Illinois:

**Advocate Christ Medical Center**

- Insurance plans accepted:
  - Changes every year
  - Accepts most of the health insurance plans and if out of network hospital informs that patient which center they can go to
- Combined heart/kidney transplant
- Partnered with Texas Transplant Institute of Methodist Healthcare for kidney paired donation
- Spanish speakers available
- The only kidney transplant center in the south and southwest suburbs of Chicago
- Choice of satellite clinic locations for evaluations and follow-up of both recipients and donors
- Approved for Medicare reimbursement
- Participates in Gift of Hope Organ & Tissue Donor Network
- Personalized one-on-one patient education
- 24/7 access to transplant team
- Offers laparoscopic and robotic techniques
- Next-day discharge for living donors
- Recognized by the American Nurses Credentialing Center (ANCC) twice as a Magnet Center
- Kidney donor exchange program with opposing blood types and other incompatibility issues
- Kidney transplant program candidate selection criteria:
  - Indications include:
    - Chronic kidney disease, as evidenced by the need for renal replacement therapy
    - GFR 20 or < ml/min: required for CRT listing only
    - Ability to provide fully informed consent for evaluation and surgery
    - Ability to comply with post-transplant regimen
  - Contraindications include:
    - Evidence of active infection or untreatable systemic infection
    - Evidence of advanced/irreversible heart disease, unless considered for a combined heart/kidney transplant
    - Evidence of ejection fraction of 30% or less
- Evidence of moderate to severe pulmonary hypertension
- Evidence of advanced/irreversible peripheral disease
- Evidence of active malignancy
- Evidence of severe lung disease with impairment of oxygenation or ventilation contraindicating use of general anesthesia
- Evidence of uncontrolled psychiatric illness
- Evidence of severe obesity: BMI greater than 39 (referral to bariatric program recommended)
- Evidence of advanced liver disease/cirrhosis
- Cigarette smoking
- Evidence of current alcohol or drug abuse (participation in drug rehab recommended)
- Evidence of non-compliance with medical recommendations
- Inability to provide fully informed consent for evaluation and surgery
- Long-term Plavix therapy (relative contraindication; candidates will be reviewed on case-by-case basis)
- Age limit: 75 year old with living donor (relative contraindication; candidates will be reviewed on case-by-case basis), 70 years old without living donor (relative contraindication; candidates will be reviewed on case-by-case basis)

Living donor candidate selection criteria:
  - Indications include:
    - Age: 18 years old and older
    - Ability to provide fully informed consent for evaluation and surgery
  - Contraindications include:
    - Evidence of kidney disease
    - Evidence of protein in urine
    - Evidence of impaired glucose tolerance or diabetes
    - Evidence of hypertension
    - Evidence of HIV, Hepatitis A, B, or C or other systemic infections
    - Evidence of heart disease
    - Evidence of active/recent malignancy
    - Evidence of severe lung disease with impairment of oxygenation or ventilation contraindicating use of general anesthesia
    - Evidence of uncontrolled psychiatric illness
    - Evidence of obesity: BMI greater than 30
    - Evidence of advanced liver disease/cirrhosis
    - Evidence of lupus
    - History of blood clots
    - Cigarette smoking
    - Evidence of current alcohol or drug abuse (participation in drug rehab recommended)
    - Inability to provide fully informed consent for evaluation and surgery
    - Use of medications causing renal dysfunction
    - High suspicion of donor coercion and/or suspicion of illegal financial exchange between donor and recipient
Potential donors will undergo evaluation consisting of:

- Initial meeting with transplant team
- Initial blood work checking compatibility between donor and recipient
- Further work-up testing and consults
- Final pre-operative testing

For potential donors interested in learning more about living kidney donation, they should contact the transplant office at 708-684-7100.

**Ranking**

- "U.S. News & World Report’s ‘2017-2018 Best Hospitals’ list, Advocate Christ has been rated as the fourth best hospital overall in the state of Illinois as well as in the Chicago metro area.
- Advocate Christ is also recognized among the top 50 hospitals in the nation
- Advocate Christ physicians and staff named as being "high performers" in six other specialties: Gastroenterology & GI Surgery, Geriatrics, Nephrology, Neurology & Neurosurgery, Pulmonology and Urology.

**Loyola University Medical Center**

- Loyola patients will be granted access to the latest medications and therapies through clinical trials
- Requirements for a kidney transplants that may be a barrier:
  - Alcohol or substance abuse problems
  - Certain cancers
  - Inability to comply with treatment, such as following a strict immunosuppressive drug regimen
  - Lack of social and financial support
  - Morbid obesity
  - Severe heart or vascular disease
  - Uncontrolled or untreatable mental illness
- Insurance, whether private, Medicare or Medicaid will pay for the recipients evaluation and surgery
- Pay-it forward program:
  - Starts with an altruistic donor who has decided to donate a kidney to a critically ill stranger. The program then allows patients with willing but incompatible donors to receive a transplant by matching altruistic donor and donor pairs in similar situations, creating a chain of living-donor kidney transplants.
- Ranking:
  - #36 in the nation for nephrology U.S. News & World Report
  - #3 Hospital in Illinois

**Memorial Medical Center, Springfield**

- Nearly 1,000 kidney transplants to date
- Expect to stay in the hospital for three to six days
- Requirements:
  - Kidney function <20% or on dialysis
- Completed transplant 101 education class
- Completed necessary blood tests as outlined by transplant staff
- Blood type tested twice
- BMI <35
- EKG (over age 25)
- Chest x-ray
- Cardiac clearance for specified patients
- PAP smear
- Mammogram (females over age 40)
- PSA (males over age 50)
- Colonoscopy (over age 50)

- Patients who are not suitable:
  - HIV positive
  - Patients actively using IV drugs
  - Patients who smoke
  - Type 2 diabetics
- Patients who *may not* be suitable for transplant includes:
  - Age >70
  - BMI > 40
  - Pulmonary complications for kidney transplant
  - Substance abuse
  - History of non-compliance
  - Inadequate insurance or other source of funding for medical services
  - Psychosocial problems or issues such as poor family support or lack of transportation
  - Liver disease
  - Coronary artery disease (heart problems)
  - Peripheral vascular disease (circulation problems)

- Kidney paired donation
- Only hospital in central Illinois to offer kidney transplantations
- Ranking:
  - #13 hospital in Illinois U.S. News & World Report
  - Not ranked in nephrology

**Northwestern Memorial Hospital**

- The largest transplant program in Illinois
- Largest living donor kidney transplant program in Illinois
- Offers ABO-incompatible transplantation
• Investigating new therapies to help wean transplant recipients off immunosuppressant drugs
• Kidney paired donation
• Steroid-free kidney transplantation
• Laparoscopic kidney procedures
• Satellite outreach clinics providing transplant evaluation services closer to home
• Hispanic transplant program offering a culturally sensitive approach to patient care
• Integration with the pancreas and islet transplant programs for combined transplants for renal disease and type 1 diabetes patients
• Clinical trials
• Criteria:
  o You have no other diseases that cannot be treated
  o You are not so sick that you are not likely to survive the transplant surgery
  o All other medical or surgical treatments either have no worked or are not a good choice for you
  o There are no other contraindications
  o You and your support systems understand and accept the risks of a having a kidney transplant
  o You and your support systems are fully committed to and compliant with what is needed before and after the transplant, to make the transplant a success. This would include access to funding for the transplant procedure, post-transplant medicines and other healthcare costs. The social worker and patient financial liaison may be able to help find other ways to pay for your care.
• Contraindications:
  o Severe, untreatable heart or lung disease
  o Active or uncontrollable cancer
  o Untreatable mental illness
  o Alcohol or drug addiction
  o Severe neurologic deficit
  o Severe peripheral vascular disease (PVD)
  o Uncontrollable infection that will not go away with a transplant
  o Uncontrolled HIV infection with AIDS despite optimal medical therapy
  o Irreversible brain disease or damage
  o Failure of other organs that will not improve with a transplant
  o BMI greater than 45
• May disqualify
  o Age >70 with other serious illnesses
  o Obesity BMI between 40-45 depending on other health risk factors
  o Chronic active Hep B
• Rank:
  o #23 in nephrology U.S. News & World Report

OSF Saint Francis Medical Center, Peoria
• Disqualifications from transplant:
  o Life expectancy less than five years
  o History of cancer
  o Severe cardiac, liver, or pulmonary disease
  o Active infection
  o Morbid obesity
  o Untreatable psychiatric illness
  o Non-compliance with medical regimen
  o Active substance abuse
  o Lack of adequate financial resources or medical insurance
  o Inability to understand and follow transplant recommendations
  o Lack of adequate social support

• Paired kidney donation

• Ranking:
  o #5 in Illinois U.S. News & World Report
  o High performing in nephrology

**Rush University Medical Center**

• You cannot be a living donor if:
  o You are under 18 years old
  o Diabetes
  o BMI over 35
  o High blood pressure depending on your age and ethnicity

• Ranking:
  o #2 Hospital in Illinois U.S. News & World Report
  o #44 nationwide in nephrology

**The University of Chicago Medical Center**

• Insurance plans accepted:
  o Aetna Better Health
  o BCBS
  o Humana
  o Cigna Health Springs
  o Illinicare
  o Medicare and Medicare Advantage Plans
  o Illinois Medicaid
  o Indiana Medicaid, *only with Medicare*
• Insurance plants NOT accepted:
  o BCBS Blue Choice Plans
  o Molina Healthcare
  o Meridian Health Plan
  o Affordable Care Act Plans
• Qualifications for Kidney Transplant:
  o Currently receiving or approaching the need for dialysis
  o Weight requirements:
    ▪ BMI less than or equal to 38 for transplantation
    ▪ BMI 40 or below to begin evaluation
    ▪ BMI 44 or below can work with our dietician
  o Absence of cancer and severe heart or blood vessel disease
  o No current drug or alcohol abuse
  o If diabetic and smoking, you will need to quit and be smoke-free for a minimum of 3 months before being evaluated for transplant (we can provide smoking cessation information and resources)
  o Adequate psychosocial support
  o Compliance with dialysis treatments, medications and doctor appointments
• Reasons someone may NOT be able to donate:
  o High blood pressure (evaluates on a case-by-case basis)
  o Diabetes
  o BMI > 35
  o Hepatitis B, C
  o HIV
  o Heart or lung disease
  o Lupus or rheumatoid arthritis
  o <18 years of age
• Online questionnaire for potential donors: www.uchospitals.edu/livingkidneydonor, for more info on living kidney donation: 773-702-4500
• Program Highlights:
  o Multilingual team
  o Spanish education sessions
  o Polish-American Transplant Center
  o National Kidney Registry (SWAP) for incompatible donors/ recipients
  o Living donor champion program
  o Orland Park Satellite Clinic for recipient, donor, and access consults
  o One day transplant evaluations for eligible patients
  o One-on-one nutrition counseling to meet weight requirements
  o Financial and insurance counseling
- No age restrictions

- Ranking:
  - #8 hospital in Illinois U.S. News & World Report
  - High performing in nephrology

**University of Illinois Hospital and Health Sciences System**

- Insurance Plans Accepted:
  - Medicare/Medicare BCBSIL
  - United Healthcare
  - Humana
  - Aetna (NOT State Plan)
  - Illinicare
  - County Care
  - Molina Healthcare
  - Meridian
  - Harmony
  - NextLevel

- Insurance Plans NOT Accepted
  - Aetna Better Health
  - FHN – Family Health Network
  - CCAI – Community Care Alliance of Illinois
  - Cigna Health Spring

- Kidney Recipient Requirements:
  - On dialysis and have no other health conditions that would increase the risk of surgery
  - Kidney functions at less than 20% and you are not on dialysis, you also can be a candidate for transplant
  - No age limit nor weight restrictions
    - Over the age of 70, need a living donor to be considered

- Living Donor Requirements
  - Over the age of 18 and in good health and attitude

- Special Programs and Features:
  - Specialties are for robotics for obese patients
  - Donor swap program and desensitization program
    - Cross blood groups and crossmatch positive transplants

- Spanish Speaking Availability:
  - Dr. Almario Alvarez, transplant surgeon
  - Karen Lostaunau, pre-transplant nurse
  - Mary Flores – oversees the other Spanish speaking transplant assistants who make appointments and take phone referrals
• Rankings:
  o Top three in kidney transplants in Illinois
  o Top two in graft survival and patient mortality
  o More ethnic transplants than any other transplant center in city

Wisconsin:

Froedtert

• Joint program with Children’s Hospital of Wisconsin
• Wisconsin’s’ first minimally invasive donor surgery (nephrectomy) in 1999 and the state’s first incompatible blood type kidney transplant in 2003.
• The end-stage kidney disease and kidney transplant program consistently ranks high in the nation for three-year post-transplant survival
  o Exceeding 97% among live-donor transplant patients in the latest report by the Scientific Registry of Transplant Recipients
• Focus on live-donor transplants
• Participates in a paired kidney exchange program and the National Kidney Registry
• Incompatible transplant
  o One of the few in the country offering incompatible blood type transplantation
  o This approach decreases wait times for patients by expanding the pool of donors beyond those with a compatible blood type
  o Treatments before and after transplant reduce rejection by lowering antibodies in the patients blood
• Minimized wait times
  o Larger pool of live donor options
    ▪ In 2013 their program was part of the world’s second largest kidney chain in history involving 56 participants
  o Location
    ▪ Wait times for deceased kidney donors are lower in Wisconsin
    ▪ The median wait time for a deceased donor transplant at Froedtert Hospital is lower than national averages
  o Affiliation with Wisconsin Donor Network (WDN)
    ▪ Serves 2.3 million people in 12 Wisconsin counties

UW Health

• Since the program’s inception in 1966 there have been more than 9,000 kidneys transplanted
• Part of an academic medical center with research and teaching
• UW health transplant’s average wait time is typically much less than the national and regional average
• Kidney desensitization program
• Eligibility for a kidney transplant:
  o Each patient is evaluated on a case by case basis but is uncommon past 75 years of age
  o BMI of 35 or less
- Ranking:
  - #1 hospital in Wisconsin U.S. News & World Report
  - #28 in nephrology

### Program Summary: Data from the Scientific Registry of Transplant Recipients

<table>
<thead>
<tr>
<th></th>
<th>UW Health (Madison)</th>
<th>Froedtert (Milwaukee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplant Volume</td>
<td>305</td>
<td>97</td>
</tr>
<tr>
<td>Pediatric Patients</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Deceased Donor</td>
<td>202</td>
<td>65</td>
</tr>
<tr>
<td>Living Donor</td>
<td>111</td>
<td>32</td>
</tr>
<tr>
<td>Transplant Rate</td>
<td>30.9 per 100</td>
<td>14.9 per 100</td>
</tr>
<tr>
<td>Outcome Assessment</td>
<td>As expected</td>
<td>As expected</td>
</tr>
<tr>
<td>Waiting List (as of January 2016)</td>
<td>1009</td>
<td>662</td>
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<tr>
<td>Joined the Waiting List</td>
<td>425</td>
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<td>Were Removed from the Waiting List</td>
<td>467</td>
<td>321</td>
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<tr>
<td>Received Transplants</td>
<td>313</td>
<td>97</td>
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<tr>
<td>Transferred to Another Center</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Died</td>
<td>44</td>
<td>29</td>
</tr>
<tr>
<td>Deteriorated</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Recovered</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>86</td>
<td>84</td>
</tr>
<tr>
<td>Waiting List (at end of December 2016)</td>
<td>967</td>
<td>646</td>
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<tr>
<td>Transplant Rates (between January 2016 and December 2016)</td>
<td>31.6 out of 100</td>
<td>14.9 out of 100</td>
</tr>
<tr>
<td>Nationally</td>
<td>18.1 out of 100</td>
<td>18.1 out of 100</td>
</tr>
<tr>
<td>Waiting List Mortality Rates (between January 2016 and December 2016)</td>
<td>5.0 out of 100</td>
<td>5.5 out of 100</td>
</tr>
<tr>
<td>Nationally</td>
<td>5.5 out of 100</td>
<td>5.5 out of 100</td>
</tr>
<tr>
<td>Time to Transplant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At this Hospital</td>
<td>3.8</td>
<td>1.7</td>
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<tr>
<td>30 Days</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Nationally</td>
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<td></td>
</tr>
<tr>
<td>1 Year</td>
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<td></td>
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<tr>
<td>At this Hospital</td>
<td>23.4</td>
<td>6.4</td>
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<tr>
<td>1 Year</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Nationally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Years</td>
<td>35.1</td>
<td>9.4</td>
</tr>
<tr>
<td>Time to Transplant</td>
<td>35.1</td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>2 Years</td>
<td>Nationally</td>
</tr>
<tr>
<td>----------------</td>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>At this Hospital</td>
<td>16.6</td>
</tr>
<tr>
<td>From all donors</td>
<td>Transplants evaluated for 2.5 year period</td>
<td>649</td>
</tr>
<tr>
<td>From Living Donors</td>
<td>Transplants evaluated for 2.5 year period</td>
<td>251</td>
</tr>
<tr>
<td>From Deceased Donors</td>
<td>Transplants evaluated for 2.5 year period</td>
<td>398</td>
</tr>
</tbody>
</table>
Iowa:

University of Iowa Hospitals and Clinics:

- Wellmark Blue Cross and Blue Shield has recognized the University of Iowa Hospitals and Clinics as a Blue Distinction Center for delivering quality transplant care
  - The only Iowa health system to receive this designation
- Has performed 5,000 solid organ transplants
- The only multi-organ, comprehensive transplant program in Iowa serving both adult and pediatric patients
- Out of the 5,000 transplants performed by UI center since 1969, 431 of them (8.6%) involved veterans receiving care at the VA
- States surrounding Iowa are home to 9% of their transplant patients
- Sponsored clinical trials for new transplant medications examining novel ways to manage transplant patients.
- Top 10 in the country for best graft survival rates
- National center for atypical hemolytic uremic syndrome (aHUS) care
- Waiting time for a kidney or pancreas transplant is much shorter than the national average
- Laparoscopic donor nephrectomy
- UI Hospitals and Clinics has been selected to participate in phase two of the collaborative innovation and improvement network (COIIN)
  - A three year projected aimed to increase the number of kidney transplants and improve quality measures
  - One of 37 hospitals in the US selected for this phase of the project
  - Requires participating hospitals to create and test ways to increase the number of transplants and enhance quality monitoring and to share what they find with other participants
- Kidney paired donation
  - If you and your willing donor is not a match, you have the option to participate in a kidney paired donation (KPD)
  - Participates in three different KPD programs – UNOS, the North Central Donor Exchange Cooperative, and a center-to-center exchange program with John Hopkins
- ABO incompatible kidney transplants
  - University of Iowa is the only program in the state offering ABO incompatible kidney transplants
    - Has achieved 100% graft function for participants who have participated in the ABO incompatible program to date
- Criteria for Kidney Donation
  - You must be in good health and have normal kidney function and anatomy
- Many patients with kidney problems have other medical illnesses
  - Some may be limiting factors in some instances, there are a few absolute contraindications to kidney transplant and each patient is evaluated on an individual basis
    - Refer to a physician
- Ranking:
  - #1 hospital in Iowa
  - High performing nephrology

Program Summary: Data from the Scientific Registry of Transplant Recipients

<table>
<thead>
<tr>
<th>University of Iowa Hospitals and Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplant Volume</td>
</tr>
<tr>
<td>Pediatric Patients</td>
</tr>
<tr>
<td>Living Donor</td>
</tr>
<tr>
<td>Deceased Donor</td>
</tr>
<tr>
<td>Transplant Rate</td>
</tr>
</tbody>
</table>

Outcome Assessment

| Waiting List (as of January 2016) | 234 |
| Joined the Waiting List | 121 |
| Were Removed from the Waiting List | 112 |

| Received Transplants | 63 |
| Transferred to Another Center | 3 |
| Died | 2 |
| Deteriorated | 13 |
| Recovered | 1 |
| Other | 30 |

| Waiting List (at end of December 2016) | 243 |

Transplant Rates (between January 2016 and December 2016)

| At this Hospital | 27.1 out of 100 |
| Nationally | 18.1 out of 100 |

Waiting List Mortality Rates (between January 2016 and December 2016)

| At this Hospital | 1.2 out of 100 |
| Nationally | 5.5 out of 100 |

Time to Transplant:

<p>| 30 Days | At this Hospital | 2.6 |
| 30 Days | Nationally | 2 |
| 1 Year | At this Hospital | 14.9 |
| 1 Year | Nationally | 10 |
| 2 Years | At this Hospital | 23.9 |</p>
<table>
<thead>
<tr>
<th></th>
<th>2 Years</th>
<th>Nationally</th>
<th>16.6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 Years</td>
<td>At this Hospital</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>3 Years</td>
<td>Nationally</td>
<td>22.6</td>
</tr>
<tr>
<td>From All Donors</td>
<td>Transplants evaluated for 2.5 year period</td>
<td>145</td>
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<tr>
<td></td>
<td>Percentage Alive with a Functioning Transplant at 1 year</td>
<td>97.90%</td>
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<tr>
<td>Outcome Assessment</td>
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<tr>
<td>From Living Donors</td>
<td>Transplants evaluated for 2.5 year period</td>
<td>41</td>
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<td>Percentage Alive with a Functioning Transplant at 1 year</td>
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<tr>
<td>Outcome Assessment</td>
<td>As expected</td>
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<tr>
<td>From Deceased Donors</td>
<td>Transplants evaluated for 2.5 year period</td>
<td>104</td>
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<tr>
<td></td>
<td>Percentage Alive with a Functioning Transplant at 1 year</td>
<td>97.1</td>
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</tr>
<tr>
<td>Outcome Assessment</td>
<td>As expected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Indiana:

Indiana University Health:

- Performs over 200 kidney transplants each year
- Performs difficult and high-risk kidney transplants including HIV positive recipients, Hepatitis C positive recipients and offering desensitization services and kidney paired donation to patients who are often deemed ineligible at other transplant centers
- Living Donor Champion Programs offers patients the tools to assist them in identifying a living kidney donor
- Kidney transplant outreach clinics in Merrillville, Mishawaka, Lafayette, Vincennes and Evansville for convenient pre-transplant and post-transplant care
- Ranking
  - #1 in Indiana
  - #19 in nephrology

<table>
<thead>
<tr>
<th>Program Summary: Data from the Scientific Registry of Transplant Recipients</th>
<th>Indiana University of Health</th>
<th>Lutheran Hospital of Fort Wayne</th>
<th>St. Vincent Hospital and Health Care Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplant Volume</td>
<td>177</td>
<td>29</td>
<td>55</td>
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<tr>
<td>Pediatric Patients</td>
<td>8</td>
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</tr>
<tr>
<td>Living Donor</td>
<td>67</td>
<td>14</td>
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<tr>
<td>Deceased Donor</td>
<td>118</td>
<td>15</td>
<td>41</td>
</tr>
<tr>
<td>Transplant Rate</td>
<td>21.2 per 100</td>
<td>19.4 out of 100</td>
<td>25.2 per 100</td>
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<tr>
<td>Outcome Assessment</td>
<td>As expected</td>
<td>As expected</td>
<td>As expected</td>
</tr>
<tr>
<td>Waiting List (as of January 2016)</td>
<td>871</td>
<td>142</td>
<td>207</td>
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<tr>
<td>Joined the Waiting List</td>
<td>315</td>
<td>66</td>
<td>136</td>
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<tr>
<td>Were Removed from the Waiting List</td>
<td>362</td>
<td>58</td>
<td>114</td>
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<tr>
<td>Received Transplants</td>
<td>185</td>
<td>29</td>
<td>55</td>
</tr>
<tr>
<td>Transferred to Another Center</td>
<td>18</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Died</td>
<td>37</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Deteriorated</td>
<td>55</td>
<td>7</td>
<td>26</td>
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<tr>
<td>Recovered</td>
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<tr>
<td>Waiting List (at end of December 2016)</td>
<td>Other</td>
<td>65</td>
<td>7</td>
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<tr>
<td>-------------------------------------</td>
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<tr>
<th>Transplant Rates (between January 2016 and December 2016)</th>
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<tr>
<th>Waiting List Mortality Rates (between January 2016 and December 2016)</th>
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<th>Nationally</th>
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<th>From all donors</th>
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<td>Transplants</td>
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<tr>
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<tr>
<td>Percentage Alive with a Functioning Transplant at 1 year</td>
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<td>Outcome Assessment</td>
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