Quarterly Dialysis Facility Compare -- Preview for October 2016 Report

- **This Quarterly DFC Preview Report includes data specific to CCN(s): 502556**

- **Purpose of the Report**

Enclosed is the *Quarterly Dialysis Facility Compare (QDFC) Preview Report* for your facility, based on data from the Centers for Medicare & Medicaid Services (CMS). This report provides you with advance notice of the updated quality measures for your facility that will be reported on the Dialysis Facility Compare (DFC) website (http://data.medicare.gov).

- **Overview:** This report was created for all operating Medicare certified dialysis facilities based on data available on DFC as of June 2016. The measures included in the report are based primarily on Medicare-paid dialysis claims, CROWNWeb, and data collected for CMS. This report contains six tables that summarize the patient outcomes and treatment patterns for chronic dialysis patients. Unless otherwise specified, data refer to all dialysis patients combined (i.e., hemodialysis and peritoneal, adult and pediatric). The measures reported in the Quarterly DFC Preview table on page 2 will be reported on the DFC website and available in the DFC downloadable databases at http://data.medicare.gov in October 2016.

- **What's New This Quarter:** As part of a continuing effort to improve the quality and usability of this report, the following changes have been incorporated into the QDFC October 2016 report: new measures pediatric peritoneal dialysis (PD) Kt/V, patient experience of care from the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey and the Standardized Infection Ratio (SIR) from CDC's National Healthcare Safety Network (NHSN) will be implemented on the DFC website in October 2016. In preparation for this release, we have included the measures for your facility in this report. The ICH CAHPs patient experience of care will be updated semi-annually in each April and October QDFC report and the SIR will be updated annually in each QDFC October report. Pediatric PD Kt/V will be updated quarterly. Along with the addition of new measures, some current measures are also being revised for the October release of DFC and will be previewed in this July report. The SMR, SHR, SRR and STrR will be reported as rates instead of ratios on DFC. Hypercalcemia will now include missing uncorrected serum calcium data in the denominator calculation. And, the DFC star rating is calculated using a new methodology. Further description of the methodology can be found in *Section X* of the *Guide to the Quarterly Dialysis Facility Compare Report* and the *Technical Notes on the Updated Dialysis Facility Compare Star Rating Methodology*, both of which are available on the DialysisData website at www.DialysisData.org. Page 2 of this report shows the measures as they will appear on DFC in October 2016.

- **How to Submit Comments**

Between July 15, 2016 and August 15, 2016, you may submit comments to CMS on the measures included in this report. Your comments will be shared with CMS but will **not** appear on the DFC website. Please visit the www.DialysisData.org website, log on to view your report, and click on the **Comments & Inquiries** tab. If you have questions after the comment period is closed, please contact us directly at DialysisData@umich.edu or 1-855-764-2885.

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Quarterly Dialysis Facility Compare Preview: The following table displays measures for this facility as they will appear on the DFC website. Please refer to Table 1 for more information on hospitalization (admissions and readmissions), deaths, or transfusions, Table 2 for infection, Table 3 for vascular access, Table 4 for mineral and bone disorder and dialysis adequacy measures reported in CROWNWeb, Table 5 for patient experience of care and Table 6 for the star rating calculation. The star rating, Standardized Mortality, Hospitalization, Transfusion, and Infection Ratios are updated annually; Patient Survey Results are updated semi-annually; all other measures are updated quarterly. For a complete description of the methods used to calculate the statistics in this report, please see the *Guide to the Quarterly Dialysis Facility Compare Report.* The *Guide* is available on the DialysisData website at www.DialysisData.org.

Num	Measure Name	This Facility
1	**Overall Star Rating (Table 6)**	★ ★ ★ ★ ★
	Overall Star Rating Category	**Much Above Average**
2	**Hospitalizations & Deaths tab**	
	Patient Survival (2012-2015, Table 1)	
2.1	Mortality Rate *1 (per 100 patient-years)	**12.8 (per 100 patient-years)**
2.2	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**8.2, 19.1**
2.3	Classification Category *2	**As Expected**
	Hospital Admissions (2015, Table 1)	
2.4	Hospitalization Rate *1 (per 100 patient-years)	**94.9 (per 100 patient-years)**
2.5	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**49.9, 187.8**
2.6	Classification Category *2	**As Expected**
	Hospital Readmissions (2015, Table 1)	
2.7	Readmission Rate *1 (Percentage of hospital discharges)	**22.9%**
2.8	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**11.9%, 37.2%**
2.9	Classification Category *2	**As Expected**
3	**Best Treatment Practices tab**	
	Anemia Management	
3.1	Patient Transfusions (2015, Table 1): Transfusion Rate *1 (per 100 patient-years)	**19.3 (per 100 patient-years)**
3.2	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**6.9, 63.6**
3.3	Classification Category *2	**As Expected**
	Infection	
3.4	Patient Bloodstream Infections (2015, Table 2): Standardized Infection Ratio	**0.3**
3.5	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.0, 1.3**
3.6	Classification Category *2	**As Expected**
	Vascular Access *3 (January-December 2015, Table 3)	
3.7	Percentage of Adult Medicare hemodialysis patients with arteriovenous fistulae in use	**74%**
3.8	Percentage of Adult Medicare hemodialysis patients with vascular catheter in use for 90 days or longer	**3%**
	Dialysis Adequacy *3 (January-December 2015, Table 4)	
3.9	Percentage of Adult hemodialysis patients who had a Kt/V greater than or equal to 1.2	**97%**
3.10	Percentage of Adult peritoneal dialysis patients who had a Kt/V greater than or equal to 1.7	**Not Available**
3.11	Percentage of Pediatric hemodialysis patients with Kt/V greater than or equal to 1.2	**Not Available**
3.12	Percentage of Pediatric peritoneal dialysis patients with Kt/V greater than or equal to 1.8	**Not Available**
	Mineral and Bone Disorder *3 (January-December 2015, Table 4)	
3.13	Percentage of adult dialysis patients who had an average calcium over the past three months greater than 10.2 mg/dL (hypercalcemia)	**1%**

(continued)

Quarterly Dialysis Facility Compare Preview (continued):

Num	Measure Name	This Facility
4	**Patient Survey Results tab** [*4]	**% of Always (Yes) Responses**
	Composite Measures (Spring 2015-Fall 2015, Table 5)	
4.1	Nephrologists' communication and caring	**84%**
4.2	Quality of dialysis center care and operations	**72%**
4.3	Providing information to patients	**84%**
	Global Items (Spring 2015-Fall 2015, Table 5)	
4.4	Rating of the nephrologist	**69%**
4.5	Rating of the dialysis center staff	**77%**
4.6	Rating of the dialysis facility	**83%**

[*1] The facility rate was calculated by multiplying the facility ratio by the national rate. National rates for mortality, hospitalization, transfusion and readmission are 17.5, 180.4, 39.4, and 25.3%, respectively. Calculation of rates using values in report may not equal actual rates shown due to rounding of values.

[*2] If the facility SMR (SHR, SRR or STrR or SIR) is less than 1.00 and statistically significant ($p<0.05$), the classification is "Better than Expected". This classification is based on the measure ratio, not the rate. If the ratio is greater than 1.00 and statistically significant ($p<0.05$), the classification is "Worse than Expected". Otherwise, the classification is "As Expected" on DFC. Please note that the SMR is not reported on DFC if it is based on fewer than 3 expected deaths. Similarly, the SHR and STrR are not reported if they are based on fewer than 5 or 10 patient years at risk, respectively. The SRR is not reported if the facility experienced fewer than 11 index discharges. The SIR is not reported if there are fewer than 12 months of reporting in NHSN and/or <= 131 eligible patient-months.

[*3] Percentages based on 10 or fewer patients will be reported as "Not Available" on DFC.

[*4] Survey results based on 29 or fewer completed surveys over the two survey periods will be reported as "not available" on DFC.

TABLE 1: Mortality Summary for All Dialysis Patients (2012-15) and Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients (2015) [*1]

The mortality summaries reported in the first part of the table include all prevalent dialysis patients treated at your facility between 2012 and 2015. The hospital admissions and transfusions summaries include all Medicare dialysis patients treated at your facility in 2015. The hospital readmissions summaries include all Medicare-covered hospitalizations that ended in 2015 for all patients in your facility. State and national averages are included to allow for comparisons. These measures 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. Time at risk and deaths/admissions/transfusions within 60 days after transfer out of this facility are attributed to this facility for the mortality/hospitalization/transfusion measures. Time at risk and admissions starting three days before transplantation are excluded from the hospitalization measures.

Measure Name	This Facility	State [*2]	U.S. [*2]
Standardized Mortality Ratio (SMR)	**2012-2015**	**2012-2015**	**2012-2015**
1a Patients (n=number) [*3]	325	95.4	95.5
1b Patient years (PY) at risk (n)	210	67.1	64.2
1c Deaths (n) [*3]	24	12.0	11.2
1d Expected deaths (n) [*3]	32.6	12.2	11.2
1e Standardized Mortality Ratio [*4]	0.74	0.98	1.00
Lower Confidence Limit [*5] (2.5%)	0.47	n/a	n/a
Upper Confidence Limit [*5] (97.5%)	1.09	n/a	n/a
1f P-value [*6]	0.143	n/a	n/a
1g Mortality Rate [*7] (per 100 patient-years)	12.8	n/a	n/a
Lower Confidence Limit [*5] (2.5%)	8.23	n/a	n/a
Upper Confidence Limit [*5] (97.5%)	19.1	n/a	n/a
Standardized Hospitalization Ratio (SHR): Admissions	**2015**	**2015**	**2015**
1h Medicare Patients (n)	83	75.3	70.5
1i Patient years (PY) at risk (n)	53	49.9	46.6
1j Total admissions (n)	51	79.4	83.0
1k Expected total admissions (n)	97.0	90.4	83.9
1l Standardized Hospitalization Ratio (Admissions) [*4]	0.53	0.88	1.00
Lower Confidence Limit [*5] (2.5%)	0.28	n/a	n/a
Upper Confidence Limit [*5] (97.5%)	1.04	n/a	n/a
1m P-value [*6]	0.065	n/a	n/a
1n Hospitalization Rate [*7] (per 100 patient-years)	94.9	n/a	n/a
Lower Confidence Limit [*5] (2.5%)	49.9	n/a	n/a
Upper Confidence Limit [*5] (97.5%)	188	n/a	n/a
Standardized Readmission Ratio (SRR)	**2015**	**2015**	**2015**
1o Index discharges (n)	49	73.9	77.3
1p Total readmissions (n)	11	17.3	19.9
1q Expected total readmissions (n)	12.2	19.9	20.2
1r Standardized Readmission Ratio [*4]	0.90	0.96	1.04
Lower Confidence Limit [*5] (2.5%)	0.47	n/a	n/a
Upper Confidence Limit [*5] (97.5%)	1.47	n/a	n/a
1s P-value [*6]	0.920	n/a	n/a
1t Readmission Rate [*7] (Percentage of hospital discharges)	22.9%	n/a	n/a
Lower Confidence Limit [*5] (2.5%)	11.9%	n/a	n/a
Upper Confidence Limit [*5] (97.5%)	37.2%	n/a	n/a

(continued)

TABLE 1: Mortality Summary for All Dialysis Patients (2012-15) and Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients (2015) [*1] (continued)

Measure Name	This Facility	State [*2]	U.S. [*2]
Standardized Transfusion Ratio (STrR)	**2015**	**2015**	**2015**
1u Adult Medicare Patients (n)	73	65.1	60.3
1v Patient years (PY) at risk (n)	46	39.9	36.6
1w Total transfusions (n)	9	11.0	14.1
1x Expected total transfusions (n)	18.4	15.8	14.4
1y Standardized Transfusion Ratio [*4]	0.49	0.69	1.00
Lower Confidence Limit [*5] (2.5%)	0.17	n/a	n/a
Upper Confidence Limit [*5] (97.5%)	1.62	n/a	n/a
1z P-value [*6]	0.264	n/a	n/a
1aa Transfusion Rate [*7] (per 100 patient-years)	19.3	n/a	n/a
Lower Confidence Limit [*5] (2.5%)	6.87	n/a	n/a
Upper Confidence Limit [*5] (97.5%)	63.6	n/a	n/a

n/a = not applicable
[*1] See *Guide, Section V*.
[*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] Calculated as a ratio of observed deaths (or admissions/readmissions/transfusions) to expected deaths (or admissions/readmissions/transfusions) (1b to 1c for deaths, 1j to 1k for admissions, 1p to 1q for readmissions, 1w to 1x for transfusions); not shown if there are fewer than 3 expected deaths, fewer than 11 index discharges, or fewer than 5 or 10 patient-years at risk for admissions or transfusions, respectively.
[*5] The confidence interval range represents uncertainty in the value of the SMR, SHR, SRR or STrR due to random variation.
[*6] A p-value less than 0.05 indicates that the difference between the actual and expected mortality (or admissions/readmissions/transfusions) is probably real and is not due to random chance.
[*7] The facility rate was calculated by multiplying the facility ratio by the national rate. National rates for mortality, hospitalization, transfusion and readmission are 17.5, 180.4, 39.4, and 25.3%, respectively. Calculation of rates using values in report may not equal actual rates shown due to rounding of values.

TABLE 2: Facility Bloodstream Infection Summary for Hemdialysis Patients based on National Healthcare Safety Network (NHSN) (January - December 2015) [*1]

Displays bloodstream infection information for dialysis facilities as collected from the National Healthcare Safety Network. The measure is updated annually in October.

Num	Measure Name	This Facility
	Standardized Infection Ratio (SIR)	**2015**
2a	Eligible patient-months (n=number)	917
2b	Observed bloodstream infections (n)	1
2c	Predicted bloodstream infections (n)	3.7
2d	Standardized Infection Ratio [*2]	0.27
	Lower Confidence Limit [*3] (2.5%)	0.01
	Upper Confidence Limit [*3] (97.5%)	1.34

n/a = not applicable.
[*1] See *Guide, Section VI.*
[*2] Calculated as a ratio of observed infections to expected infections (2b to 2c for infections); not shown if there are fewer than 12 months of reporting in NHSN and/or <= 131 eligible patient-months.
[*3] The confidence interval range represents uncertainty in the value of the SIR due to random variation.

TABLE 3: Facility Hemoglobin and Vascular Access for Medicare Dialysis Patients Based on Medicare Dialysis Claims (January - December 2015) [*1]

Anemia management and vascular access summaries are reported by quarter and for a one-year period. One-year state and national averages are included to allow for comparisons. The quarterly measures are provided in order to allow for you to evaluate facility time trends and will not appear on DFC. These measures are based on all Medicare dialysis claims reported under the CCN(s) included in this report and are updated on DFC quarterly in January, April, July, and October.

Q1=Jan'15--Mar'15; Q2=Apr'15--June'15; Q3=Jul'15--Sep'15; Q4=Oct'15--Dec'15

Measure Name	Q1	Q2	Q3	Q4	Q1-Q4	State [*2]	U.S. [*2]
Hemoglobin [*3]						**Q1-Q4**	**Q1-Q4**
3a Eligible patients (n)	41	58	61	61	61	48.4	43.7
3b Hemoglobin < 10g/dL (% of 3a)	19.5	10.3	37.7	16.4	13.1	12.4	16.0
3c Hemoglobin > 12g/dL (% of 3a)	2.4	0.0	0.0	0.0	0.0	0.3	0.3
Vascular Access [*4]							
3d Eligible adult HD patients (n)	58	68	78	71	103	79.4	68.7
3e Eligible adult HD patient-months [*5] (n)	146	178	202	182	708	558.3	507.4
3f Arteriovenous fistulae in use (% of 3e)	72.6	75.3	76.2	72.0	74.2	75.0	66.3
3g Vascular catheter in use >90 days (% of 3e)	2.7	2.2	2.0	6.6	3.4	9.1	10.9

[*1] See *Guide, Section VII.*
[*2] Values are shown for the average facility. Measure values will be missing if there are no eligible patients/patient-months.
[*3] Among patients with at least 1 eligible claim/quarter and 4 eligible claims/year: eligible claims include ESA-treated dialysis patients with ESRD for 90+ days at this facility.
[*4] Based on modifiers V5 and V7 for catheter and fistula, respectively.
[*5] Patients may be counted up to 12 times per year.

TABLE 4: Facility Dialysis Adequacy and Mineral and Bone Disorder for Dialysis Patients based on CROWNWeb (January - December 2015) [*1]

Kt/V, hypercalcemia, and serum phosphorus concentrations are reported by quarter and for a one-year period. One-year state and national averages are included to allow for comparisons. The quarterly measures are provided in order to allow you to evaluate facility time trends and will not appear on DFC. These measures are based on CROWNWeb data and are updated on DFC quarterly in January, April, July, and October.

Q1=Jan'15--Mar'15; Q2=Apr'15--June'15; Q3=Jul'15--Sep'15; Q4=Oct'15--Dec'15

Measure Name	Q1	Q2	Q3	Q4	Q1-Q4	State [*2]	U.S. [*2]
Hypercalcemia						**Q1-Q4**	**Q1-Q4**
4a Eligible adult patients (n)	62	83	86	83	103	95.6	88.5
4b Eligible adult patient-months (n)	170	184	235	207	796	816.4	778.0
4c Average uncorrected serum or plasma calcium > 10.2 mg/dL	0.0	1.1	0.4	1.0	0.6	1.4	1.4
Serum Phosphorus Concentrations							
4d Eligible adult patients (n)	60	85	86	86	105	95.7	89.1
4e Eligible adult patient-months (n)	171	186	235	206	798	790.5	750.6
4f Serum phosphorus categories (%, sums to 100%)							
<3.5 mg/dL	8.2	6.5	8.1	6.3	7.3	8.1	9.4
3.5-4.5 mg/dL	19.9	16.7	19.1	22.8	19.7	24.3	26.2
4.6-5.5 mg/dL	24.0	26.3	23.8	26.7	25.2	28.2	29.7
5.6-7.0 mg/dL	26.9	29.0	28.9	25.7	27.7	24.2	22.3
>7.0 mg/dL	21.1	21.5	20.0	18.4	20.2	15.1	12.4
Dialysis Adequacy: Kt/V [*3]							
4g Eligible adult hemodialysis (HD) patients (n) [*4]	61	82	84	81	101	76.1	75.7
4h Eligible adult HD patient-months (n) [*4]	167	181	231	201	780	634.2	651.5
4i Eligible patient-months with Kt/V missing or out of range (n)	0	2	1	3	6	21.0	24.7
4j Adult HD: Kt/V >=1.2 (% of 4h)	97.0	96.1	97.4	96.5	96.8	94.1	93.0
4k Eligible adult peritoneal dialysis (PD) patients (n)	0	0	0	0	0	18.4	20.4
4l Eligible adult PD patient-months (n)	0	0	0	0	0	135.0	162.8
4m Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	9.8	13.3
4n Adult PD: Kt/V >=1.7 (% of 4l) [*5]	.	.	.	.	.	85.5	84.2
4o Eligible HD pediatric patients (n) [*4]	0	0	0	0	0	n/a	n/a
4p Eligible HD pediatric patient-months (n) [*4]	0	0	0	0	0	n/a	n/a
4q Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	n/a	n/a
4r Pediatric HD: Kt/V >=1.2 (% of 4p)	.	.	.	.	.	94.4	88.9
4s Eligible PD pediatric patients (n)	0	0	0	0	0	n/a	n/a
4t Eligible PD pediatric patient-months (n)	0	0	0	0	0	n/a	n/a
4u Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	n/a	n/a
4v Pediatric PD: Kt/V >=1.8 (% of 4t) [*6]	.	.	.	.	.	74.4	56.1

[*1] See *Guide, Section VIII.*
[*2] Counts are shown for the average facility. Measure counts will be missing if there are no eligible patients/patient-months.
[*3] Missing or out of range Kt/V values are supplemented with Medicare dialysis claims.
[*4] HD Kt/V summaries are restricted to patients who dialyze thrice weekly.
[*5] Adult PD Adequacy uses the most recent value over a 4-month look-back period.
[*6] Pediatric PD Adequacy uses the most recent value over a 6-month look-back period.

TABLE 5: Patient Experience of Care based on ICH CAHPS (January - December 2015) [*1]

ICH CAHPS survey results will be reported in Table 5 for three composite measures and three global items. The data include the two most recent semi-annual surveys. State and National averages are included to allow for comparisons. These measures are updated semi-annually in April and October.

Measure Name	This Facility	State [*2]	U.S. [*2]
ICH CAHPS	**Spring-Fall 2015**	**Spring-Fall 2015**	**Spring-Fall 2015**
5a Number of Completed Surveys	42	3203	n/a
5b Response Rate (%)	35	36	33
Composite Measures [*3]			
5c Percent of Patients reporting- Nephrologists communication and caring			
Always	84	73	66
Sometimes	10	16	17
Never	6	11	17
5d Percent of Patients reporting- Quality of dialysis center care and operations			
Always	72	65	61
Sometimes	20	22	22
Never	8	13	17
5e Percent of Patients reporting- Providing information to patients			
Yes	84	82	78
No	16	18	22
Global Items [*3]			
5f Percent of Patients-Rating of the nephrologist			
Most favorable	69	70	62
Middle favorable	28	20	22
Least favorable	3	10	16
5g Percent of Patients-Rating of the dialysis center staff			
Most favorable	77	70	62
Middle favorable	17	21	25
Least favorable	6	9	13
5h Percent of Patients-Rating of the dialysis facility			
Most favorable	83	73	65
Middle favorable	11	19	23
Least favorable	6	8	12

[*1] See *Guide, Section IX*.
[*2] Values are shown for the average facility.
[*3] Not shown if there are 29 or fewer completed surveys over the two survey periods.

TABLE 6: Facility Star Rating Calculation [*1]

The star rating is based on the measures reported in the Quarterly DFC-Preview for October report and updated annually each October on DFC. The time period for SMR in this table is January 2012-December 2015; all other measures are January-December 2015. Important: The time period reflected for these measures may not match the time period in Tables 3 and 4. Further description of the methodology can be found in *Section X* of the *Guide to the Quarterly Dialysis Facility Compare Report.*

Num	Calculation Definition	This Facility
6a	**Standardized Outcomes Domain Score** (average of 6c, 6e, and 6g) [*2]	1.37
6b	Standardized Mortality Ratio (SMR) [*3]	0.74
6c	Measure Score: SMR [*4]	1.25
6d	Standardized Hospitalization Ratio (Admissions) (SHR) [*3]	0.53
6e	Measure Score: SHR [*4]	1.70
6f	Standardized Transfusion Ratio (STrR) [*3]	0.49
6g	Measure Score: STrR [*4]	1.17
6h	**Other Outcomes 1 Domain Score** [*5] (average of 6j and 6l) [*2]	1.00
6i	Percentage of patients with arteriovenous fistulae in place (AVF) [*6]	74%
6j	Measure Score: AVF [*4]	0.88
6k	Percentage of patients with vascular catheter reported >90 days [*6]	3%
6l	Measure Score: Catheter [*4]	1.11
6m	**Other Outcomes 2 Domain Score** (average of 6r and 6t) [*2]	0.97
6n	Adult HD: Percentage of patients with Kt/V >= 1.2 [*6]	97%
6o	Adult PD: Percentage of patients with Kt/V >= 1.7 [*6]	Not Available
6p	Pediatric HD: Percentage of patients with Kt/V >= 1.2 [*6]	Not Available
6q	Overall: Percentage of patients with Kt/V >= specified threshold [*7]	97%
6r	Measure Score: Kt/V [*4]	1.23
6s	Percentage of patients with serum calcium > 10.2 mg/dL	1%
6t	Measure Score: Hypercalcemia [*4]	0.70
6u	**Final score (average of 6a, 6h, 6m)** [*8]	1.11
6v	**Overall Star Rating**	★ ★ ★ ★ ★
	Overall Star Rating Category	**Much Above Average**

[*1] See *Guide, Section X*.
[*2] The Domain Score is the average of the measure scores within that domain. If there is at least one measure in the domain, the missing measures in that domain are imputed with the average of the measure score to limit the non-missing measures from being too influential. If all measures in a domain are missing, then the domain score is not calculated.
[*3] Calculated as a ratio of observed deaths (or admissions/transfusions) to expected deaths (or admissions/transfusions); not included in star rating calculation if there are fewer than 3 expected deaths or fewer than 5 or 10 patient-years at risk for admissions or transfusions, respectively.
[*4] If a measure is Not Available, its measure score will be imputed with the average of the measure score to limit the non-missing measures from being too influential in calculation of the domain score.
[*5] Facilities that service only PD patients will not have any measures in this domain since their patients do not have fistulas or catheters. For these facilities, this domain was not included in the star rating calculation.
[*6] Percentages based on 10 or fewer patients are shown in this table but will be reported as 'Not Available' on DFC.
[*7] For improved ability to compare Kt/V in facilities with different types of patients in terms of modality or pediatric status, the adult and pediatric HD and adult PD Kt/V measurements were pooled into one measure. The percentage of patients that achieve Kt/V greater than the specified thresholds for each of the three respective patient types (adult PD patients, adult HD patients, and pediatric HD patients), was weighted based on the number of patient-months of data available. If the overall Kt/V percentage is based on 10 or fewer patients, then it is reported as 'Not Available' in this table.
[*8] Final score is the average of the 3 domain scores. If all measures in a given domain are missing, then there is no final score and no star rating computed with the exception of PD only facilities. PD only facilities are not eligible for Other Outcomes Domain 1 (fistula and catheter), therefore they are only scored on the Standardized Outcomes Domain, and Other Outcomes 2 Domain if they have at least one measure value in each of these two domains.