DaVita's 43 Abstracts Highlight Commitment to Quality Care at American Society of Nephrology's 2009 Renal Week

Presentations demonstrate consistently superior patient outcomes

DENVER--(BUSINESS WIRE)--Nov. 5, 2009-- DaVita Inc. (NYSE: DVA), a leading provider of kidney care services for those diagnosed with chronic kidney disease (CKD), in conjunction with DaVita Clinical Research®, recently delivered 43 abstracts—40 posters and three oral presentations—at this year's American Society of Nephrology's (ASN) Renal Week in San Diego, Calif.

The world's largest nephrology meeting, ASN's Renal Week serves as a platform for the nation's leading renal health care providers to learn about new developments in the field of nephrology andCKD. More than 13,000 international nephrologists attended the 2009 Renal Week. This year, DaVita® presented research findings about topics including improving influenza vaccination rates among dialysis patients, the effect of the IMPACT™ (Incident Management of Patients, Actions Centered on Treatment) program on mortality rates among incident hemodialysis patients and the association between body fat and survival in maintenance hemodialysis patients.

"DaVita's patient outcomes remain among the best in the industry and are unquestionably our highest priority," said Allen R. Nissenson, MD, FACP, Chief Medical Officer for DaVita. "This commitment to diversified and high-quality clinical research is clearly evident and has translated to better long-term results and healthier patients."

The abstracts presented, including those outlined below, demonstrate DaVita's commitment to superior clinical outcomes and patient care.

- **Improving influenza vaccination rates among dialysis patients.** Based on the CDC recommendation to administer influenza vaccinations to patients with chronic medical conditions, DaVita set a goal to vaccinate 90 percent of its in-center patient population during the 2008-2009 influenza season. Intensive quality-management programs assisted with timely clinical performance reporting, and relying primarily on education and engaging both the team and the patient proved to be remarkably successful in achieving strong influenza vaccination rates in large dialysis populations.
- **Effect of the IMPACT program on mortality among incident hemodialysis patients and Effect of IMPACT program on clinical indicators of incident hemodialysis patients.** The IMPACT program standardizes the on-boarding process of incident patients during their first 90 days on dialysis. It is designed to reduce mortality rates among incident patients during their first three months of dialysis. The program provides a structured process and dedicated materials for patient intake, education, management and reporting. The program demonstrated a lowered incidence of mortality among incident hemodialysis patients due to focused patient care management, specifically through placing fistula access. Additionally, the clinical outcomes of IMPACT patients had a positive effect on the facility-based score, therefore decreasing mortality and hospitalizations.
- **Higher scores on a weighted, facility-specific performance measurement predicted mortality and hospitalization in hemodialysis patients.** The facility-specific clinical performance on intermediate or surrogate outcomes had effects on hospitalization and mortality. By aggregating and weighting performance on multiple outcomes in a single composite score, DaVita Quality Index (DQI) provided physicians and care teams a powerful tool to track and compare quality care at the facility level.
- **Association of body fat and survival in hemodialysis patients.** Hemodialysis patients exhibit an obesity paradox, and it is not clear whether lower body fat is incrementally associated with risk of death. Examination of 671 hemodialysis patients and five-year survival rates revealed that lower body fat percentage is associated with higher mortality. This abstract was selected based on its overall excellence in furthering the field of nephrology.
- **Nocturnal hemodialysis improves hemoglobin sensitivity to Erythropoietin Therapy.** The objective of this study was to determine if increased dialysis treatment time on nocturnal in-center hemodialysis (NHD) compared to conventional in-center hemodialysis (ICHD) improves sensitivity to erythropoiesis stimulating agents (ESA). Results from a comparison of pre (months -6 to -1) to post (months +3 to +9) NHD (with 418 patients used as their own controls) showed that increased dialysis time on NHD compared to ICHD is associated with improved sensitivity to ESA and that lower utilization of ESA resulted in clinically insignificant changes in Hb and IV iron utilization.

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About DaVita Inc.

DaVita Inc., a FORTUNE 500® company, is a leading provider of kidney care in the United States, providing dialysis services and education for patients with chronic kidney failure and end stage renal disease. DaVita has been recognized as the only FORTUNE 500® company on WorldBlu's annual List of Most Democratic Workplaces™. As of June 30, 2009, DaVita operated or provided administrative services at 1,493 outpatient dialysis facilities and acute units in approximately 700 hospitals located in 43 states and the District of Columbia, serving approximately 116,000 patients. As part of DaVita's commitment to building a healthy, caring community, DaVita develops, participates in and donates to numerous programs dedicated to transforming communities and creating positive, sustainable change for children, families and our environment. For more information about DaVita, its kidney education materials and its community programs, please visit www.davita.com.

Source: DaVita Inc.

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