Form Approved
OMB No. 0938-0447

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM
ESRD FACILITY SURVEY

FOR THE PERIOD

PATIENT/DIALYSIS-EDITS
Fields 01 + 02 = field 03
Fields 03 + (04A thru 07B) – (08A thru 13B) = field 26
Sum of fields 14 thru 19 = field 20
Sum of fields 21 thru 24 = field 25
Fields 20 + 25 = field 26
Sum of fields 27 thru 29 = field 26

PART ONE — DIALYSIS

DIALYSIS PATIENTS

Patients Receiving Care Beginning of Survey Period		
Outpatient	Home	Total Fields 01 thru 02
01	02	03

	Additions During Survey Period			
	Started for first time ever	Restarted	Transferred from other dialysis unit	Returned after transplantation
Outpatient				
Home				
	04A 04B	05A 05B	06A 06B	07A 07B

Losses During Survey Period					
Deaths	Recovered kidney function	Received transplant	Transferred to other dialysis unit	Discontinued dialysis	Other (LTFU)
08A 08B	09A 09B	10A 10B	11A 11B	12A 12B	13A 13B

Patients Receiving Care at End of Survey Period											
Outpatient Dialysis		Self-Dialysis Training				Total Outpatient Dialysis	Home Dialysis				Total Home Dialysis
Hemo-Dialysis	IPD	Hemo-Dialysis	IPD	CAPD	CCPD	Fields 14 thru 19	Hemo-Dialysis	IPD	CAPD	CCPD	Fields 21 thru 24
14	15	16	17	18	19	20	21	22	23	24	25

Total Patients
Fields 20 and 25
26

Patient Eligibility Status End of Survey Period		
Currently enrolled in Medicare	Medicare application pending	Non-Medicare
27	28	29

Self-Dialysis Completing Training			
Hemo-Dialysis	IPD	CAPD	CCPD
30	31	32	33

Transient Patients	
Treated during survey period	Number of outpatient treatments during survey period
34	35

TREATMENT LOAD

Outpatient Dialysis Treatments	
Hemodialysis	IPD
36	37

Dialysis Training Treatments			
Hemodialysis	IPD	CAPD	CCPD
38	39	40	41

COMPLETED BY (Signature)	DATE	TITLE	TELEPHONE NO.
VERIFIED BY (Signature)	DATE	TITLE	

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THE LAST PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42, CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM
ESRD FACILITY SURVEY

FOR THE PERIOD

PATIENT/DIALYSIS-EDITS
Sum of fields 43 thru 46 = field 42
Sum of fields 47 thru 49 = field 50
Field 73 equal to or greater than field 49
Fields 77 + 78 = 76

PART TWO — KIDNEY TRANSPLANTS

PATIENTS TRANSPLANTED AND DONOR TYPE

Patients who received transplant at this facility
42

Eligibility Status of Patients Transplanted at this Facility During the Survey Period			
Currently enrolled in Medicare	Medicare application pending	Non-Medicare	
		U.S. Res.	Other
43	44	45	46

Transplants Performed at This Facility			
Living Related Donor	Living Unrelated Donor	Cadaveric Donor	Total Fields 47 thru 49
47	48	49	50

Patients Awaiting Transplant	
Dialysis	Non-dialysis
51	52

CADAVER KIDNEYS

SKIP THIS SECTION

Source of Cadaver Kidneys	Disposition of Cadaver Kidneys				
	Transplanted at this facility	Sent to another U.S. facility	Sent Outside the U.S.	Non-Viable Kidneys	Total
Harvested at this center	53	54	55	56	57
Obtained from another transplant hospital	58	59	60	61	62
Obtained from Independent OPOs	63	64	65	66	67
Obtained from Non-transplant hospital	68	69	70	71	72
Total	73	74	75	76	

Total Non-Viable Kidneys	
Used for Research	Discarded Kidneys
77	78

COMPLETED BY (Signature)	DATE	TITLE	TELEPHONE NO.
VERIFIED BY (Signature)	DATE	TITLE	

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THE LAST PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42, CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).

Form Approved
OMB No. 0938-0447

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM
ESRD FACILITY SURVEY

FOR THE PERIOD

PART THREE

REMARKS

According to the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0447. This time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

COMPLETED BY (Signature)	DATE	TITLE	TELEPHONE NO.
VERIFIED BY (Signature)	DATE	TITLE	

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THIS PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42, CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).

ESRD FACILITY SURVEY
(CMS-2744)
INSTRUCTIONS FOR COMPLETION

REPORTING RESPONSIBILITY

The ESRD Facility Survey is designed to capture only a limited amount of information concerning each Federally approved renal facility's operation. It is not intended to yield information on the full range of ancillary services or activities, e.g., referrals, graft outcome, etc. These concerns are more appropriately and validly addressed by the network in supplemental requests or through other segments of the Program Management and Medical Information System.

Every facility/center approved by Medicare to provide services to ESRD patients must furnish the information requested in the ESRD Facility Survey (42 U.S.C. 426; 20 CFR 405, Section 2133). It is also the facility's/center's responsibility to provide patient and treatment counts to their local ESRD Network upon termination of operations. Facilities certified as only providing inpatient services are not requested to complete a survey.

Survey Period

The Facility Survey is completed annually. The survey period is January 1 through December 31.

This Facility Survey is to be completed for the period January 1, 2002 through December 31, 2002. Unless specified otherwise, all data entered on the Facility Survey is to cover the entire survey period. The form should be completed and forwarded to the local ESRD Network.

GENERAL INSTRUCTIONS

For purposes of this document, the word "facility" will be used interchangeably when referring to renal dialysis facilities, renal dialysis centers, or renal transplant centers, as applicable.

All patient and treatment counts requested are to include only the diagnosed chronic ESRD population; no reversible failure patients or treatments may be counted.

All diagnosed chronic ESRD patients treated at the facility should be counted and reported as (1) regular, continuing caseload (field 03); (2) added to the regular caseload (fields 04A through 07B); (3) lost from the regular caseload (fields 08A through 13B); or (4) transient (field 34).

Inclusion of patients in counts should not depend on entitlement determination; newly diagnosed chronic unit admissions should be included, both for peritoneal or hemodialytic therapy and transplantation.

NOTE: Any provider who has signed an agreement with a dialysis supplier to provide support services to Method II home patients should count those patients as part of their regular dialysis population on the ESRD Facility Survey Form. Please keep this in mind when completing fields for home dialysis patients.

PART ONE-DIALYSIS
(FOR COMPLETION BY DIALYSIS UNITS ONLY)

PATIENT LOAD

Patients Receiving Care Beginning of Survey Period

Field 01: Outpatient. Enter the number of patients dialyzing in your facility at the beginning of the survey period. This number should reflect your "permanent" patient population; i.e., those patients for whom your facility had ongoing medical responsibility for the routine care of the patient until he/she was formally transferred elsewhere. Include those of your routine patients who were hospitalized or were in transient status away from your facility at the beginning of the survey period.

Field 02: Home. Enter the number of patients followed by your facility; that is, for whom your facility had the major medical responsibility, (e.g., the facility which provides outpatient backup dialysis, performs necessary medical follow-ups, provides the patient with home dialysis supplies, or has a written agreement to provide support services to Method II patients). Enter the number of patients who were dialyzing at home (hemodialysis, intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis, or continuous cycling peritoneal dialysis) at the beginning of the survey period.

Field 03: Total. Enter the sum of fields 01 and 02. This should equal the number of patients on your facility's register at the beginning of the survey period.

Additions During the Survey Period

NOTE: This section requires counts for additional outpatient and home dialysis patients accepted during the survey period. A PATIENT SHOULD NOT BE COUNTED IN MORE THAN ONE FIELD (fields 04A through 07B). If more than one field is applicable, count the patient in the field which describes the first time the patient started or returned to dialysis at your facility during the year.

Newly Diagnosed Patients:

Field 04A: Outpatient-Started for the First Time Ever. Enter the number of newly diagnosed ESRD patients who were admitted to your facility as chronic maintenance dialysis patients for the first time ever during the survey period. This is a count of patients who have begun their initial course of outpatient maintenance dialysis therapy during the survey period and for whom your facility will have major medical responsibility. Do not include patients who transferred to your facility from another dialysis facility; that data is to be reported in field 06A. Include in field 04A patients who began their initial course of maintenance dialysis therapy at a non-approved renal provider and transferred to your facility during the survey period. (That is, patients who were stabilized and then transferred to you.)

Field 04B: Home-Started for the First Time Ever. Enter the number of newly diagnosed ESRD patients who, after being stabilized on dialysis, successfully completed a course of self-dialysis training and began home dialysis (their initial course of home dialysis after training) during the survey period. If they are still in training at the end of the survey period, report them in field 04A.

Restarted Dialysis:

Field 05A: Outpatient-Restarted. Enter the number of patients who restarted outpatient dialysis during the survey period. This is a count of persons who had temporarily recovered kidney function, had discontinued dialysis, or had been lost to follow-up but restarted routine outpatient dialysis during the survey period.

Field 05B: Home—Restarted. Enter the number of patients who restarted home dialysis during the survey period. This is a count of patients who had temporarily recovered kidney function, had discontinued dialysis, or had been lost to follow-up but restarted regular home dialysis during the survey period.

Transferred From Another Facility:

Field 06A: Outpatient-Transferred from Other Dialysis Unit. Enter the number of patients admitted to your facility who were formally transferred from another dialysis facility during the survey period and who are continuing a regular course of dialysis at your facility. A formal transfer is the transfer of a patient, including his/her medical records, to another facility who will permanently become the primary care provider.

Field 06B: Home-Transferred from Other Dialysis Unit. Enter the number of home patients who were formally transferred by another facility during the survey period to your unit for ongoing medical supervision and responsibility. A formal transfer is the transfer of a patient, including his/her medical records, to another facility who will permanently become the primary care provider.

Returned After Transplantation:

Field 07A: Outpatient-Returned After Transplantation. Enter the number of patients who returned to outpatient dialysis during the survey period after a transplant failure.

Field 07B: Home-Returned After Transplantation. Enter the number of patients who returned to home dialysis during the survey period after a transplant failure.

Losses During the Survey Period

NOTE: These fields describe losses to your facility of both outpatient and home patients that occurred during the survey period. For purposes of this survey, “outpatient” includes patients who routinely dialyzed as an outpatient at the time of loss to the reporting facility, and “home” includes patients who routinely dialyzed at home at the time of loss to the reporting facility. A PATIENT SHOULD NOT BE COUNTED IN MORE THAN ONE FIELD (08A through 13B). If more than one field is applicable, count the patient in the field which describes the status the last time the patient stopped dialyzing at your facility during the year, or the last known status of the patient.

Deaths:

Field 08A: Outpatient-Deaths. Enter the number of outpatient dialysis patients who died during the survey period. (These deaths must be shown here by the facility if the patients were reported in fields 01, 04A, 05A, 06A, or 07A.)

Field 08B: Home-Deaths. Enter the number of home dialysis patients who died during the survey period. (These deaths must be shown here by the facility if the patients were reported in fields 02, 04B, 05B, 06B, or 07B.)

Recovered Kidney Function:

NOTE: These are diagnosed chronic renal failure patients who recovered renal function. Count patients who had been on dialysis for 45 days or more and were alive and not requiring any form of dialytic therapy or transplantation.

Field 09A: Outpatient-Recovered Kidney Function. Enter the number of patients who recovered kidney function and ceased chronic outpatient dialysis during the survey period.

Field 09B: Home-Recovered Kidney Function. Enter the number of patients who recovered kidney function and ceased chronic home dialysis during the survey period.

Transplanted:

Field 10A: Outpatient-Received Transplant. Enter the number of patients who received a kidney transplant and left the outpatient dialysis program during the survey period.

Field 10B: Home-Received Transplant. Enter the number of patients who received a kidney transplant and left the home dialysis program during the survey period.

Transferred Out:

Field 11A: Outpatient-Transferred to Other Dialysis Unit. Enter the number of in-unit dialysis patients who permanently transferred to another dialysis facility for their ongoing dialysis during the survey period; that is, those patients whose ongoing, routine medical supervision became the responsibility of another dialysis facility.

Field 11B: Home-Transferred to Other Dialysis Unit. Enter the number of home patients who had been followed by your facility but who are now permanently followed by another home dialysis program.

Discontinued Dialysis:

NOTE: These fields should contain counts of patients whose last known activity was that they discontinued dialysis. This would pertain mostly to patients who were lost to the facility at the end of the survey period, were not lost to follow-up and had not yet expired by December 31 (a Death Notification Form has not yet been submitted on the patient).

Field 12A: Outpatient-Discontinued Dialysis. Enter the number of chronic patients who permanently discontinued dialysis (excluding those reported in fields 08A, 09A, 10A and 11A) who had been dialyzing outpatient during the survey period.

Field 12B: Home-Discontinued Dialysis. Enter the number of chronic patients who permanently discontinued dialysis (excluding those reported in fields 08B, 09B, 10B, and 11B) who had been dialyzing at home during the survey period.

Lost to Follow-Up:

Field 13A: Outpatient-Lost to Follow-Up (LTFU). Enter the number of patients, who had been dialyzing as an outpatient, who left your dialysis program during the survey period, and whose current status is unknown to your facility (lost to follow-up) Do not include those reported in fields 08A, 09A, 10A, or 12A.

Field 13B: Home-Lost to Follow-Up (LTFU). Enter the number of patients, followed by your facility, who had been dialyzing at home, who were removed from your facility's rolls during the survey period, and whose current status is unknown (lost to follow-up). Do not include those reported in fields 08B, 09B, 10B, 11B, or 12B.

Patients Receiving Care at the End of the Survey Period

NOTE: DO NOT COUNT A PATIENT IN MORE THAN ONE FIELD. Patients receiving care at the beginning of the survey period plus the additions during the survey period minus the losses during the survey period should equal the patients receiving care (remaining) at the end of the survey period. Please ensure that field 03 plus field 04A through 07B, minus fields 08A through 13B, equals field 26.

Outpatient Dialysis:

NOTE: Patients who are dialyzing as outpatients, but are performing all dialysis procedures without the assistance of staff, are to be counted as outpatients self-dialyzing either in fields 14 or 15. (Since this is not a large patient population, not all facilities will be have patients that fall into this category.) Treatments for these patients should be counted as outpatient treatments in fields 36 or 37.

Field 14: Hemodialysis. Enter the number of patients who, at the end of the survey period, were receiving staff- assisted hemodialysis or performing outpatient self hemodialysis.

Field 15: Peritoneal Dialysis. Enter the number of patients who, at the end of the survey period, were receiving staff-assisted intermittent peritoneal dialysis or performing outpatient self peritoneal dialysis.

Self-Dialysis Training:

Field 16: Hemodialysis. Enter the number of patients who are in a self hemodialysis training program as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to perform their own self-dialysis as an outpatient or at home.

Field 17: Peritoneal Dialysis. Enter the number of patients who are in a self intermittent peritoneal dialysis training program as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to perform their own self-dialysis as an outpatient or at home.

Field 18: Continuous Ambulatory Peritoneal Dialysis (CAPD). Enter the number of patients who are in a CAPD training program as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to independently perform CAPD.

Field 19: Continuous Cycling Peritoneal Dialysis (CCPD). Enter the number of patients who are in a CCPD training program as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to independently perform CCPD.

Field 20: Total Outpatient. Enter the total number of patients who are in outpatient status as of the end of the survey period (the sum of fields 14 through 19).

Home Dialysis

NOTE: Patients who are dialyzing at home with the assistance of staff provided by a dialysis supplier or facility should be counted as home patients (fields 21 through 24).

Field 21: Hemodialysis. Enter the number of patients who were hemodialyzing at home as of the end of the survey period.

Field 22: Peritoneal Dialysis. Enter the number of patients who are on home intermittent peritoneal dialysis as of the end of the survey period.

Field 23: Continuous Ambulatory Peritoneal Dialysis (CAPD). Enter the number of patients who are on CAPD as of the end of the survey period.

Field 24: Continuous Cycling Peritoneal Dialysis (CCPD). Enter the number of patients who are on CCPD as of the end of the survey period.

Field 25: Total Home. Enter the total number of patients who are in home status as of the end of the survey period (the sum of fields 21 through 24).

Total:

Field 26: Total. Enter the total number of patients on your facility's register at the end of the survey period (the sum of fields 20 and 25).

Patient Eligibility Status-End of Survey Period

NOTE: Counts should reflect entitlement only, not based on how reimbursement is made for dialysis services provided by your facility. For example, a VA (Department of Veterans Affairs) patient whose reimbursement is made by the VA, but is a Medicare entitled patient, should be counted in Field 27. Please ensure that the sum of fields 27, 28, and 29 equals field 26, the total number of patients at the facility at the end of the survey period.

Field 27: Currently Enrolled in Medicare. Enter the number of patients at the end of the survey period who were enrolled in Medicare.

Field 28: Medicare Application Pending. Enter the number of patients at the end of the survey period who had Medicare applications pending.

Field 29: Non-Medicare. Enter the number of patients at the end of the survey period who were not enrolled in Medicare and who did not have Medicare applications pending.

Self Dialysis Patients Completing Training

NOTE: This section is a non-add, non-subtract count for caseload purposes only. The following section (fields 30 through 33) should be completed only by those facilities that have self-care training programs. Included in this section will be the number of patients who, during the survey period, successfully completed a course of self-dialysis training at the reporting facility which enabled them to self-dialyze as an outpatient or at home. Patients who were still in a self-dialysis training course on the last day of the survey period are not to be counted in these fields; that data is to be reported in fields 16 through 19. Unsuccessful trainees (those who did not go home or initiate self-care in a facility) are not to be counted here. (This count is a non-add, non-subtract count for caseload purposes.) DO NOT INCLUDE PATIENTS WHO WERE TRANSFERRED TO ANOTHER FACILITY FOR SELF-CARE TRAINING NOR THOSE PATIENTS RETRAINED IN SELF-CARE DIALYSIS DURING THE SURVEY PERIOD. (For example: If a

self-hemodialysis patient is retrained for self-hemodialysis, do not count this patient as completing self-hemodialysis, but count this patient if they trained in a different modality

Field 30: Hemodialysis. Enter the number of patients who, during the survey period, successfully completed a course of training for home or outpatient self-hemodialysis at your facility.

Field 31: IPD (Intermittent Peritoneal Dialysis). Enter the number of patients who, during the survey period, successfully completed a course of training for home or outpatient self-peritoneal dialysis at your facility.

Field 32: CAPD. Enter the number of patients who, during the survey period, successfully completed a course of self-dialysis training for continuous ambulatory peritoneal dialysis at your facility.

Field 33: CCPD. Enter the number of patients who, during the survey period, successfully completed a course of self-dialysis training for continuous cycling peritoneal dialysis at your facility.

Transient Patients

NOTE: Transient patients are those patients that an ESRD facility treats/supervises on an episodic basis; that is, treats the patient for less than 30 days continuously. Those patients who are treated for 30 days or more are counted as part of the regular patient caseload.

Field 34: Transient Outpatients Treated During Survey Period. Enter the number of transient outpatients who received care at your facility during the survey period. This field is a count of patients, not episodes of treatment. Therefore, if a patient is treated at a facility in February and again at that same facility in August, he/she is counted only once.

Field 35: Transient Patients-Number of Outpatient Treatments During Survey Period. Using the definition of “transient patient” given above, enter the number of transient outpatient dialysis treatments (all dialysis settings) given during the survey period. Be sure to include these treatments in the appropriate modality under treatment load (fields 36 and 37). If transient patients are reported in field 34, you must enter the number of treatments that were provided.

TREATMENT LOAD

NOTE: The following section (fields 36 and 37) should reflect only outpatient treatments given to ESRD patients. Self-care training treatments should be reported only in fields 38 through 41. All such treatments, including those provided to transients, should be reported in fields 36 through 41, where appropriate. Please be certain to report treatments to correspond with patients counted at the end of the survey period in a particular modality. If a situation occurs where a patient is reported at the end of the survey period but no treatments were provided, please explain why no treatments were provided in the Remarks section of the survey form. DO NOT INCLUDE ACUTE TREATMENTS

Hemodialysis

Field 36: Outpatient Treatments. Enter the number of staff-assisted hemodialysis treatments provided and the number of treatments performed by self dialyzing patients on an outpatient basis during the survey period.

IPD

Field 37: Outpatient Treatments. Enter the number of staff-assisted intermittent peritoneal treatments provided and the number of treatments performed by self dialyzing patients on an outpatient basis during the survey period.

Self-Care Training Treatments

NOTE: For all types of peritoneal dialysis training, report the number of days for which exchanges were provided. Do not report the number of exchanges and do not report days where no dialysis treatments or exchanges were furnished.

Self-care training treatments should not be included in fields 36 and 37. If you report patients completing self-dialysis training, you must report the number of treatments/days corresponding to the modality of training provided. These treatments should be counted for those patients completing training in a modality for the first time. For example, if a patient who has been on self-hemodialysis receives training for CAPD, those CAPD days of training are counted in field 40. If a self-hemodialysis patient is retrained for self hemodialysis, do not count those treatments. Include, in the appropriate field, the number of treatment/days provided to patients who were receiving self-care training at the end of the survey period and were reported in fields 16 through 19. Include all training treatments/days provided whether the patient has completed self-care training or not. Only count treatments for which dialysis was actually given. Do not include training to dialysis aides, etc. Please keep this in mind especially when reporting training for pediatric patients.

Field 38: Hemodialysis. Enter the number of hemodialysis training treatments given during the survey period.

Field 39: IPD. Enter the number of intermittent peritoneal dialysis training treatments given during the survey period.

Field 40: CAPD. Enter the number of continuous ambulatory peritoneal dialysis training treatments given during the survey period.

Field 41: CCPD. Enter the number of continuous cycling peritoneal dialysis training treatments given during the survey period.

Signatures

Part One of the Facility Survey requires signatures, as follows:

Completed by: Enter the date completed and the name, title, and telephone number of the person who completed the Facility Survey for your facility. This person should be the individual who the ESRD network or CMS can contact to discuss any information provided in the Facility Survey.

Verified by: Enter the date and the signature and title of the facility's renal administrator.

PART TWO-KIDNEY TRANSPLANTS

(FOR COMPLETION BY KIDNEY TRANSPLANT FACILITIES)

PATIENTS/TRANSPLANTS

Field 42: Patients Who Received Transplant at This Facility. Enter the number of patients who received a kidney transplant at your facility during the survey period. If a patient received more than one transplant at your center during the survey period, the patient is to be counted only once. Total of fields 43 + 44 + 45 + 46.

Patient Eligibility Status of Patients Transplanted During Survey Period.

Fields 43 through 46 refer to those patients actually transplanted during the survey period. Ensure that the total of fields 43 through 46 equals the count in field 42.

Field 43: Currently Enrolled in Medicare. Enter the number of patients transplanted during the survey period who were enrolled in Medicare. Count Medicare transplant recipients based on enrollment rather than primary insurer.

Field 44: Medicare Application Pending. Enter the number of patients transplanted during the survey period who had Medicare applications pending.

Field 45: Non-Medicare, U.S. Residents. Enter the number of patients transplanted during the survey period who were not enrolled in Medicare and did not have Medicare applications pending who were either U.S. citizens or a foreign national U.S. resident.

Field 46: Non-Medicare, Other. Enter the number of patients transplanted during the survey period who were not enrolled in Medicare, did not have Medicare applications pending, and were neither a U.S. citizen nor a U.S. resident (e.g., foreign national).

Transplants Performed at This Facility:

Field 47: Transplants Performed at This Facility-Living Related Donor. Enter the number of living related donor kidney transplants performed at your center during the survey period.

Field 48: Transplants Performed at This Facility-Living Unrelated Donor. Enter the number of living unrelated donor kidney transplants performed at your center during the survey period.

Field 49: Transplants Performed at This Facility-Cadaveric Donor. Enter the number of cadaveric donor kidney transplants performed at your center during the survey period.

Field 50: Transplants Performed at This Facility-Total Fields 47 and 48. Enter the sum of fields 47 + 48 + 49.

Patients Awaiting Transplant:

Field 51: Patients Awaiting Transplant-Dialysis. Enter the number of current dialysis patients actively awaiting a kidney transplant at your center as of the last day of the survey period. These patients must (a) be medically able, (b) have given consent, and (c) be on an active transplant list. This count is limited to individuals awaiting transplant at the reporting center.

Field 52: Patients Awaiting Transplant-Non-Dialysis. Following the criteria described above, enter the number of non-dialysis patients who are awaiting transplant as of the last day of the survey period. This is to include patients scheduled for transplant who have not yet initiated a regular course of dialysis.

DISPOSITION OF CADAVER KIDNEYS

PLEASE SKIP THIS PORTION OF THE FORM. KIDNEY TRANSPLANT CENTERS ARE NOT REQUIRED TO COMPLETE THIS SECTION OF THE FORM FOR THE 2002 SURVEY PROCESS.

Signatures

Part Two of the Facility Survey requires signatures as follows:

Completed by: Enter the date completed and the name, title and telephone number of the person who completed the Facility Survey for your facility. This person should be the individual who the ESRD network or CMS can contact.

Verified by: Enter the date verified and the signature and title of the facility's renal administrator.

PART THREE - REMARKS

You may include here any remarks or additional information you wish to supply concerning the information furnished on this survey.