

## Dialysis Facility Report for Fiscal Year (FY) 2017

**\*Purpose of the Report**

The *Dialysis Facility Report (DFR) for FY 2017* is provided as a resource for characterizing selected aspects of clinical experience at this facility relative to other caregivers in this state, ESRD Network, and across the United States. Since these data could be useful in quality improvement and assurance activities, each state's surveying agency may utilize this report as a resource during the FY 2017 survey and certification process.

This report has been prepared for this facility by the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) with funding from the Centers for Medicare & Medicaid Services (CMS) and is based primarily on data reported in CROWNWeb, Medicare claims and data collected for CMS. It is the twenty-first in a series of annual reports. This is one of 6,783 reports that have been distributed to ESRD providers in the U.S.

**\*This DFR includes data specific to CCN(s): 502556**

**Overview:** This report includes summaries of patient characteristics, treatment patterns, and patient outcomes for chronic dialysis patients who were treated in this facility between January 2012 and December 2015. Mortality, hospitalization, and transplantation statistics are reported for a three- or four-year period. Regional and national averages are included to allow for comparisons. Several of the summaries of patient mortality, hospitalization, and transplantation are adjusted to account for the characteristics of the patient mix at this facility, such as age, sex and diabetes as a cause of ESRD. Unless otherwise specified, data refer to hemodialysis (HD) and peritoneal dialysis (PD) patients combined.

Selected highlights from this report are given on pages 2 and 3. For a complete description of the methods used to calculate the statistics in this report, please see the *Guide to the Dialysis Facility Reports for FY 2017*. The *Guide* may be downloaded from the methodology section of the Dialysis Data website at [www.DialysisData.org](http://www.DialysisData.org).

**What's New This Year:** As part of a continuing effort to improve the quality and relevance of this report for your facility, the DFR for FY 2017 has been reorganized by measure area. Summaries for All Dialysis Patients Treated as of December 31st of Each Year (former Table 10) and Characteristics of New Dialysis Patients (former Table 9) may now be found at the beginning of the Report. The following NEW tables include measures previously reported in Table 6 (Facility Modality, Anemia Management, and Dialysis Adequacy for Medicare Dialysis Patients) and Table 14 (CROWNWeb Clinical Data): Table 8: Anemia Management; Table 9: Dialysis Adequacy and Table 10: Mineral Metabolism. Vascular access type and access-related infection summaries have been combined and in the new Table 11. Most recent patient placement information and Medicare eligibility summaries reported on the Annual Facility Survey; and basic survey information formally reported in Tables 13 and 15, respectively, may now be found in the new Table 13: Facility Information.

**\*How to Submit Comments**

**Between July 15, 2016 and August 15, 2016**, facilities may submit comments to their state surveyor or UM-KECC by visiting [www.DialysisData.org](http://www.DialysisData.org), logging on to view their report, and clicking on the **Comments & Inquiries** tab. Questions or comments after the comment period is over may be submitted to us directly at [DialysisData@umich.edu](mailto:DialysisData@umich.edu) or 1-855-764-2885.

- (1) **State Surveyor:** Dialysis facilities may submit comments on the DFR for their state's surveyors. State surveyor(s) will receive a copy of their DFR with the comments they submitted in September 2016.
- (2) **UM-KECC:** Submit questions or suggestions to improve the DFR to UM-KECC. These comments will not be shared with CMS or your state surveyor.

**\*Facility Highlights***Patient Characteristics (Tables 1 and 2):*

- Among the 16 patients with Medical Evidence Forms (CMS-2728) indicating treatment at this facility during 2015:
  - 6% of these patients were not under the care of a nephrologist before starting dialysis, compared to 19% in your State, 19% in your Network, and 23% nationally.
  - 50% of these patients were informed of their transplant options, compared to 75% in your State, 79% in your Network, and 87% nationally.
- Among the patients treated at this facility on December 31, 2015, 10% were treated in a nursing home during the year, compared to 15% nationally.

*Standardized Mortality Ratio (SMR) (Table 3):*

- At this facility, the 2012-2015 SMR is 0.74, which is 26% fewer deaths than expected at this facility. Among all U.S. facilities, 14% of facilities had a four-year SMR lower than 0.74. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The 2012-2015 SMR of observed to expected deaths is 0.98 and 0.94 for your State and Network, respectively.
- At this facility, the 2012-2014 first-year SMR of observed to expected deaths is 0.97, which is 3% fewer deaths than expected at this facility. Among all U.S. facilities, 52% of facilities had a first-year SMR lower than 0.97. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The first-year SMR (2012-2014) of observed to expected deaths is 0.89 and 0.87 for your State and Network, respectively.

*Hospitalizations and Readmissions (Table 4):*

- The 2012-2015 SHR (Admissions) at this facility is 0.76, which is 24% fewer admissions hospitalized than expected. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower hospitalization could plausibly be just a chance occurrence. The 2012-2015 SHR (Admissions) for your State and Network is 0.89 and 0.87, respectively.
- The 2015 SRR at this facility is 0.88, which is 12% fewer admissions than expected. This difference is not statistically significant ( $p \geq 0.05$ ), so the lower number of readmissions could plausibly be just a chance occurrence. The 2015 SRR for your State and Network is 0.96 and 0.92, respectively.

*Infection (Tables 4 and 11):*

- The percentage of Medicare dialysis patients at this facility hospitalized with septicemia during 2012-2015 was 10.3%, compared to 11.8% in your State, 10.6% in your Network, and 10.9% nationally.
- The rate of PD catheter-related infection is unavailable. The rates of PD catheter-related infection are 2.8, 2.3, and 2.5 for your State, Network and U.S., respectively.

*Transplantation (Table 5):*

- Of the patients under age 70 treated at this facility during 2012-2015 who had not previously received a transplant, 5% were transplanted annually, while a rate of 4% would be expected for these patients.
- The 2012-2015 Standardized 1<sup>st</sup> Transplantation Ratio (STR) of observed to expected number of patients transplanted for this facility is 1.23, which is 23% higher than expected for this facility. This difference is not statistically significant ( $p \geq 0.05$ ) and could plausibly be due to random chance. The 2012-2015 STR for your State and Network is 1.37 and 1.28, respectively.

*Transplant Waitlist (Table 6):*

- Among the 46 dialysis patients under age 70 treated at this facility on December 31, 2015, 22% were on the kidney transplant waitlist, compared to 23% nationally. This difference is not statistically significant ( $p \geq 0.05$ ) and is plausibly due to random chance. The percentage of patients on the kidney transplant waitlist on December 31, 2015, in your State and Network is 20% and 18%, respectively.

*Influenza Vaccination (Table 7):*

- Among the 49 Medicare dialysis patients treated at this facility on December 31, 2015, 76% were vaccinated between August 1 and December 31, 2015 compared to 73% nationally. This difference is not statistically significant ( $p >= 0.05$ ) and is plausibly due to random chance. The percentage of patients vaccinated in your State, Network, and Nation is 77%, 76%, and 73%, respectively.

*Anemia Management (Table 8):*

- Among the 61 HD patients in this facility included in the analysis in 2015, 13% had a hemoglobin value below 10 g/dL, compared to 13% in your State, 12% in your Network, and 16% nationally.
- There were no PD patients at this facility with hemoglobin (below 10 g/dL) included in the analysis in 2015.

*Dialysis Adequacy (Table 9):*

- In 2015, 95% of eligible HD patient-months had a Kt/V  $\geq 1.2$ , compared to 95% in your State, 95% in your Network, and 95% nationally.
- In 2015, the percent of eligible PD patient-months that had a Kt/V  $\geq 1.7$  is unavailable. The percent of patients with Kt/V  $\geq 1.7$  in your State, Network, and US is 89%, 90%, and 87% respectively.

*Mineral Metabolism (Table 10):*

- In 2015, 19% of eligible patient-months had a serum phosphorus value  $> 7.0$  mg/dL, compared to 14% in your State, 14% in your Network, and 12% nationally.
- In 2015, 4% of eligible patient-months had calcium uncorrected value  $> 10.2$  mg/dL, compared to 4% in your State, 4% in your Network, and 3% nationally.

*Vascular Access (Table 11):*

- At this facility in 2015, 44% of incident patients had arteriovenous (AV) fistulae in place, compared to 31% in your State, 30% in your Network, and 22% nationally.
- Of the prevalent patients receiving hemodialysis treatment at this facility in 2015, 2% had a catheter which had been in place for at least 90 days as their only vascular access, compared to 8% in your State, 8% in your Network, and 10% nationally.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 1: Summaries for All Dialysis Patients Treated as of December 31st of Each Year<sup>\*1</sup>, 2012-2015**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
							<b>2015</b>	
1a Patients treated on 12/31 (n)	41	52	55	79		71.2	62.0	66.9
1b Average age (years)	60.4	60.7	60.9	61.3		61.4	61.3	61.7
1c Age (% of 1a; sums to 100%)								
< 18	0.0	0.0	0.0	0.0		0.4	0.4	0.3
18-64	63.4	59.6	56.4	59.5		54.0	54.0	54.6
65+	36.6	40.4	43.6	40.5		45.6	45.6	45.2
1d Female (% of 1a)	43.9	36.5	38.2	29.1		43.7	42.9	43.5
1e Race (% of 1a; sums to 100%) <sup>*3</sup>								
African American	34.1	36.5	38.2	29.1		11.8	8.3	35.5
Asian/Pacific Islander	26.8	30.8	27.3	34.2		14.2	10.2	5.7
Native American	0.0	0.0	0.0	0.0		1.5	2.9	1.2
White	39.0	32.7	32.7	35.4		72.2	78.1	57.3
Other/Unknown/Missing	0.0	0.0	1.8	1.3		0.4	0.4	0.3
1f Ethnicity (% of 1a; sums to 100%)								
Hispanic	2.4	7.7	7.3	8.9		12.1	12.2	18.4
Non-Hispanic	97.6	92.3	92.7	91.1		87.4	87.4	81.2
Unknown	0.0	0.0	0.0	0.0		0.5	0.4	0.4
1g Primary Cause of ESRD (% of 1a; sums to 100%)								
Diabetes	36.6	38.5	32.7	35.4		45.4	44.8	45.0
Hypertension	31.7	25.0	21.8	24.1		18.0	17.7	29.4
Glomerulonephritis	17.1	17.3	20.0	20.3		16.0	16.6	11.1
Other/Unknown	14.6	19.2	25.5	20.3		20.0	20.4	13.5
Missing	0.0	0.0	0.0	0.0		0.6	0.6	1.1
1h Average duration of ESRD (years)	5.4	4.7	4.6	4.9		4.9	4.8	4.9
1i Years since start of ESRD (% of 1a; sums to 100%)								
< 1	19.5	23.1	18.2	12.7		16.6	16.8	16.1
1-2	24.4	21.2	25.5	19.0		18.1	18.4	17.0
2-3	7.3	17.3	16.4	16.5		14.3	14.2	13.6
3-6	22.0	11.5	21.8	29.1		25.4	25.4	26.2
6+	26.8	26.9	18.2	22.8		25.6	25.2	27.1
1j Nursing home patients (% of 1a) <sup>*4</sup>	7.3	21.2	12.7	10.1		13.6	13.1	14.8
1k Modality (% of 1a; sums to 100%)								
In-center hemodialysis	100	100	100	100		84.1	82.8	87.6
Home hemodialysis	0.0	0.0	0.0	0.0		2.9	2.6	1.8
Continuous ambulatory peritoneal dialysis	0.0	0.0	0.0	0.0		1.5	2.1	1.8
Continuous cycling peritoneal dialysis	0.0	0.0	0.0	0.0		10.7	11.8	8.3
Other modality <sup>*5</sup>	0.0	0.0	0.0	0.0		0.8	0.7	0.5

n/a = not applicable

[\*1] See *Guide, Section IV*.

[\*2] Values are shown for the average facility.

[\*3] 'Asian' includes Indian sub-continent. 'Native American' includes Alaskan Native. 'White' includes Middle Eastern and Arabian.

[\*4] Includes patients who were also treated by a nursing facility at any time during the year. The source of nursing facility history of patients is the Nursing Home Minimum Dataset.

[\*5] Other modality includes other dialysis, uncertain modality, and patients not on dialysis but still temporarily assigned to the facility (discontinued dialysis, recovered renal function, and lost to follow up).

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 2: Characteristics of New Dialysis Patients\*<sup>1</sup>, 2012-2015 (Form CMS-2728)**

Measure Name	2012	2013	2014	2015	-	State* <sup>2</sup>	Network* <sup>2</sup>	U.S.* <sup>2</sup>
<b>Patient Characteristics*<sup>3</sup></b>							<b>2015</b>	
2a Total number of patients with forms (n)	12	25	19	16		17.6	16.1	17.7
2b Average age (years [0-95])* <sup>3</sup>	68.1	59.1	63.5	58.3		62.5	62.7	63.4
2c Female (% of 2a)	33.3	56.0	26.3	37.5		42.2	39.5	42.4
2d Race (% of 2a; sums to 100%)* <sup>4</sup>								
African-American	25.0	16.0	15.8	18.8		9.3	6.1	26.5
Asian/Pacific Islander	41.7	32.0	52.6	43.8		13.3	8.8	5.2
Native American	0.0	4.0	0.0	0.0		1.7	2.8	0.9
White	33.3	48.0	31.6	37.5		75.1	81.9	67.1
Other/Unknown	0.0	0.0	0.0	0.0		0.6	0.4	0.3
2e Hispanic (% of 2a)	0.0	4.0	5.3	0.0		7.2	8.2	15.0
2f Primary cause of ESRD (% of 2a; sums to 100%)								
Diabetes	41.7	32.0	47.4	50.0		46.7	47.2	48.0
Hypertension	16.7	24.0	15.8	12.5		18.4	17.6	29.6
Primary glomerulonephritis	16.7	8.0	26.3	12.5		13.0	13.4	7.5
Other/Unknown	25.0	36.0	10.5	25.0		21.9	21.8	14.9
2g Medical coverage (% of 2a; sums to 100%)								
Employer group only	8.3	16.0	15.8	6.3		12.8	11.6	12.6
Medicare only	16.7	28.0	21.1	31.3		26.7	29.9	31.4
Medicaid only	16.7	16.0	15.8	31.3		12.1	11.5	12.1
Medicare and Medicaid only	16.7	16.0	31.6	6.3		12.9	11.3	13.2
Medicare and other	16.7	0.0	0.0	0.0		23.5	22.5	19.0
Other/Unknown	0.0	16.0	15.8	25.0		10.7	10.7	7.5
None	25.0	8.0	0.0	0.0		1.4	2.6	4.2
2h Body Mass Index* <sup>5</sup> (Median; Weight/Height <sup>2</sup> )								
Male	23.2	26.6	28.6	24.1		27.7	28.3	27.8
Female	21.6	23.5	25.2	24.8		28.5	29.4	29.1
2i Employment* <sup>6</sup>								
Six months prior to ESRD treatment	0.0	41.7	33.3	22.2		36.4	36.7	31.7
At first ESRD treatment	0.0	33.3	22.2	11.1		28.3	27.3	22.6
2j Primary modality (% of 2a; sums to 100%)								
Hemodialysis	100	100	100	100		88.0	86.1	89.9
CAPD/CCPD	0.0	0.0	0.0	0.0		12.0	13.9	10.1
Other/Unknown/Missing	0.0	0.0	0.0	0.0		0.0	0.0	0.0
2k Number of incident hemodialysis patients (n)	12	25	19	16		15.5	13.9	15.9
2l Access used at first outpatient dialysis (% of 2k; sums to 100%)								
Arteriovenous fistula	33.3	24.0	36.8	37.5		28.2	25.8	16.9
Arteriovenous graft	16.7	12.0	10.5	0.0		3.0	3.3	3.0
Catheter	50.0	64.0	52.6	62.5		68.5	70.7	80.0
Other/Unknown/Missing	0.0	0.0	0.0	0.0		0.3	0.2	0.2
2m Arteriovenous fistula placed (% of 2k)	50.0	48.0	63.2	68.8		49.7	46.6	33.6

(continued)

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 2 (cont.): Characteristics of New Dialysis Patients<sup>\*1</sup>, 2012-2015 (Form CMS-2728)**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>							<b>2015</b>	
2n Hemoglobin (g/dL [3-18])	10.4	9.3	8.9	9.0		9.4	9.6	9.4
2o Serum albumin (g/dL [0.8-6.0])	3.7	3.4	3.8	.		3.2	3.2	3.2
2p Serum creatinine (mg/dL [2-33])	7.4	7.8	9.0	7.4		6.8	6.4	6.5
2q GFR (mL/min [0-60])	8.4	8.6	7.8	8.8		9.8	10.4	10.7
<b>Care Prior to ESRD Therapy</b>								
2r Received ESA prior to ESRD (% of 2a)	8.3	20.0	21.1	43.8		20.6	19.2	13.4
2s Pre-ESRD nephrologist care (% of 2a; sums to 100%) <sup>*7</sup>								
No	33.3	28.0	5.3	6.3		18.6	19.0	22.9
Yes, < 6 months	8.3	20.0	21.1	31.3		15.9	14.6	13.5
Yes, 6-12 months	8.3	24.0	21.1	0.0		17.7	20.4	19.5
Yes, > 12 months	50.0	24.0	52.6	62.5		43.3	41.6	29.9
Unknown/Missing	0.0	4.0	0.0	0.0		4.4	4.4	14.2
2t Informed of transplant options (% of 2a)	75.0	48.0	68.4	50.0		75.5	78.8	86.8
2u Patients not informed of transplant options (n)	3	13	6	8		4.3	3.4	2.3
2v Reason not informed (% of 2u; may not sum to 100%)								
Medically unfit	33.3	38.5	16.7	25.0		42.9	42.2	36.0
Unsuitable due to age	0.0	7.7	16.7	0.0		10.7	15.4	25.8
Psychologically unfit	0.0	7.7	0.0	12.5		4.5	3.5	3.4
Patient declined information	0.0	0.0	0.0	0.0		1.1	0.9	1.9
Patient has not been assessed	66.7	30.8	50.0	50.0		38.9	40.2	37.1
<b>Comorbid Conditions</b>								
2w Pre-existing comorbidity (% yes of 2a) <sup>*7</sup>								
Congestive heart failure	33.3	32.0	31.6	18.8		29.1	28.0	28.8
Atherosclerotic heart disease <sup>*8</sup>	25.0	36.0	36.8	18.8		16.2	18.1	14.0
Other cardiac disorder <sup>*7</sup>	8.3	16.0	21.1	12.5		17.5	16.3	20.0
CVD, CVA, TIA	25.0	16.0	10.5	6.3		9.3	8.9	8.4
Peripheral vascular disease	25.0	12.0	21.1	37.5		9.8	12.2	10.4
History of hypertension	91.7	76.0	100	81.3		85.0	85.0	87.6
Diabetes <sup>*7</sup>	50.0	36.0	63.2	50.0		58.4	58.4	62.6
Diabetes on insulin	41.7	28.0	47.4	25.0		42.8	41.8	41.6
COPD	0.0	8.0	5.3	12.5		7.7	7.9	9.3
Current smoker	25.0	16.0	5.3	6.3		5.9	6.8	6.1
Cancer	0.0	8.0	10.5	0.0		7.8	7.6	7.0
Alcohol dependence	0.0	4.0	5.3	0.0		1.0	1.8	1.5
Drug dependence	25.0	12.0	10.5	18.8		2.5	2.0	1.2
Inability to ambulate	0.0	0.0	0.0	0.0		4.1	4.6	7.1
Inability to transfer	0.0	0.0	0.0	0.0		1.4	1.5	3.9
2x Average number of comorbid conditions	3.5	3.0	3.7	2.9		3.0	3.0	3.1

n/a= not applicable

[\*1] See *Guide, Section V*.

[\*2] Values are shown for the average facility.

[\*3] For continuous variables, summaries include only responses in range indicated in brackets.

[\*4] 'Asian' includes Indian sub-continent. 'Native American' includes Alaskan Native. 'White' includes Middle Eastern and Arabian.

[\*5] The median BMI is computed for adult patients at least 20 years old with height, weight, and BMI values in acceptable ranges. Acceptable range for height, weight, and BMI are 122-208cm, 32-318 kg, and 10-55 respectively.

[\*6] Full-time, part-time, or student (% of 18-60 year olds).

[\*7] Values may not sum to exactly 100% because of patients that received nephrology care but duration unknown (0.01% in US in 2015).

[\*8] 'Atherosclerotic heart disease' includes ischemic heart disease (coronary artery disease) and myocardial infarction. 'Other cardiac disorder' includes cardiac arrest, cardiac dysrhythmia, and pericarditis. 'Diabetes' includes patients with diabetes as the primary cause of ESRD.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 3: Mortality Summary for All Dialysis Patients (2012-15) & New Dialysis Patients (2012-14)\*1**

Measure Name	2012	2013	2014	2015	2012-2015	State *2	Network *2	U.S. *2
<b>All Patients: Death Rates</b>							<b>2012-2015</b>	
3a Patients (n=number)	60	68	91	106	325 *8	95.4	80.5	95.5
3b Patient-years (PY) at risk (n)	39.7	42.8	57.5	69.8	209.8 *8	67.1	56.8	64.2
3c Deaths (n)	5	4	10	5	24 *8	12.0	10.0	11.2
3d Expected deaths (n)	5.8	6.9	9.4	10.6	32.6 *8	12.2	10.6	11.2
<b>All Patients: Categories of Death</b>								
3e Withdrawal from dialysis prior to death (% of 3c)	40.0	25.0	20.0	40.0	29.2	40.0	41.2	24.9
3f Death due to Infections (% of 3c)	0.0	0.0	10.0	20.0	8.3	13.7	13.5	11.7
Death due to Cardiac causes (% of 3c)	80.0	50.0	80.0	20.0	62.5	36.2	38.7	43.5
3g Dialysis unrelated deaths *3 (n; excluded from SMR)	0	0	0	1	1 *8	0.1	0.1	0.1
<b>All Patients: Standardized Mortality Ratio (SMR)</b>								
3h SMR *4	0.86	0.58	1.07	0.47	0.74	0.98	0.94	1.00
3i P-value *5	0.962	0.365	0.923	0.095	0.143	n/a	n/a	n/a
3j Confidence interval for SMR *6								
High (97.5% limit)	2.02	1.49	1.96	1.10	1.09	n/a	n/a	n/a
Low (2.5% limit)	0.28	0.16	0.51	0.15	0.47	n/a	n/a	n/a
3k SMR percentiles for this facility *7								
In this State	39	19	55	14	20	n/a	n/a	n/a
In this Network	49	17	58	13	23	n/a	n/a	n/a
In the U.S.	38	15	62	9	14	n/a	n/a	n/a
<b>New Patients: First Year Death Rates</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>		<b>2012-2014</b>		<b>2012-2014</b>	
3l New patients (n=number)	12	25	19		56 *8	18.7	16.3	17.0
3m Patient-years (PY) at risk (n)	11.1	20.2	18.8		50.1 *8	16.5	14.5	14.9
3n Deaths (n)	1	8	1		10 *8	3.4	2.9	3.4
3o Expected deaths (n)	2.5	4.2	3.7		10.4 *8	3.8	3.3	3.4
<b>New Patients: Categories of Deaths</b>								
3p Withdrawal from dialysis prior to death (% of 3n)	100	12.5	100		30.0	43.7	43.3	26.6
3q Death due to Infections (% of 3n)	100	12.5	0.0		20.0	14.0	13.0	10.8
Death due to Cardiac causes (% of 3n)	0.0	50.0	0.0		40.0	32.6	36.4	38.9
<b>New Patients: First Year Standardized Mortality Ratio (SMR)</b>								
3r SMR *4	.	1.92	0.27		0.97	0.89	0.87	1.00
3s P-value *5	.	0.123	0.237		0.999	n/a	n/a	n/a
3t Confidence interval for SMR *6								
High (97.5% limit)	.	3.78	1.52		1.78	n/a	n/a	n/a
Low (2.5% limit)	.	0.83	0.01		0.46	n/a	n/a	n/a
3u First Year SMR percentiles for this facility *7								
In this State	.	93	18		61	n/a	n/a	n/a
In this Network	.	92	19		60	n/a	n/a	n/a
In the U.S.	.	88	17		52	n/a	n/a	n/a

n/a = not applicable

[\*1] See *Guide, Section VI*.

[\*2] Values are shown for the average facility, annualized.

[\*3] Defined as deaths due to street drugs and accidents unrelated to treatment.

[\*4] Calculated as a ratio of deaths to expected deaths (3c to 3d for all patients, 3n to 3o for new patients); not shown if there are fewer than 3 expected deaths.

[\*5] A p-value less than 0.05 indicates that the difference between the actual and expected mortality is probably real and is not due to random chance alone, while a p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.

[\*6] The confidence interval range represents uncertainty in the value of the SMR due to random variation.

[\*7] All facilities are included in ranking, regardless of the number of expected deaths.

[\*8] Sum of 4 years (all patients) or 3 years (new patients) used for calculations; should not be compared to regional averages.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 4: Hospitalization Summary for Medicare Dialysis Patients\*<sup>1</sup>, 2012-2015**

Measure Name	2012	2013	2014	2015	2012-2015	State* <sup>2</sup>	Network* <sup>2</sup>	U.S.* <sup>2</sup>
<b>Medicare Dialysis Patients</b>							<b>2012-2015</b>	
4a Medicare dialysis patients (n)	48	53	68	83	252* <sup>3</sup>	74.8	62.8	74.1
4b Patient-years (PY) at risk (n)	31.5	32.9	43.5	53.3	161.1* <sup>3</sup>	49.2	40.8	45.4
<b>Days Hospitalized Statistics</b>								
4c Total days hospitalized (n)	333	393	266	343	1335* <sup>3</sup>	486.9	389.1	599.8
4d Expected total days hospitalized (n)	417.0	433.4	585.7	675.0	2111.0* <sup>3</sup>	657.5	539.0	601.9
4e Standardized Hospitalization Ratio (Days)* <sup>4</sup>	0.80	0.91	0.45	0.51	0.63	0.74	0.72	1.00
4f P-value* <sup>5</sup>	0.742	0.922	0.146	0.176	0.286	n/a	n/a	n/a
4g Confidence interval for SHR (Days)* <sup>6</sup>								
High (97.5% limit)	2.04	2.04	1.28	1.32	1.39	n/a	n/a	n/a
Low (2.5% limit)	0.37	0.46	0.19	0.22	0.33	n/a	n/a	n/a
4h Percentiles for this facility (Days)* <sup>7</sup>								
In this State	69	79	10	17	37	n/a	n/a	n/a
In this Network	72	79	15	23	41	n/a	n/a	n/a
In the U.S.	35	48	7	9	13	n/a	n/a	n/a
<b>Admission Statistics</b>								
4i Total admissions (n)	66	56	56	51	229* <sup>3</sup>	80.8	64.8	82.7
4j Expected total admissions (n)	60.5	62.6	81.3	97.0	301.4* <sup>3</sup>	90.9	74.7	82.8
4k Standardized Hospitalization Ratio (Admissions)* <sup>4</sup>	1.09	0.89	0.69	0.53	0.76	0.89	0.87	1.00
4l P-value* <sup>5</sup>	0.707	0.748	0.282	0.065	0.372	n/a	n/a	n/a
4m Confidence interval for SHR (Admissions)* <sup>6</sup>								
High (97.5% limit)	1.99	1.64	1.33	1.04	1.35	n/a	n/a	n/a
Low (2.5% limit)	0.63	0.50	0.37	0.28	0.45	n/a	n/a	n/a
4n Percentiles for this facility (admissions)* <sup>7</sup>								
In this State	81	57	22	7	28	n/a	n/a	n/a
In this Network	79	60	29	12	35	n/a	n/a	n/a
In the U.S.	66	40	15	5	18	n/a	n/a	n/a
4o Diagnoses associated with hospitalization (% of 4a)* <sup>8</sup>								
Septicemia	16.7	13.2	4.4	9.6	10.3	11.8	10.6	10.9
Acute myocardial infarction	8.3	0.0	2.9	3.6	3.6	4.5	4.4	4.1
Congestive heart failure	16.7	11.3	10.3	16.9	13.9	22.8	21.4	23.4
Cardiac dysrhythmia	16.7	15.1	16.2	13.3	15.1	17.3	16.0	15.9
Cardiac arrest	2.1	0.0	2.9	1.2	1.6	2.1	1.9	2.1
4p One day admissions (% of 4i)	19.7	14.3	23.2	13.7	17.9	14.5	13.9	11.5
4q Average length of stay (days per admission; 4c/4i)	5.0	7.0	4.8	6.7	5.8	6.0	6.0	7.3

(continued)

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 4 (cont.): Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2012-2015**

Measure Name	2012	2013	2014	2015	2012-2015	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
<b>Emergency Department (ED) Statistics</b>							<b>2012-2015</b>	
4r Total ED visits (n)	160	122	139	136	557 <sup>*3</sup>	147.5	119.6	138.7
4s Expected total ED visits (n)	102	107	138	169	516 <sup>*3</sup>	152.3	125.8	139.2
4t Standardized Hospitalization Ratio (ED) <sup>*4</sup>	1.57	1.14	1.01	0.81	1.08	0.97	0.95	1.00
4u P-value <sup>*5</sup>	0.029	0.589	0.947	0.412	0.674	n/a	n/a	n/a
4v Confidence interval for SHR (ED) <sup>*6</sup>								
High (97.5% limit)	2.38	1.83	1.64	1.32	1.63	n/a	n/a	n/a
Low (2.5% limit)	1.05	0.71	0.63	0.51	0.73	n/a	n/a	n/a
4w Percentiles for this facility (ED) <sup>*7</sup>								
In this State	97	80	56	18	73	n/a	n/a	n/a
In this Network	95	78	58	27	74	n/a	n/a	n/a
In the U.S.	95	73	56	24	67	n/a	n/a	n/a
4x Patients with ED visit (% of 4a)	72.9	60.4	70.6	54.2	63.5	63.4	62.5	60.8
4y ED visits that result in hospitalization (% of 4t)	36.3	36.9	32.4	30.1	33.9	42.2	40.2	47.8
4z Admissions that originate in the ED (% of 4i)	87.9	80.4	80.4	80.4	82.5	77.2	74.2	80.2
<b>Readmission Statistics</b>							<b>2015</b>	
4aa Index discharges (n)	62	66	56	49	n/a	73.8	61.3	77.2
4ab Total readmissions (n)	21	23	16	11	n/a	17.7	14.5	20.3
4ac Expected total readmissions (n)	20	20	15	12	n/a	20.3	17.3	20.7
4ad Standardized Readmission Ratio (SRR)	1.03	1.16	1.07	0.88	n/a	1.0	0.9	1.0
4ae P-value <sup>*5</sup>	0.785	0.546	0.819	0.844	n/a	n/a	n/a	n/a
4af Confidence interval for SRR <sup>*6</sup>					n/a			
High (97.5% limit)	1.45	1.57	1.62	1.44	n/a	n/a	n/a	n/a
Low (2.5% limit)	0.66	0.79	0.62	0.47	n/a	n/a	n/a	n/a

n/a = not applicable.

[\*1] Based on patients with Medicare as primary insurer; see *Guide, Section VII*.

[\*2] Values are shown for the average facility, annualized.

[\*3] Sum of 4 years used for calculations; should not be compared to regional averages.

[\*4] Standardized Ratios are calculated as ratio of actual to expected events (4c/4d for days, 4i/4j for admissions, 4r/4s for ED visits, and 4ab/4ac for readmissions). SHRs are not shown if there are less than 5 patient years at risk. SRR is not shown if fewer than 11 index discharges in the year.

[\*5] A p-value less than 0.05 indicates that the difference between the actual and expected event is probably real and is not due to random chance alone, while a p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.

[\*6] The confidence interval range represents uncertainty in the value of the standardized hospitalization and readmission ratios (SHRs and SRR) due to random variation.

[\*7] All facilities are included in ranking, regardless of the number of patient years at risk.

[\*8] Includes diagnoses present at admission and diagnoses added during the hospital stay.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 5: Transplantation Summary for Dialysis Patients under Age 70<sup>\*1</sup>, 2012-2015**

Measure Name	2012	2013	2014	2015	2012-2015	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
<b>All patients</b>							<b>2012-2015</b>	
5a Eligible patients (n)	43	46	63	78	230 <sup>*10</sup>	66.1	55.7	65.4
5b Transplants (n)	2	3	1	4	10 <sup>*10</sup>	2.8	2.2	1.9
5c Donor type (sums to 5b) <sup>*3</sup>								
Living donor (n)	0	0	0	0	0 <sup>*10</sup>	0.6	0.6	0.5
Deceased donor (n)	2	3	1	4	10 <sup>*10</sup>	2.2	1.7	1.5
<b>Patients who have not Previously Received a Transplant</b>								
5d Eligible patients (n)	40	43	59	74	216 <sup>*10</sup>	59.7	50.3	59.7
5e Patient years (PY) at risk (n)	27.3	25.7	36.3	47.1	136.4 <sup>*10</sup>	41.9	35.5	40.7
5f First transplants <sup>*4</sup> (n)	2	2	0	3	7 <sup>*10</sup>	2.4	1.9	1.7
5g Expected first transplants (n)	1.2	1.1	1.5	1.9	5.6 <sup>*10</sup>	1.8	1.5	1.7
<b>Standardized 1st Transplantation Ratio (STR)<sup>*5</sup></b>								
5h STR <sup>*6</sup>					1.23	1.37	1.28	1.00
5i P-value <sup>*7</sup>					0.690	n/a	n/a	n/a
5j Confidence interval for STR <sup>*8</sup>								
High (97.5% limit)					2.53	n/a	n/a	n/a
Low (2.5% limit)					0.49	n/a	n/a	n/a
5k STR percentiles for this facility <sup>*9</sup>								
In this State					50	n/a	n/a	n/a
In this Network					58	n/a	n/a	n/a
In the U.S.					65	n/a	n/a	n/a

n/a = not applicable.

<sup>\*1</sup> See *Guide, Section VIII*.

<sup>\*2</sup> Values are shown for the average facility, annualized.

<sup>\*3</sup> Values may not sum to 5b due to unknown donor type.

<sup>\*4</sup> Among first transplants that occurred after the start of dialysis from 2012-2015, 3.8% of transplants in the U.S. were not included because the transplant occurred fewer than 90 days after the start of ESRD and 1.1% were not included because the patient was not assigned to a facility at time of transplant.

<sup>\*5</sup> This section is calculated for the 4-year period only and not reported if there are fewer than 3 expected transplants.

<sup>\*6</sup> Standardized 1st Transplantation Ratio calculated as ratio of actual (5f) to expected (5g) transplants.

<sup>\*7</sup> A p-value less than 0.05 indicates that the difference between the actual and expected transplants is probably real and is not due to random chance, while a p-value greater than or equal to 0.05 indicates that the difference is plausibly due to random chance.

<sup>\*8</sup> The confidence interval range represents uncertainty in the value of the STR due to random variation.

<sup>\*9</sup> All facilities are included in ranking, regardless of the number of expected transplants.

<sup>\*10</sup> Sum of 4 years used for calculations; should not be compared to regional averages.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 6: Waitlist Summary for Dialysis Patients under Age 70 Treated on December 31st of Each Year<sup>\*1</sup>, 2012-2015**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
							<b>2015</b>	
6a Eligible patients on 12/31 (n)	30	42	45	46		52.2	45.0	48.2
6b Patients on the waitlist (% of 6a)	23.3	11.9	15.6	21.7		20.5	18.2	22.6
6c P-value <sup>*3</sup> (compared to U.S. value)	0.551	0.037	0.122	0.526		n/a	n/a	n/a
6d Patients on the waitlist by subgroup (%) <sup>*4</sup>								
Age < 40	25.0	16.7	16.7	28.6		35.0	28.4	33.1
Age 40-69	23.1	11.1	15.4	20.5		18.4	16.6	21.2
Male	26.3	16.7	19.4	25.7		21.2	18.7	23.7
Female	18.2	0.0	7.1	9.1		19.5	17.4	21.0
African American	30.0	11.8	14.3	7.1		19.8	18.1	21.0
Asian/Pacific Islander	37.5	27.3	11.1	46.2		26.4	26.6	33.2
Native American	.	.	.	0.0		9.9	13.1	15.5
White, Hispanic	0.0	0.0	25.0	0.0		20.2	16.9	25.4
White, non-Hispanic	9.1	0.0	10.0	15.4		19.6	17.3	21.6
Other/unknown race	.	.	100	100		21.7	18.0	24.9
Diabetes	30.0	0.0	7.7	26.3		15.0	12.9	18.4
Non-diabetes	20.0	17.2	18.8	18.5		25.1	22.6	26.0
Previous kidney transplant	33.3	33.3	50.0	0.0		36.9	31.4	40.1
No previous kidney transplant	22.2	10.3	14.0	22.2		18.8	16.8	21.1
< 2 years since start of ESRD	27.3	0.0	18.2	25.0		15.3	14.4	15.3
2-4 years since start of ESRD	42.9	36.4	18.2	33.3		25.8	23.2	28.1
5+ years since start of ESRD	8.3	8.3	8.3	0.0		21.4	17.6	25.3

n/a = not applicable.

[\*1] See *Guide, Section IX*.

[\*2] Values are shown for the average facility.

[\*3] Facility waitlist percentage is compared to the U.S. waitlist percentage for that year: 24.3% (2012), 24.4% (2013), 24.0% (2014), 22.6% (2015). A p-value greater than 0.05 indicates that the difference between percent of patients waitlisted at the facility and national percentage is plausibly due to random chance.

[\*4] A missing value indicates that there were no eligible patients in the subgroup.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 7: Influenza Vaccination Summary for Medicare Dialysis Patients Treated on December 31st of Each Year<sup>\*1</sup>, Flu Seasons August 2012-December 2015**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
							<b>2015</b>	
7a Eligible patients on 12/31 (n)	32	38	45	49		50.8	43.4	46.9
7b Patients vaccinated between Aug. 1 and Dec. 31 (% of 7a)	84.4	84.2	75.6	75.5		77.0	76.2	73.3
7c P-value <sup>*3</sup> (for 7b compared to U.S. value <sup>*4</sup> )	0.057	0.052	0.469	0.436		n/a	n/a	n/a
							<b>2014</b>	
7d Patients vaccinated between Aug 1 and Mar 31 of following year (% of 7a)	84.4	84.2	75.6			75.8	74.9	74.2
7e P-value <sup>*3</sup> (for 7d compared to U.S. value <sup>*5</sup> )	0.073	0.064	0.494			n/a	n/a	n/a
							<b>2015</b>	
7f Patients vaccinated between Aug 1 and Dec 31 by subgroup (%) <sup>*6</sup>								
Age < 18	.	.	.	.		53.8	57.7	57.5
Age 18-39	50.0	0.0	100	100		71.3	74.0	69.9
Age 40-64	83.3	88.2	68.4	66.7		75.4	75.9	73.8
Age 65-74	100	87.5	78.6	77.8		77.7	76.0	72.8
Age 75+	87.5	83.3	80.0	85.7		81.1	77.9	74.1
Male	84.2	83.3	70.0	78.9		76.4	75.2	73.5
Female	84.6	85.7	86.7	63.6		77.7	77.3	73.1
African American	90.0	81.8	82.4	92.3		72.2	72.2	71.0
Asian/Pacific Islander	90.0	92.3	85.7	73.7		80.7	80.7	76.7
Native American	.	.	.	.		80.9	76.0	80.0
White	75.0	78.6	57.1	64.7		76.9	75.9	74.4
Other/unknown race	.	.	.	.		92.9	94.6	68.5
Hispanic	.	100	0.0	0.0		81.2	82.6	75.0
< 1 year since start of ESRD	57.1	85.7	100	55.6		66.7	64.5	59.7
1-2 years since start of ESRD	90.9	88.2	63.2	73.3		76.3	76.0	72.4
3+ years since start of ESRD	92.9	78.6	75.0	84.0		80.0	79.4	77.2

n/a = not applicable

[\*1] Based on patients with Medicare as primary insurer; see *Guide, Section X*.

[\*2] Values are shown for the average facility.

[\*3] A p-value greater than or equal to 0.05 indicates that the difference between percent of patients vaccinated at the facility and national percentage is plausibly due to random chance.

[\*4] Compared to the U.S. value for that year and time period (8/1-12/31): 70.5% (2012), 71.4% (2013), 73.8% (2014), 73.3% (2015).

[\*5] Compared to the U.S. value for that year and time period (8/1-3/31): 71.5% (2012), 72.2% (2013), 74.2% (2014).

[\*6] A missing value indicates that there were no eligible patients in the subgroup.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 8: Anemia Management <sup>\*1</sup>, 2012-2015**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
<b>Hemoglobin and ESA-CROWNWeb</b>							<b>2015</b>	
8a Eligible patients (n) <sup>*3</sup>	51	62	86	102		94.2	81.5	86.4
8b Eligible patient-months (n) <sup>*4</sup>	298	498	636	792		805.8	703.2	760.2
8c Average hemoglobin <sup>*5</sup> (g/dL) (average of 8b)	11.0	10.8	10.8	10.9		10.8	10.9	10.8
<b>8d Hemoglobin categories (% of 8b; sums to 100%)</b>								
<10 g/dL	19.5	21.7	21.2	19.3		18.7	17.8	20.5
10-<11 g/dL	31.9	32.3	30.3	33.1		34.4	32.9	33.1
11-12 g/dL	28.2	27.9	30.2	28.8		29.4	30.1	28.3
>12 g/dL	11.1	12.9	13.7	15.3		12.6	14.5	12.2
Missing/Out of range	9.4	5.2	4.6	3.5		4.9	4.7	5.9
8e ESA prescribed (% of 8b)	89.6	95.0	88.2	93.2		76.6	70.7	67.6
<b>Standardized Transfusion Ratio (STRr)</b>								
8f Adult Medicare patients (n)	36	45	60	73		65.1	56.5	60.3
8g Patient years (PY) at risk (n)	21	26	36	46		39.9	34.4	36.6
8h Total transfusions (n)	8	5	6	9		11.0	9.7	14.1
8i Expected total transfusions (n)	10.0	11.7	15.6	18.4		15.8	13.5	14.4
8j Standardized Transfusion Ratio <sup>*6</sup>	0.80	0.43	0.38	0.49		0.69	0.71	1.00
Upper Confidence Limit (97.5%)	3.04	2.24	1.69	1.62		n/a	n/a	n/a
Lower Confidence Limit (2.5%)	0.25	0.10	0.10	0.17		n/a	n/a	n/a
8k P-value <sup>*7</sup>	0.835	0.349	0.222	0.264		n/a	n/a	n/a
<b>Hemoglobin-Medicare Claims <sup>*8</sup></b>								
8l Eligible hemodialysis (HD) patients (n) <sup>*8</sup>	33	34	44	61		42.8	33.1	36.3
<b>8m Hemoglobin categories among HD pts (% of 8l; sums to 100%)</b>								
< 10 g/dL	9.1	5.9	18.2	13.1		12.6	12.4	16.5
10-<11 g/dL	72.7	79.4	65.9	72.1		69.6	68.1	65.1
11-12 g/dL	18.2	14.7	15.9	14.8		17.4	19.2	18.1
> 12 g/dL	0.0	0.0	0.0	0.0		0.4	0.3	0.3
8n Eligible peritoneal dialysis (PD) patients (n) <sup>*8</sup>	0	0	0	0		4.5	4.1	3.3
<b>8o Hemoglobin categories among PD pts (% of 8n; sums to 100%)</b>								
< 10 g/dL	.	.	.	.		21.4	21.3	26.4
10-<11 g/dL	.	.	.	.		61.3	61.5	57.2
11-12 g/dL	.	.	.	.		16.7	16.4	15.7
> 12 g/dL	.	.	.	.		0.5	0.7	0.6

n/a = not applicable

[\*1] See Guide, Section XI.

[\*2] Values are shown for the average facility.

[\*3] Includes those who switch between HD and PD during the month and patients for whom modality is unknown.

[\*4] Patients may be counted up to 12 times per year.

[\*5] Based on in-range values; see Guide for range values.

[\*6] Calculated as a ratio of observed transfusions to expected transfusions (8h to 8i); not shown if there are fewer than 10 patient-years at risk for transfusions.

[\*7] A p-value less than 0.05 indicates that the difference between the actual and expected transfusion is probably real and is not due to random chance alone, while a p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.

[\*8] Among ESA-treated dialysis patient with ESRD for 90+ days and 4 or more claims at this facility.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 9: Dialysis Adequacy\*<sup>1</sup>, May 2012-2015**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
<b>Hemodialysis Adequacy</b>							<b>2015</b>	
9a Eligible HD patients (n)	51	62	86	102		82.7	70.4	79.2
9b Eligible HD patient-months (n) <sup>*3</sup>	298	498	636	792		707.5	603.8	694.1
9c Average normalized protein catabolic rate (nPCR) <sup>*4</sup> (average of 9b)	1.1	1.1	1.1	1.1		1.0	1.0	0.9
9d nPCR Missing/Out of range (% of 9b)	10.4	7.4	5.8	4.5		23.7	22.3	29.1
9e Ultrafiltration Rate: Average <sup>*4</sup> (ml/kg/hr) (average of 9b)	5.4	6.0	5.4	5.5		6.9	7.3	8.1
9f Ultrafiltration Rate categories (% of 9b; sums to 100%)								
<=13 (ml/kg/hr)	83.9	83.9	89.6	91.0		62.8	61.6	55.6
>13 (ml/kg/hr)	2.0	6.2	2.5	2.7		5.1	6.1	7.9
Missing/Out of range	14.1	9.8	7.9	6.3		32.1	32.3	36.5
9g Eligible HD Kt/V patients (n) <sup>*5</sup>	49	60	83	101		75.2	63.7	74.9
9h Eligible HD Kt/V patient-months (n) <sup>*3 *5</sup>	295	475	617	780		627.1	531.6	643.5
9i Average Kt/V <sup>*4</sup> (average of 9h)	1.6	1.6	1.6	1.6		1.7	1.7	1.6
9j Kt/V categories (% of 9h; sums to 100%)								
<1.2	6.8	6.1	2.4	2.4		2.6	2.7	3.2
1.2-<1.8	61.7	69.1	75.5	79.5		61.4	63.3	68.1
>=1.8	28.5	22.9	20.9	17.3		32.8	30.6	24.9
Missing/Out of range	3.1	1.9	1.1	0.8		3.3	3.4	3.8
<b>Peritoneal Dialysis Adequacy<sup>*6</sup></b>								
9k Eligible PD patients (n)	0	0	0	0		18.4	20.3	20.3
9l Eligible PD patient-months (n) <sup>*3</sup>	0	0	0	0		135.0	154.9	161.7
9m Average weekly Kt/V (average of 9l)		.	.	.		2.3	2.3	2.3
9n Weekly Kt/V categories (% of 9l; sums to 100%)								
<1.7		.	.	.		7.3	6.6	7.6
1.7-<2.5		.	.	.		61.2	60.4	59.8
>=2.5		.	.	.		24.2	27.2	24.4
Missing/Out of range		.	.	.		7.2	5.7	8.2
9o Average normalized protein catabolic rate (nPCR) <sup>*4</sup> (average of 9l)		.	.	.		0.8	0.8	0.8
9p nPCR Missing/Out of range (% of 9l)		.	.	.		79.4	77.6	80.5
<b>Adult Kt/V--Medicare Claims<sup>*7</sup></b>								
9q Eligible adult hemodialysis (HD) patients (n) <sup>*8</sup>	79	82	99	101		75.5	62.3	65.2
9r Eligible adult HD patient-months (n) <sup>*3</sup>	391	424	544	669		517.4	425.7	471.5
9s Kt/V categories among adult HD patients (% of 9r; sums to 100%)								
<1.2	8.2	6.8	2.6	2.2		2.1	2.5	2.5
1.2-<1.4	13.3	13.9	21.0	19.4		11.5	12.8	17.2
1.4-<1.6	20.5	30.7	28.7	33.8		24.8	26.8	29.6
1.6-<1.8	25.1	22.2	21.3	22.6		26.8	26.7	25.5
>= 1.8	23.5	18.2	20.6	18.8		32.2	28.7	23.1
Missing/Out of range/Not performed/Expired	9.5	8.3	5.9	3.1		2.6	2.5	2.0

(continued)

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 9: Dialysis Adequacy<sup>\*1</sup>, May 2012-2015**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
							<b>2015</b>	
9t Adult HD: Kt/V $\geq$ 1.2 (% of 9r) <sup>*5</sup>	82.4	84.9	91.5	94.6		95.3	95.0	95.4
9u Eligible adult peritoneal dialysis (PD) patients (n)	0	0	0	0		8.4	8.3	6.1
9v Eligible adult PD patient-months (n) <sup>*3</sup>	0	0	0	0		61.4	61.7	46.6
9w Kt/V categories among adult PD patients (% of 9v; sums to 100%)								
<1.7		.	.	.		5.6	6.0	7.5
1.7-<1.9		.	.	.		15.8	14.5	18.6
1.9-<2.2		.	.	.		30.3	29.6	28.2
2.2-<2.5		.	.	.		20.9	21.7	17.5
$\geq$ 2.5		.	.	.		22.1	24.2	23.1
Missing/Out of range/Not performed/Expired		.	.	.		5.3	4.1	5.1
9x Adult PD: Kt/V $\geq$ 1.7 (% of 9v) <sup>*9</sup>		.	.	.		89.2	89.9	87.4

n/a = not applicable.

<sup>\*1</sup> See Guide, Section XII.

<sup>\*2</sup> Values are shown for the average facility.

<sup>\*3</sup> Patients may be counted up to 12 times per year.

<sup>\*4</sup> Based on in-range values; see Guide for range values.

<sup>\*5</sup> HD Kt/V summaries are restricted to patients who dialyze thrice weekly.

<sup>\*6</sup> The PD Adequacy section uses the most recent value over a 4-month look-back period. Therefore, reporting for PD in this table begins with August 2012 which includes a look-back through May 2012.

<sup>\*7</sup> Kt/V: K = dialyzer clearance of urea; t = dialysis time; V = patient's total body water. Based on the value code D5; Result of last Kt/V.

<sup>\*8</sup> Patient-months reporting 2 or fewer, or 4 or more adult dialysis sessions per week were excluded from the HD Kt/V calculations.

<sup>\*9</sup> Values calculated based only on Kt/V values reported in range.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 10: Mineral Metabolism <sup>\*1</sup>, May 2012-2015**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
							<b>2015</b>	
10a Eligible patients (n) <sup>*3</sup>	51	62	86	102		94.2	81.5	86.4
10b Eligible patient-months (n) <sup>*4</sup>	298	498	636	792		805.8	703.2	760.2
10c Average phosphorous <sup>*5</sup> (mg/dL) (average of 10b)	5.4	5.5	5.8	5.7		5.4	5.4	5.3
10d Phosphorous categories (% of 10b; sums to 100%)								
<3.5 mg/dL	10.4	8.2	6.4	7.2		7.6	7.8	8.7
3.5-4.5 mg/dL	19.8	19.9	18.9	18.8		23.1	23.8	24.3
4.6-5.5 mg/dL	21.8	26.5	24.7	25.0		26.8	27.3	27.8
5.6-7.0 mg/dL	25.2	23.7	25.3	26.1		22.9	22.7	21.0
>7.0 mg/dL	13.4	16.5	20.0	19.2		14.4	13.6	11.8
Missing/Out of range	9.4	5.2	4.7	3.7		5.2	4.9	6.3
10e Average calcium uncorrected <sup>*5</sup> (mg/dL) (average of 10b)	9.2	9.1	9.1	9.2		9.0	9.0	9.0
10f Calcium uncorrected categories (% of 10b; sums to 100%)								
<8.4 mg/dL	7.0	10.8	12.4	9.1		13.9	14.2	16.3
8.4-10.2 mg/dL	80.2	76.9	76.7	83.7		77.4	77.1	74.0
>10.2 mg/dL	3.4	7.0	6.1	3.7		3.5	3.7	3.2
Missing/Out of range	9.4	5.2	4.7	3.5		5.2	5.0	6.5

<sup>\*1</sup> See *Guide, Section XIII*.

<sup>\*2</sup> Values are shown for the average facility.

<sup>\*3</sup> Includes those who switch between HD and PD during the month and patients for whom modality is unknown.

<sup>\*4</sup> Patients may be counted up to 12 times per year.

<sup>\*5</sup> Based on in-range values; see *Guide* for range values.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 11: Vascular Access Information and Access-Related Infection<sup>\*1</sup>, 2012-2015**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
<b>Vascular Access<sup>*3</sup></b>							<b>2015</b>	
11a Prevalent adult hemodialysis patient-months <sup>*4</sup> (n)	289	525	686	877		753.0	653.2	730.6
11b Vascular access type in use (% of 11a; sums to 100%)								
Arteriovenous fistula	64.0	76.8	73.3	74.8		74.2	72.4	65.6
Arteriovenous graft	20.1	16.6	22.4	19.3		12.7	13.8	18.7
Catheter	15.9	6.7	4.2	5.9		13.1	13.8	15.7
Other/Missing	0.0	0.0	0.0	0.0		0.0	0.0	0.0
11c Arteriovenous fistulae in place (% of 11a) <sup>*5</sup>	64.4	77.3	73.5	74.9		75.0	73.6	66.9
11d Catheter only >= 90 days (% of 11a) <sup>*6</sup>	8.7	1.9	0.9	1.9		8.0	8.3	9.9
<b>Vascular Access at First Treatment<sup>*3</sup></b>								
11e Incident adult hemodialysis patients (n)	7	24	25	18		17.2	15.6	17.4
11f Vascular access type in use (% of 11e; sums to 100%)								
Arteriovenous fistula	28.6	20.8	32.0	44.4		29.5	27.2	19.6
Arteriovenous graft	28.6	12.5	12.0	16.7		4.4	5.0	4.5
Catheter	42.9	66.7	56.0	38.9		66.0	67.8	75.8
Other/Missing	0.0	0.0	0.0	0.0		0.1	0.0	0.1
11g Arteriovenous fistulae in place (% of 11e) <sup>*5</sup>	28.6	20.8	32.0	44.4		31.4	29.6	22.3
<b>Infection: Peritoneal dialysis (PD)<sup>*3</sup></b>								
11h Eligible PD patients (n)	0	0	0	0		10.1	9.8	7.4
11i Eligible PD patient-months <sup>*4</sup>	0	0	0	0		69.5	69.4	53.3
11j PD catheter infection rate per 100 PD patient-months <sup>*7</sup>	.	.	.	.		2.78	2.34	2.49
11k P-value <sup>*8</sup> for 11n (compared to U.S. value) <sup>*9</sup>	.	.	.	.		n/a	n/a	n/a

n/a = not applicable

[\*1] See *Guide, Section XIV*.

[\*2] Values are shown for the average facility.

[\*3] Vascular Access type is based on data reported in CROWNWeb as of May, 2012 so summaries for 2012 are not for a full calendar year. PD infection summaries are based on Medicare Dialysis claims.

[\*4] Patients may be counted up to 12 times per year per facility.

[\*5] Includes all patients with fistulae, regardless of whether or not they received their hemodialysis treatments using their fistulae.

[\*6] Catheter was used for treatment and has been in place for 90 days or more prior to treatment. Patient does not have an fistula or graft in place. Catheter is only access. Port access devices are reported as catheters for this project.

[\*7] The ICD-9 PD catheter infection code for PD patients is 996.68 which is effective from 5/1/2012-9/30/2015 and the ICD-10 PD catheter infection code for PD patients is T8571XA which is effective from 10/1/2015-12/31/2015.

[\*8] A p-value greater than or equal to 0.05 indicates the differences between the percent of patients with infection at the facility and national percentage is plausibly due to random chance.

[\*9] Compared to U.S. value for that year: 3.09 (2012), 3.05 (2013), 2.84 (2014), and 2.49 (2015).

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 12: Comorbidities Reported on Medicare Claims for Medicare Dialysis Patients Treated as of December 31st of Each Year\*<sup>1</sup>, 2012-2015**

Measure Name	2012	2013	2014	2015	-	State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
							<b>2015</b>	
12a Medicare dialysis patients on 12/31 (n)	34	38	42	61		52.8	45.8	50.1
12b Comorbidity (% yes of 12a)								
<b>Infections</b>								
AIDS/HIV positive	2.9	7.9	2.4	3.3		0.6	0.5	1.8
Dialysis access-related	20.6	10.5	9.5	9.8		10.1	10.0	10.5
Hepatitis B	8.8	0.0	0.0	0.0		1.2	1.0	1.9
Hepatitis other	20.6	15.8	9.5	9.8		5.7	5.1	5.8
Metastatic	5.9	10.5	7.1	0.0		3.8	3.6	3.6
Pneumonia	5.9	7.9	2.4	0.0		5.7	5.3	5.9
Tuberculosis	0.0	0.0	2.4	0.0		0.5	0.5	0.5
Other	44.1	50.0	40.5	29.5		42.0	41.2	45.0
<b>Cardiovascular</b>								
Cardiac arrest	8.8	2.6	2.4	0.0		1.7	1.6	1.6
Cardiac dysrhythmia	29.4	23.7	31.0	27.9		34.6	34.4	36.7
Cerebrovascular disease	14.7	34.2	23.8	18.0		21.1	18.7	24.0
Congestive heart failure	26.5	39.5	26.2	32.8		47.4	45.9	51.2
Ischemic heart disease	26.5	34.2	21.4	27.9		42.8	41.8	48.6
Myocardial infarction	8.8	2.6	4.8	8.2		8.4	8.2	9.0
Peripheral vascular disease <sup>*3</sup>	26.5	36.8	35.7	31.1		39.7	37.5	42.0
<b>Other</b>								
Alcohol dependence	14.7	10.5	9.5	9.8		3.2	3.2	3.1
Anemia	0.0	0.0	7.1	1.6		5.7	5.8	9.1
Cancer	2.9	7.9	9.5	6.6		10.0	9.9	10.8
Chronic obstructive pulmonary disease	17.6	18.4	21.4	9.8		30.6	30.2	32.1
Diabetes	44.1	50.0	40.5	45.9		60.8	59.9	65.9
Drug dependence	11.8	21.1	4.8	4.9		5.2	5.5	2.9
Gastrointestinal tract bleeding	5.9	7.9	2.4	8.2		3.6	3.3	3.4
Hyperparathyroidism	97.1	97.4	100	98.4		92.0	88.4	88.1
12c Average number of comorbid conditions	4.4	4.9	4.1	3.8		4.8	4.6	5.0

n/a = not applicable

[\*1] Based on patients with Medicare as primary insurer on 12/31 each year. See *Guide, Section XV*.

[\*2] Values are shown for the average facility.

[\*3] Peripheral vascular disease includes venous, arterial and nonspecific peripheral vascular diseases.

# Dialysis Facility Report for FY (FY) 2017

NKC BROADWAY KIDNEY CENTER State: WA Network: 16 CCN: 502556

**TABLE 13: Facility Information <sup>\*1</sup>, 2015**

Measure Name	2015	- State <sup>*2</sup>	Network <sup>*2</sup>	U.S. <sup>*2</sup>
13a Organization	NORTHWEST KIDNEY CENTERS			
13b Ownership	Non-profit			
13c Initial Medicare certification date	06/05/2009			
13d Number of stations	15			
13e Services provided	Hemodialysis			
13f Shifts after 5:00 pm	Yes			
13g Dialyzer Reuse				
13h CMS Certification Number (CCN) included in this report	502556			
13i National Provider Identifier (NPI) <sup>*3</sup>	1700025038			
<b>Patient Placement</b>			<b>2015</b>	
13j Patients treated during year from AFS Form-2744 (n)	126	114.8	99.2	104.9
13k Transferred into facility (% of 13j)	34.1	18.3	16.5	15.1
13l Transferred out of facility (% of 13j)	35.7	17.7	15.8	14.9
13m Patients treated on 12/31 (n)	71	77.5	67.8	72.7
13n Medicare eligibility status (% of 13m; sums to 100% <sup>*4</sup> )				
Medicare	81.7	84.1	86.8	63.6
Medicare application pending	0.0	0.7	0.6	0.9
Non-Medicare	18.3	15.2	12.6	35.5
<b>Survey and Certification</b>				
13o Date of last survey	07/12/2012	n/a	n/a	n/a
13p Type of survey	Recertification	n/a	n/a	n/a
13q Compliance condition after survey	Unknown			
13r Number of CFC deficiencies cited	0	0.3	0.4	0.3
13s Number of Standard deficiencies cited	7	8.1	5.5	5.9

n/a = not applicable

<sup>[\*1]</sup> See *Guide, Section XVI*. Information based on data reported in CROWNWeb as of May, 2016. If missing, data were not available.

<sup>[\*2]</sup> Values are shown for the average facility.

<sup>[\*3]</sup> Information based on CROWNWeb data as of March 2016. If missing, data were not available.

<sup>[\*4]</sup> Values may not sum to exactly 100% because of unknown Medicare status.

<sup>[\*5]</sup> Data on this section are from the facility's latest survey since January 2009. If your facility has not been surveyed since January 2009, facility-level data on this table will be missing.