282511	18	0	2	0	N	
282512	7	0	4	0	N	
282513	11	0	0	0	Y	
282514	12	0	0	0	N	
282515	17	0	0	0	N	
282516	11	0	0	0	N	

**ANNUAL REPORT TABLE 8
 VOCATIONAL REHABILITATION
 BEGINNING THROUGH END OF SURVEY PERIOD 2009**

5/10/2010

NETWORK 12

NEBRASKA

FACILITIES REPORTING	AGED 18 THROUGH 54 (as of Dec. 31)	DURING THE SURVEY PERIOD				SHIFT AFTER 5 PM
		PATIENTS RECEIVING SERVICES FROM VOC REHAB	PATIENTS EMPLOYED FULL-TIME OR PART-TIME	PATIENTS ATTENDING SCHOOL FULL_TIME		
282517	5	0	3	0	N	
282518	10	0	10	0	N	
282519	5	0	5	1	N	
282520	51	0	0	0	N	
282521	29	0	0	5	N	
282522	14	0	0	0	N	
282523	12	0	3	1	N	
282524	6	0	4	0	N	
282525	8	0	0	0	N	
282526	2	0	1	0	N	
282527	29	1	11	3	N	
282528	0	0	0	0	N	
State Total	459	4	81	17		
Network Total	4,105	80	882	120		
Grand Total	4,105	80	882	120		

Aggregate Contact Information for Network 12
for Contacts Opened or Closed between 1/1/2009 and 12/31/2009
Contact Classification by Primary Area of Concern

5/12/2010

Contact Classifications

Areas of Concern	Beneficiary Inquiry	Complaint	Data Processing	Facility Concerns	Facility Inquiry	Formal Grievance	Other Inquiry	SIMS Issues	Total
Abusive	0 0	0 0	0 0	4 9	0 1	0 0	0 0	0 0	4 10
Data Request	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Dialysis Compare Website	1 1	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1 1
Disruptive	0 0	0 0	0 0	11 11	5 8	0 0	0 0	0 0	16 19
Information	17 28	0 0	0 0	6 12	70 88	0 2	75 131	0 1	168 262
Non-Compliant	0 0	0 0	0 0	31 35	8 8	0 0	1 1	0 0	40 44
Other	0 0	0 0	0 0	0 0	0 0	0 0	3 5	0 0	3 5
Patient Transfer/Discharge	3 3	2 2	0 0	29 40	11 15	0 0	1 7	0 0	46 67
Physical Environment	1 1	5 8	0 0	5 5	1 1	0 0	0 1	0 0	12 16
Pre-ESRD Inquiry	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Professional Ethics	0 0	0 1	0 0	0 0	0 0	0 0	0 0	0 0	0 1
QI Projects	0 0	0 0	0 0	0 0	4 9	0 0	0 5	0 0	4 14
Reimbursement/Financial	4 6	0 0	0 0	2 3	4 4	0 0	0 2	0 0	10 15

Note: The first number contained in each cell represents the counts for the reporting period selected
The second number contained in each cell represents the counts for the Contract Year to date based on the reporting period selected

Aggregate Contact Information for Network 12
for Contacts Opened or Closed between 1/1/2009 and 12/31/2009
Contact Classification by Primary Area of Concern

5/12/2010

	Beneficiary Inquiry	Complaint	Data Processing	Facility Concerns	Facility Inquiry	Formal Grievance	Other Inquiry	SIMS Issues	Total
Request for Educational Materials	2	0	0	0	28	0	0	0	30
	4	0	0	0	33	0	1	0	38
Request for Forms	0	0	0	0	1	0	0	0	1
	0	0	0	0	1	0	0	0	1
Request for Technical Assistance	3	0	1	7	24	0	5	0	40
	6	0	1	10	48	0	11	0	76
Staff Related	0	11	0	1	0	0	0	0	12
	0	13	0	1	0	0	0	0	14
Transient	1	0	0	0	1	0	0	0	2
	1	0	0	0	1	0	0	0	2
Treatment Related/Quality of Care	3	7	0	5	3	0	4	0	22
	4	13	0	5	3	0	4	0	29
VISION	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
Total	35	25	1	101	160	0	89	0	411
	54	37	1	131	220	2	168	1	614

Note: The first number contained in each cell represents the counts for the reporting period selected
The second number contained in each cell represents the counts for the Contract Year to date based on the reporting period selected

This report was prepared and submitted on June 30, 2010, under contract HHSM-500-2006-NW012C to the Centers for Medicare & Medicaid Services (CMS) under the Department of Health and Human Services (HHS). The content of this publication does not necessarily reflect the views or policies of HHS or CMS, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. As the authors, Heartland Kidney Network assumes full responsibility for the accuracy and completeness of this report.
