

**END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM
ESRD FACILITY SURVEY (DIALYSIS UNITS ONLY)** FOR THE PERIOD _____

Facility Physical Address
(If different than mailing address) Suite/Room Street City State/Zip Code

Number of Dialysis Stations: _____ **Facility Telephone:** (_____) _____

Facility Ownership Type: Profit Non-Profit

Facility Local/National Affiliation/Chain Information _____
(i.e. Satellite Healthcare, etc)

Types of dialysis services offered:
 Incenter Hemodialysis Peritoneal Dialysis Home Hemodialysis Training

Does your facility offer a dialysis shift that starts at 5:00 p.m. or later?
 Yes No

DIALYSIS PATIENTS AND TREATMENTS

DIALYSIS PATIENTS

Patients Receiving Care Beginning of Survey Period			Additions During Survey Period				Losses During Survey Period						
Incenter	Home	Total Fields 01 thru 02	Started for first time ever	Restarted	Transferred from other dialysis unit	Returned after transplant	Deaths	Recovered kidney function	Received transplant	Transferred to other dialysis unit	Dis-continued dialysis	Other (LTFU)	
01	02	03	In-center	04A	05A	06A	07A	08A	09A	10A	11A	12A	13A
			Home	04B	05B	06B	07B	08B	09B	10B	11B	12B	13B

Patients Receiving Care at End of Survey Period													Total Patients Fields 20 and 25
Incenter Dialysis		Self-Dialysis Training				Total Incenter Dialysis Fields 14 thru 19	Home Dialysis				Total Home Dialysis Fields 21 thru 24		
Hemo-Dialysis	Other	Hemo-Dialysis	CAPD	CCPD	Other	Hemo-Dialysis	CAPD	CCPD	Other	Fields 21 thru 24	Fields 20 and 25		
14	15	16	17	18	19	20	21	22	23	24	25	26	

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

Hemodialysis Patients Dialyzing More Than 4 Times Per Week		
Setting	Day	Nocturnal
Incenter		
Home		
	30A 30B	31A 31B

Vocational Rehabilitation				
Patients aged 18 through 64	Patients aged 65 and older	Patients receiving services from Voc Rehab	Patients Employed full-time or part-time	Patients attending school full-time or part-time
32	33	34	35	36

TREATMENT AND STAFFING

Incenter Dialysis Treatments (Include Training Treatments)		Staffing			
Hemodialysis	Other	Number of Staff		Number of Open Pos.	
		Full Time	Part Time	Full Time	Part Time
		a. RNs			
		b. LPN/LVNs			
		c. PCTs			
		d. APNs			
		e. Dietitians			
		f. Social Workers			
			39	40	41
					42

COMPLETED BY (Name) _____ DATE _____ TITLE _____ TELEPHONE NO. _____

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 (TRANSPLANT CENTERS ONLY)	FOR THE PERIOD
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KIDNEY TRANSPLANTS PERFORMED

**PATIENTS TRANSPLANTED
AND DONOR TYPE**

**TO BE COMPLETED BY
KIDNEY TRANSPLANT CENTERS ONLY**

Patients who received transplant at this facility
43

Eligibility Status of Patients Transplanted at this Facility During the Survey Period			
Currently enrolled in Medicare	Medicare application pending	Non-Medicare	
		U.S. Resident	Other
44	45	46	47

Transplant Procedures Performed at This Facility			
Living Related Donor	Living Unrelated Donor	Deceased Donor	Total Fields 48 thru 50
48	49	50	51

Patients Awaiting Transplant	
Dialysis	Nondialysis
52	53

REMARKS/COMMENTS

COMPLETED BY (Name)	DATE	TITLE	TELEPHONE NO.
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