

# Dialysis Facility Report for Fiscal Year (FY) 2019

## Purpose of the Report

The *Dialysis Facility Report (DFR) for FY 2019* 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 2019 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-third in a series of annual reports. This is one of 7,346 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 2014 and December 2017. 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 through 5. 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 2019*. 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 following changes have been incorporated into the DFR for FY 2019. The Standardized Hospitalization Ratio (SHR) measures for days hospitalized and admissions were replaced by the new NQF-endorsed measures, which adjust for several prevalent comorbidities identified through Medicare claims. Hypercalcemia now includes patients with a missing three-month calcium average in both the numerator and denominator.

## How to Submit Comments

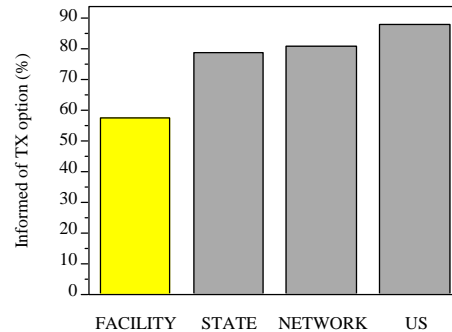
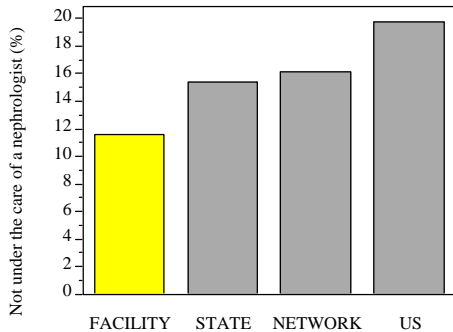
**Between July 15, 2018 and August 15, 2018**, facilities may submit comments to their state surveyor or UM-KECC by visiting [www.DialysisData.org](http://www.DialysisData.org), logging on to view their report, and clicking on the **Comments & Inquiries** tab. Questions or comments after the comment 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:** Select “**DFR: Comments on DFR for State Surveyor**” from the drop down list to submit comments regarding this report for the state's surveyor(s). Any comments submitted will be appended and sent to the state's surveyor(s) in September 2018. Please do not include questions for UM-KECC using this option.
- (2) **UM-KECC:** Select “**DFR: Comments on DFR for UM-KECC**” to 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

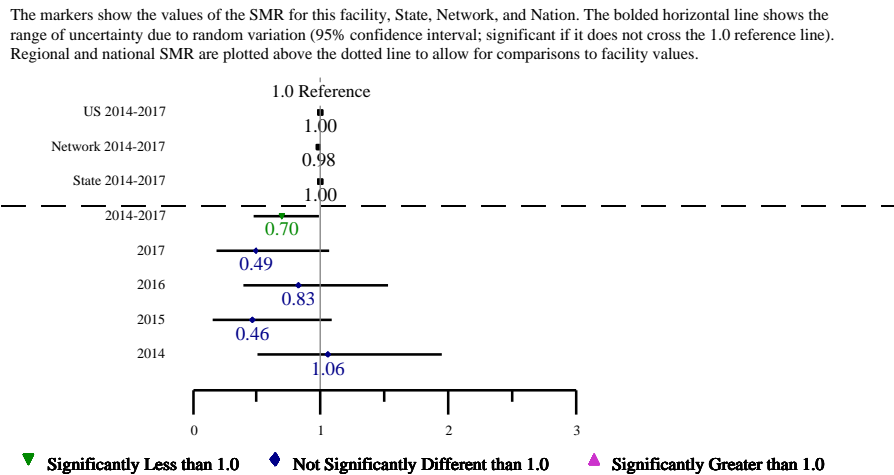
### Patient Characteristics (Tables 1 and 2):

- Among the 26 incident patients with Medical Evidence Forms (CMS-2728) indicating treatment at this facility during 2017:
  - 12% of these patients were not under the care of a nephrologist before starting dialysis, compared to 15% in your State, 16% in your Network, and 20% nationally.
  - 58% of these patients were informed of their transplant options, compared to 79% in your State, 81% in your Network, and 88% nationally.
- Among the patients treated at this facility on December 31, 2017, 7% were treated in a nursing home during the year, compared to 15% nationally.



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

- At this facility, the 2014-2017 SMR is 0.70, which is 30% fewer deaths than expected at this facility. Among all U.S. facilities, 12% of facilities had a four-year SMR lower than 0.70. This difference is statistically significant ( $p < 0.05$ ), so this lower mortality is unlikely to be due to random chance and probably represents a real difference from the expected mortality in the nation. The 2014-2017 SMR of observed to expected deaths is 1.00 and 0.98 for your State and Network, respectively.

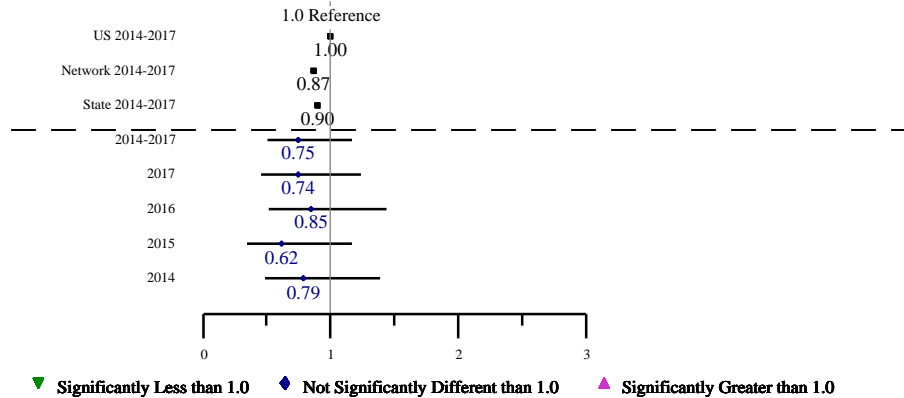


- At this facility, the 2014-2016 first-year SMR of observed to expected deaths is 0.59, which is 41% fewer deaths than expected at this facility. Among all U.S. facilities, 21% of facilities had a first-year SMR lower than 0.59. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The first-year SMR (2014-2016) of observed to expected deaths is 0.88 and 0.92 for your State and Network, respectively.

*Hospitalizations and Readmissions (Table 4):*

- The 2014-2017 SHR (Admissions) at this facility is 0.75, which is 25% 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 2014-2017 SHR (Admissions) for your State and Network is 0.90 and 0.87, respectively.

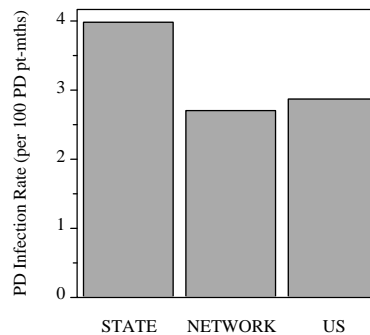
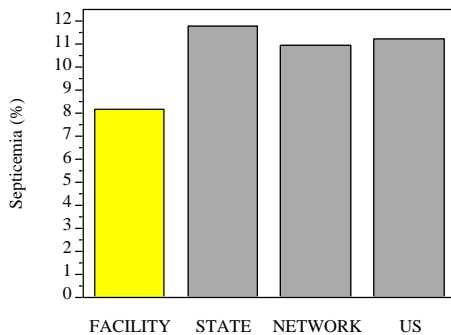
The markers show the values of the SHR (Admissions) for this facility, State, Network, and Nation. The bolded horizontal line shows the range of uncertainty due to random variation (95% confidence interval; significant if it does not cross the 1.0 reference line). Regional and national SHR (Admissions) are plotted above the dotted line to allow for comparisons to facility values.



- The 2017 SRR at this facility is 0.79, which is 21% fewer readmissions 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 2017 SRR for your State and Network is 0.97 and 0.91, respectively.

*Infection (Tables 4 and 11):*

- The percentage of Medicare dialysis patients at this facility hospitalized with septicemia during 2014-2017 is 8.2%, compared to 11.8% in your State, 11.0% in your Network, and 11.2% nationally.
- There were no PD patients at this facility included in PD catheter-related infection analysis. The rates of PD catheter-related infection are 4.0, 2.7, and 2.9 for your State, Network and U.S., respectively.



*Transplantation (Table 5):*

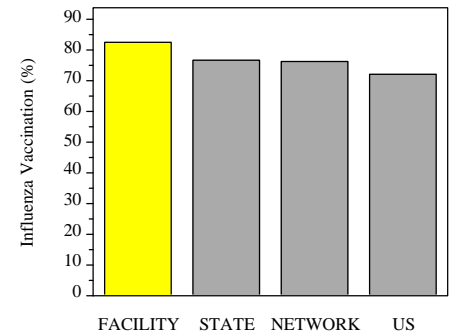
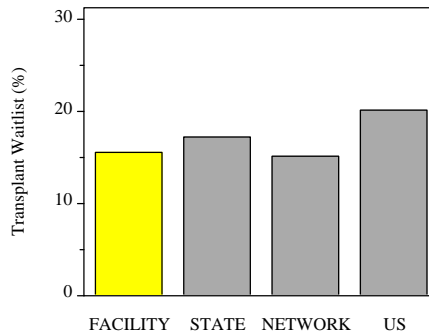
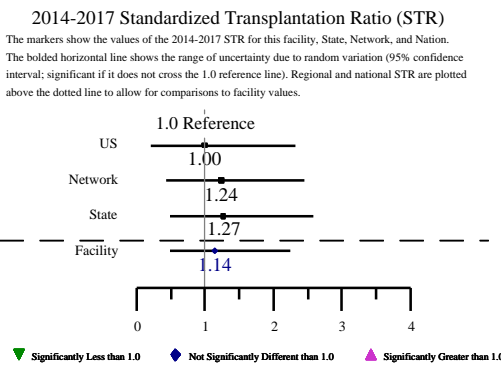
- Of the patients under age 70 treated at this facility during 2014-2017 who had not previously received a transplant, 5% were transplanted annually, while a rate of 4% would be expected for these patients.
- The 2014-2017 Standardized 1<sup>st</sup> Transplantation Ratio (STR) of observed to expected number of patients transplanted for this facility is 1.14, which is 14% 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 2014-2017 STR for your State and Network is 1.27 and 1.24, respectively.

**Transplant Waitlist (Table 6):**

- Among the 45 dialysis patients under age 70 treated at this facility on December 31, 2017, 16% were on the kidney transplant waitlist, compared to 20% 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, 2017, in your State and Network is 17% and 15%, respectively.

**Influenza Vaccination (Table 7):**

- Among the 58 Medicare dialysis patients treated at this facility on December 31, 2017, 83% were vaccinated between August 1 and December 31, 2017 compared to 72% nationally. This difference is statistically significant ( $p < 0.05$ ) and is unlikely to be due to random chance. The percentage of patients vaccinated in your State, Network, and US is 77%, 76%, and 72%, respectively.

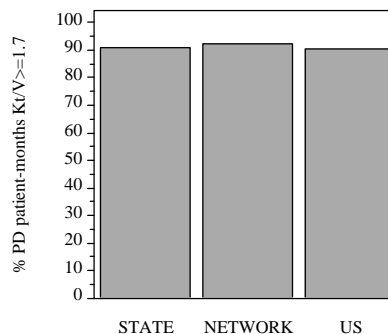
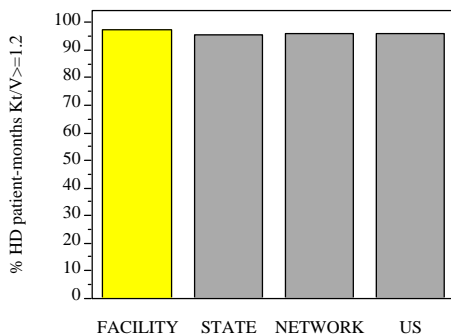


**Anemia Management (Table 8):**

- Among the 55 ESA-treated HD patients in this facility included in the analysis in 2017, 9% had a hemoglobin value below 10 g/dL, compared to 13% in your State, 12% in your Network, and 17% nationally.
- There were no PD patients at this facility with hemoglobin (below 10 g/dL) included in the analysis in 2017.

**Dialysis Adequacy (Table 9):**

- In 2017, 97% of eligible HD patient-months had a Kt/V  $\geq 1.2$  reported, compared to 95% in your State, 96% in your Network, and 96% nationally.
- In 2017, There were no eligible PD patients at this facility included in this analysis. The percent of patients with Kt/V  $\geq 1.7$  in your State, Network, and US is 91%, 92%, and 91% respectively.

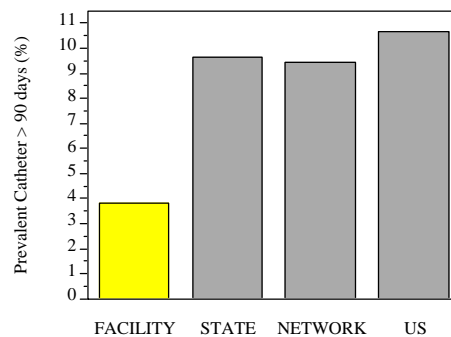
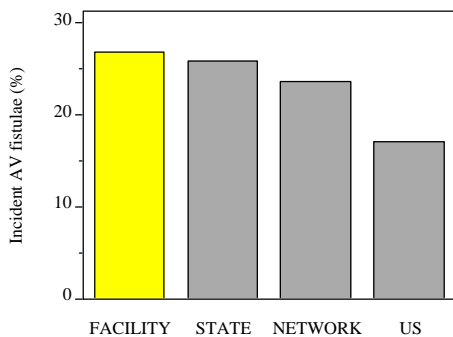


*Mineral Metabolism (Table 10):*

- In 2017, 27% of eligible patient-months had a serum phosphorus value >7.0 mg/dL, compared to 16% in your State, 14% in your Network, and 13% nationally.
- In 2017, 0% of eligible patient-months had calcium uncorrected value >10.2 mg/dL, compared to 1% in your State, 1% in your Network, and 1% nationally.

*Vascular Access (Table 11):*

- At this facility in 2017, an average of 27% of incident patients had arteriovenous (AV) fistulae in place, compared to 26% in your State, 24% in your Network, and 17% nationally.
- Of the prevalent patients receiving hemodialysis treatment at this facility in 2017, 4% had a catheter which had been in place for at least 90 days as their only vascular access, compared to 10% in your State, 9% in your Network, and 11% nationally.



**TABLE 1: Summaries for All Dialysis Patients Treated as of December 31<sup>st</sup> of Each Year<sup>\*1</sup>, 2014-2017**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2017		
	2014	2015	2016	2017	State	Network	U.S.
1a Patients treated on 12/31 (n)	55	79	71	69	71.2	63.1	65.6
1b Average age (years)	60.9	61.3	62.5	65.7	61.7	61.7	62.1
1c Age (% of 1a; sums to 100%)							
< 18	0.0	0.0	0.0	0.0	0.5	0.4	0.2
18-64	56.4	59.5	54.9	47.8	53.0	52.7	53.1
65+	43.6	40.5	45.1	52.2	46.6	46.9	46.7
1d Female (% of 1a)	38.2	29.1	39.4	39.1	42.2	41.7	43.0
1e Race (% of 1a; sums to 100%) <sup>*3</sup>							
African American	38.2	29.1	29.6	24.6	11.5	8.3	34.8
Asian/Pacific Islander	27.3	34.2	35.2	37.7	15.0	10.8	6.0
Native American	0.0	0.0	0.0	0.0	1.6	3.0	1.2
White	32.7	35.4	35.2	37.7	71.3	77.4	57.6
Other/Unknown/Missing	1.8	1.3	0.0	0.0	0.6	0.5	0.4
1f Ethnicity (% of 1a; sums to 100%)							
Hispanic	7.3	8.9	7.0	10.1	12.7	12.4	18.5
Non-Hispanic	92.7	91.1	91.5	89.9	86.9	87.2	81.2
Unknown	0.0	0.0	1.4	0.0	0.4	0.4	0.3
1g Primary Cause of ESRD (% of 1a; sums to 100%)							
Diabetes	32.7	35.4	38.0	37.7	46.7	46.1	46.1
Hypertension	21.8	24.1	22.5	18.8	17.9	17.5	29.7
Glomerulonephritis	20.0	20.3	19.7	26.1	15.4	15.9	10.5
Other/Unknown	25.5	20.3	18.3	17.4	19.4	19.7	12.9
Missing	0.0	0.0	1.4	0.0	0.7	0.7	0.9
1h Average duration of ESRD (years)	4.6	4.9	4.3	4.6	4.8	4.9	5.0
1i Years since start of ESRD (% of 1a; sums to 100%)							
< 1	18.2	12.7	22.5	10.1	18.0	17.6	15.6
1-2	25.5	19.0	15.5	27.5	18.0	17.6	17.0
2-3	16.4	16.5	15.5	11.6	13.7	13.8	13.9
3-6	21.8	29.1	26.8	31.9	25.2	25.7	26.2
6+	18.2	22.8	19.7	18.8	25.1	25.2	27.2
1j Nursing home patients (% of 1a) <sup>*4</sup>	12.7	10.1	11.3	7.2	13.5	13.1	15.0
1k Modality (% of 1a; sums to 100%)							
In-center hemodialysis	100	100	100	100	85.1	83.2	87.6
Home hemodialysis	0.0	0.0	0.0	0.0	2.4	2.2	1.8
Continuous ambulatory peritoneal dialysis	0.0	0.0	0.0	0.0	1.2	1.8	1.4
Continuous cycling peritoneal dialysis	0.0	0.0	0.0	0.0	10.4	12.1	8.8
Other modality <sup>*5</sup>	0.0	0.0	0.0	0.0	0.8	0.6	0.4

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).

**TABLE 2: Characteristics of New Dialysis Patients<sup>\*1</sup>, 2014-2017 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2017			
	2014	2015	2016	2017	State	Network	U.S.	
<b>Patient Characteristics</b>								
2a	Total number of patients with forms (n)	19	16	35	26	19.6	17.3	16.7
2b	Average age (years [0-95]) <sup>*3</sup>	63.5	58.3	61.2	68.2	62.7	62.7	63.7
2c	Female (% of 2a)	26.3	37.5	48.6	42.3	38.8	39.9	42.3
2d	Race (% of 2a; sums to 100%) <sup>*4</sup>							
	African-American	15.8	18.8	17.1	30.8	8.2	5.8	26.1
	Asian/Pacific Islander	52.6	43.8	31.4	34.6	14.1	9.7	5.6
	Native American	0.0	0.0	0.0	0.0	1.7	2.8	0.9
	White	31.6	37.5	51.4	34.6	75.6	81.1	67.0
	Other/Unknown	0.0	0.0	0.0	0.0	0.4	0.6	0.3
2e	Hispanic (% of 2a)	5.3	0.0	5.7	7.7	9.4	8.9	15.0
2f	Primary cause of ESRD (% of 2a; sums to 100%)							
	Diabetes	47.4	50.0	40.0	57.7	50.2	50.8	49.0
	Hypertension	15.8	12.5	8.6	19.2	18.5	17.5	30.1
	Primary glomerulonephritis	26.3	12.5	20.0	11.5	10.2	10.5	7.0
	Other/Unknown	10.5	25.0	31.4	11.5	21.1	21.3	14.0
2g	Medical coverage (% of 2a; sums to 100%)							
	Employer group only	15.8	6.3	20.0	0.0	12.7	12.3	12.3
	Medicare only	21.1	31.3	17.1	57.7	29.7	30.9	33.8
	Medicaid only	15.8	31.3	11.4	0.0	12.8	13.1	12.8
	Medicare and Medicaid only	31.6	6.3	25.7	15.4	12.1	11.0	12.8
	Medicare and other	0.0	0.0	17.1	7.7	19.7	20.0	16.8
	Other/Unknown	15.8	25.0	5.7	19.2	11.4	10.5	7.4
	None	0.0	0.0	2.9	0.0	1.6	2.2	4.1
2h	Median body mass index <sup>*5</sup> (Median; Weight/Height <sup>2</sup> )							
	Male	28.6	24.1	25.9	27.8	27.8	28.4	28.1
	Female	25.2	24.8	23.0	30.5	29.3	29.3	29.2
2i	Employment <sup>*6</sup>							
	Six months prior to ESRD treatment	33.3	22.2	37.5	20.0	35.2	37.4	34.4
	At first ESRD treatment	22.2	11.1	31.3	0.0	27.2	27.9	25.0
2j	Primary modality (% of 2a; sums to 100%)							
	Hemodialysis	100	100	100	100	88.9	85.8	89.4
	CAPD/CCPD	0.0	0.0	0.0	0.0	11.1	14.2	10.6
	Other/Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2k	Number of incident hemodialysis patients (n)	19	16	35	26	17.4	14.8	14.9
2l	Access used at first outpatient dialysis (% of 2k; sums to 100%)							
	Arteriovenous fistula	36.8	37.5	28.6	26.9	26.5	24.6	16.6
	Arteriovenous graft	10.5	0.0	5.7	7.7	3.4	3.5	3.1
	Catheter	52.6	62.5	65.7	65.4	70.0	71.8	80.1
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.1	0.1	0.2
2m	Arteriovenous fistula placed (% of 2k)	63.2	68.8	57.1	65.4	44.8	42.0	32.2

(continued)

**TABLE 2 (cont.): Characteristics of New Dialysis Patients<sup>\*1</sup>, 2014-2017 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2017		
	2014	2015	2016	2017	State	Network	U.S.
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>							
2n Hemoglobin (g/dL [3-18])	8.9	9.0	8.8	9.9	9.4	9.6	9.3
2o Serum albumin (g/dL [0.8-6.0])	3.8	.	.	.	3.2	3.3	3.2
2p Serum creatinine (mg/dL [0-33])	9.0	7.4	7.5	7.5	6.7	6.3	6.4
2q GFR (mL/min [0-30])	7.8	8.8	9.0	8.5	10.0	10.5	10.7
<b>Care Prior to ESRD Therapy</b>							
2r Received ESA prior to ESRD (% of 2a)	21.1	43.8	48.6	30.8	20.1	19.8	13.6
2s Pre-ESRD nephrologist care (% of 2a; sums to 100%) <sup>*7</sup>							
No	5.3	6.3	14.3	11.5	15.4	16.2	19.7
Yes, < 6 months	21.1	31.3	14.3	15.4	16.5	15.2	14.5
Yes, 6-12 months	21.1	0.0	2.9	15.4	16.9	19.5	20.0
Yes, > 12 months	52.6	62.5	62.9	57.7	45.7	44.6	31.5
Unknown/Missing	0.0	0.0	5.7	0.0	5.5	4.5	14.3
2t Informed of transplant options (% of 2a)	68.4	50.0	45.7	57.7	78.8	81.1	88.3
2u Patients not informed of transplant options (n)	6	8	19	11	4.1	3.3	1.9
2v Reason not informed (% of 2u; may not sum to 100%) <sup>*8</sup>							
Medically unfit	16.7	25.0	52.6	27.3	43.1	45.2	33.6
Unsuitable due to age	16.7	12.5	5.3	9.1	7.8	12.4	25.2
Psychologically unfit	0.0	12.5	10.5	0.0	1.8	1.7	2.8
Patient declined information	0.0	0.0	0.0	0.0	1.5	1.6	2.1
Patient has not been assessed	50.0	50.0	15.8	36.4	38.0	35.3	40.3
<b>Comorbid Conditions</b>							
2w Pre-existing comorbidity (% yes of 2a) <sup>*9</sup>							
Congestive heart failure	31.6	18.8	20.0	34.6	30.6	28.8	28.8
Atherosclerotic heart disease <sup>*9</sup>	36.8	18.8	8.6	19.2	17.1	17.6	13.4
Other cardiac disorder <sup>*9</sup>	21.1	12.5	14.3	19.2	17.5	17.0	20.1
CVD, CVA, TIA	10.5	6.3	2.9	19.2	8.1	8.5	8.6
Peripheral vascular disease	21.1	37.5	17.1	19.2	11.0	11.5	9.6
History of hypertension	100	81.3	74.3	92.3	86.8	85.5	88.2
Diabetes <sup>*9</sup>	63.2	50.0	45.7	65.4	63.0	62.7	64.1
Diabetes on insulin	47.4	25.0	40.0	38.5	43.7	43.5	43.1
COPD	5.3	12.5	8.6	11.5	6.8	7.6	9.4
Current smoker	5.3	6.3	5.7	7.7	6.1	6.9	6.5
Cancer	10.5	0.0	14.3	11.5	7.8	7.7	7.0
Alcohol dependence	5.3	0.0	2.9	0.0	1.2	1.6	1.6
Drug dependence	10.5	18.8	17.1	0.0	3.2	2.3	1.3
Inability to ambulate	0.0	0.0	0.0	0.0	3.6	4.1	7.3
Inability to transfer	0.0	0.0	0.0	0.0	1.5	1.4	3.9
2x Average number of comorbid conditions	3.7	2.9	2.7	3.4	3.1	3.1	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 122-208 cm, 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 2017).

[\*8] Values may not sum to exactly 100% because of patients for which multiple reasons are selected, or no reason is selected.

[\*9] '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.



**TABLE 3: Mortality Summary for All Dialysis Patients (2014-17) & New Dialysis Patients (2014-16) \*1**

Measure Name	This Facility					Regional Averages *2		
	2014	2015	2016	2017	2014-2017	State	Network	U.S.
<b>All Patients: Death Counts</b>						<b>2014-2017</b>		
3a Patients (n=number)	91	106	126	101	424 *8	93.6	82.1	93.7
3b Patient-years (PY) at risk (n)	57.7	70.2	68.9	70.6	267.4 *8	65.4	57.9	63.6
3c Deaths (n)	10	5	10	6	31 *8	11.7	10.4	11.1
3d Expected deaths (n)	9.4	10.8	12.0	12.2	44.4 *8	11.7	10.5	11.1
3e Withdrawal from dialysis prior to death (% of 3c)	20.0	40.0	20.0	50.0	29.0	38.8	41.0	25.1
3f Death due to Infections (% of 3c)	10.0	20.0	20.0	0.0	12.9	14.2	13.0	10.9
Death due to Cardiac causes (% of 3c)	80.0	20.0	20.0	66.7	48.4	39.5	39.5	44.6
Death due to Liver disease (% of 3c)	0.0	0.0	0.0	0.0	0.0	1.6	1.9	1.6
3g Dialysis unrelated deaths *3 (n; excluded from SMR)	0	1	0	1	2 *8	0.1	0.1	0.1
<b>All Patients: Standardized Mortality Ratio (SMR)</b>								
3h SMR *4	1.06	0.46	0.83	0.49	0.70	1.00	0.98	1.00
3i P-value *5	0.941	0.086	0.686	0.081	0.043	n/a	n/a	n/a
3j Confidence interval for SMR *6								
High (97.5% limit)	1.95	1.08	1.53	1.07	0.99	n/a	n/a	n/a
Low (2.5% limit)	0.51	0.15	0.40	0.18	0.47	n/a	n/a	n/a
3k SMR percentiles for this facility *7								
In this State	53	13	36	8	12	n/a	n/a	n/a
In this Network	57	12	39	8	11	n/a	n/a	n/a
In the U.S.	60	9	36	10	12	n/a	n/a	n/a
<b>New Patients: First Year Death Counts</b>								
	<b>2014</b>	<b>2015</b>	<b>2016</b>		<b>2014-2016</b>	<b>2014-2016</b>		
3l New patients (n=number)	19	16	35		70 *8	18.0	16.0	16.7
3m Patient-years (PY) at risk (n)	18.8	14.7	30.3		63.8 *8	16.1	14.2	14.7
3n Deaths (n)	1	2	4		7 *8	3.0	2.8	3.2
3o Expected deaths (n)	3.6	2.6	5.6		11.8 *8	3.4	3.1	3.2
3p Withdrawal from dialysis prior to death (% of 3n)	100	100	50.0		71.4	41.8	43.7	27.1
3q Death due to Infections (% of 3n)	0.0	0.0	0.0		0.0	12.9	11.3	9.9
Death due to Cardiac causes (% of 3n)	0.0	50.0	0.0		14.3	33.2	33.6	39.7
Death due to Liver disease (% of 3n)	0.0	0.0	0.0		0.0	3.0	3.6	2.7
<b>New Patients: First Year Standardized Mortality Ratio (SMR)</b>								
3r SMR *4	0.28	.	0.72		0.59	0.88	0.92	1.00
3s P-value *5	0.244	.	0.690		0.198	n/a	n/a	n/a
3t Confidence interval for SMR *6								
High (97.5% limit)	1.53	.	1.84		1.22	n/a	n/a	n/a
Low (2.5% limit)	0.01	.	0.20		0.24	n/a	n/a	n/a
3u First Year SMR percentiles for this facility *7								
In this State	17	.	47		23	n/a	n/a	n/a
In this Network	18	.	45		26	n/a	n/a	n/a
In the U.S.	17	.	38		21	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.

**TABLE 4: Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2014-2017**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2014-2017			
	2014	2015	2016	2017	2014-2017	State	Network	U.S.	
<b>Medicare Dialysis Patients</b>									
4a	Medicare dialysis patients (n)	69	83	96	82	330 <sup>*3</sup>	71.6	63.0	71.2
4b	Patient-years (PY) at risk (n)	43.7	53.6	51.7	56.1	205.1 <sup>*3</sup>	46.6	40.6	43.6
<b>Days Hospitalized Statistics</b>									
4c	Total days hospitalized (n)	282	368	522	460	1,632 <sup>*3</sup>	486.0	404.8	588.0
4d	Expected total days hospitalized (n)	532.9	592.5	632.2	689.8	2,447.4 <sup>*3</sup>	620.4	533.6	589.6
4e	Standardized Hospitalization Ratio (Days) <sup>*4</sup>	0.53	0.62	0.83	0.67	0.67	0.78	0.76	1.00
4f	P-value <sup>*5</sup>	0.203	0.314	0.686	0.328	0.230	n/a	n/a	n/a
4g	Confidence interval for SHR (Days) <sup>*6</sup>								
	High (97.5% limit)	1.33	1.47	1.70	1.42	1.24	n/a	n/a	n/a
	Low (2.5% limit)	0.26	0.30	0.45	0.35	0.41	n/a	n/a	n/a
4h	Percentiles for this facility (Days) <sup>*7</sup>								
	In this State	15	37	66	34	31	n/a	n/a	n/a
	In this Network	23	37	70	41	36	n/a	n/a	n/a
	In the U.S.	10	16	38	19	13	n/a	n/a	n/a
<b>Admission Statistics</b>									
4i	Total admissions (n)	58	52	75	75	260 <sup>*3</sup>	75.7	63.5	79.5
4j	Expected total admissions (n)	73.3	84.1	88.3	100.7	346.4 <sup>*3</sup>	84.5	72.9	79.5
4k	Standardized Hospitalization Ratio (Admissions) <sup>*4</sup>	0.79	0.62	0.85	0.74	0.75	0.90	0.87	1.00
4l	P-value <sup>*5</sup>	0.461	0.144	0.574	0.259	0.211	n/a	n/a	n/a
4m	Confidence interval for SHR (Admissions) <sup>*6</sup>								
	High (97.5% limit)	1.38	1.17	1.44	1.24	1.16	n/a	n/a	n/a
	Low (2.5% limit)	0.49	0.34	0.52	0.46	0.50	n/a	n/a	n/a
4n	Percentiles for this facility (admissions) <sup>*7</sup>								
	In this State	38	15	44	24	22	n/a	n/a	n/a
	In this Network	42	20	50	31	29	n/a	n/a	n/a
	In the U.S.	23	8	31	17	13	n/a	n/a	n/a
4o	Diagnoses associated with hospitalization (% of 4a) <sup>*8</sup>								
	Septicemia	5.8	10.8	8.3	7.3	8.2	11.8	11.0	11.2
	Acute myocardial infarction	4.3	4.8	4.2	7.3	5.2	4.9	4.7	4.4
	Congestive heart failure	10.1	16.9	20.8	24.4	18.5	24.0	22.3	23.8
	Cardiac dysrhythmia	15.9	13.3	11.5	18.3	14.5	14.8	13.7	14.1
	Cardiac arrest	2.9	1.2	2.1	2.4	2.1	2.0	1.8	2.1
4p	One day admissions (% of 4i)	24.1	13.5	20.0	14.7	18.1	12.5	11.6	10.1
4q	Average length of stay (days per admission; 4c/4i)	4.9	7.1	7.0	6.1	6.3	6.4	6.4	7.4

(continued)

**TABLE 4 (cont.): Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2014-2017**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2014-2017			
	2014	2015	2016	2017	2014-2017	State	Network	U.S.	
<b>Emergency Department (ED) Statistics</b>									
4r	Total ED visits (n)	141	140	178	184	643 <sup>*3</sup>	144.2	122.1	138.4
4s	Expected total ED visits (n)	139.2	170.8	170.0	185.9	665.9 <sup>*3</sup>	148.1	129.0	138.6
4t	Standardized Hospitalization Ratio (ED) <sup>*4</sup>	1.01	0.82	1.05	0.99	0.97	0.97	0.95	1.00
4u	P-value <sup>*5</sup>	0.915	0.446	0.755	0.992	0.888	n/a	n/a	n/a
4v	Confidence interval for SHR (ED) <sup>*6</sup>								
	High (97.5% limit)	1.57	1.33	1.61	1.49	1.40	n/a	n/a	n/a
	Low (2.5% limit)	0.67	0.52	0.71	0.67	0.68	n/a	n/a	n/a
4w	Percentiles for this facility (ED) <sup>*7</sup>								
	In this State	59	20	73	50	54	n/a	n/a	n/a
	In this Network	60	27	73	59	55	n/a	n/a	n/a
	In the U.S.	56	26	62	52	47	n/a	n/a	n/a
4x	Patients with ED visit (% of 4a)	69.6	54.2	54.2	68.3	60.9	63.8	63.2	61.9
4y	ED visits that result in hospitalization (% of 4r)	32.6	30.0	35.4	35.9	33.7	41.1	39.3	47.0
4z	Admissions that originate in the ED (% of 4i)	79.3	80.8	84.0	88.0	83.5	78.2	75.5	81.8
<b>Readmission Statistics</b>									
<b>2017</b>									
4aa	Index discharges (n)	58	48	89	87		78.3	63.5	76.4
4ab	Total readmissions (n)	16	12	21	18		20.5	15.4	21.0
4ac	Expected total readmissions (n)	15	13	22	23		22.4	18.2	21.4
4ad	Standardized Readmission Ratio (SRR)	1.05	0.93	0.94	0.79		0.97	0.91	1.04
4ae	P-value <sup>*5</sup>	0.897	0.812	0.771	0.367		n/a	n/a	n/a
4af	Confidence interval for SRR <sup>*6</sup>								
	High (97.5% limit)	1.69	1.52	1.46	1.21		n/a	n/a	n/a
	Low (2.5% limit)	0.55	0.47	0.53	0.46		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 a 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.

**TABLE 5: Transplantation Summary for Dialysis Patients under Age 70<sup>\*1</sup>, 2014-2017**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2014-2017			
	2014	2015	2016	2017	2014-2017	State	Network	U.S.	
<b>All patients</b>									
5a	Eligible patients (n)	63	78	86	63	290 <sup>*10</sup>	64.8	56.7	64.0
5b	Transplants (n)	1	4	3	2	10 <sup>*10</sup>	2.5	2.2	2.0
5c	Donor type (sums to 5b) <sup>*3</sup>								
	Living donor (n)	0	0	0	2	2 <sup>*10</sup>	0.5	0.5	0.5
	Deceased donor (n)	1	4	3	0	8 <sup>*10</sup>	2.1	1.7	1.5
<b>Patients who have not Previously Received</b>									
<b>a Transplant</b>									
5d	Eligible patients (n)	59	74	83	61	277 <sup>*10</sup>	58.7	51.5	58.7
5e	Patient years (PY) at risk (n)	36.5	47.5	44.0	41.4	169.4 <sup>*10</sup>	40.9	36.3	40.3
5f	First transplants <sup>*4</sup> (n)	0	3	3	2	8 <sup>*10</sup>	2.2	1.9	1.7
5g	Expected first transplants (n)	1.5	1.9	1.9	1.7	7.0 <sup>*10</sup>	1.8	1.6	1.7
<b>Standardized 1st Transplantation Ratio (STR)<sup>*5</sup></b>									
5h	STR <sup>*6</sup>					1.14	1.27	1.24	1.00
5i	P-value <sup>*7</sup>					0.809	n/a	n/a	n/a
5j	Confidence interval for STR <sup>*8</sup>								
	High (97.5% limit)					2.24	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					47	n/a	n/a	n/a
	In this Network					51	n/a	n/a	n/a
	In the U.S.					62	n/a	n/a	n/a

n/a = not applicable.

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

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

[\*3] Values may not sum to 5b due to unknown donor type.

[\*4] Among first transplants that occurred after the start of dialysis from 2014-2017, 3.5% 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.

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

[\*6] Standardized 1st Transplantation Ratio is calculated as a ratio of actual (5f) to expected (5g) transplants.

[\*7] 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.

[\*8] The confidence interval range represents uncertainty in the value of the STR due to random variation.

[\*9] All facilities are included in ranking, regardless of the number of expected transplants.

[\*10] Sum of 4 years used for calculations; should not be compared to regional averages.

**TABLE 6: Waitlist Summary for Dialysis Patients under Age 70 Treated on December 31<sup>st</sup> of Each Year<sup>\*1</sup>, 2014-2017**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2017		
	2014	2015	2016	2017	State	Network	U.S.
6a Eligible patients on 12/31 (n)	45	46	53	45	50.7	44.8	46.2
6b Patients on the waitlist (% of 6a)	15.6	21.7	15.1	15.6	17.3	15.1	20.1
6c P-value <sup>*3</sup> (compared to U.S. value)	0.121	0.527	0.174	0.289	n/a	n/a	n/a
6d Patients on the waitlist by subgroup (%) <sup>*4</sup>							
Age < 40	16.7	28.6	20.0	33.3	27.4	23.0	29.5
Age 40-69	15.4	20.5	14.6	14.3	15.7	13.9	19.0
Male	19.4	25.7	20.0	18.5	18.1	15.5	21.3
Female	7.1	9.1	5.6	11.1	16.0	14.5	18.6
African American	14.3	7.1	12.5	15.4	17.0	16.0	18.7
Asian/Pacific Islander	11.1	46.2	26.7	27.3	22.0	21.6	30.8
Native American	.	0.0	.	.	11.5	10.9	13.4
White, Hispanic	25.0	0.0	0.0	16.7	14.1	13.5	22.6
White, non-Hispanic	10.0	15.4	11.8	6.7	16.9	14.3	19.0
Other/unknown race	100	100	.	.	25.0	21.0	22.1
Diabetes	7.7	26.3	16.7	17.6	13.0	10.8	16.1
Non-diabetes	18.8	18.5	14.3	14.3	21.1	19.0	23.6
Previous kidney transplant	50.0	0.0	0.0	50.0	30.8	27.1	34.4
No previous kidney transplant	14.0	22.2	15.4	14.0	16.0	14.0	18.9
< 2 years since start of ESRD	18.2	25.0	12.5	12.5	16.0	13.5	14.2
2-4 years since start of ESRD	18.2	33.3	20.0	28.6	21.1	19.1	24.9
5+ years since start of ESRD	8.3	0.0	14.3	6.7	15.2	13.4	21.9

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: 24.0% (2014), 22.6% (2015), 21.3% (2016), 20.1% (2017). 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.

**TABLE 7: Influenza Vaccination Summary for Medicare Dialysis Patients Treated on December 31<sup>st</sup> of Each Year<sup>\*1</sup>, Flu Seasons August 2014-December 2017**

Measure Name	This Facility				Regional Averages <sup>*2</sup>		
	2014	2015	2016	2017	State	Network	U.S.
							<b>2017</b>
7a Eligible patients on 12/31 (n)	45	50	56	58	49.8	43.4	45.0
7b Patients vaccinated between Aug. 1 and Dec. 31 (% of 7a)	75.6	76.0	80.4	82.8	76.7	76.3	72.1
7c P-value <sup>*3</sup> (for 7b compared to U.S. value <sup>*4</sup> )	0.478	0.398	0.039	0.043	n/a	n/a	n/a
							<b>2016</b>
7d Patients vaccinated between Aug 1 and Mar 31 of following year (% of 7a)	75.6	80.0	82.1		74.0	72.5	69.6
7e P-value <sup>*3</sup> (for 7d compared to U.S. value <sup>*5</sup> )	0.507	0.203	0.024		n/a	n/a	n/a
							<b>2017</b>
7f Patients vaccinated between Aug 1 and Dec 31 by subgroup (%) <sup>*6</sup>							
Age < 18	.	.	.	.	52.9	54.2	55.8
Age 18-39	100	100	100	100	71.4	74.6	68.6
Age 40-64	68.4	66.7	75.0	79.2	75.3	76.3	72.6
Age 65-74	78.6	77.8	75.0	92.9	75.9	74.8	71.8
Age 75+	80.0	86.7	92.9	76.5	81.9	78.8	72.7
Male	70.0	79.5	81.8	77.8	75.7	75.7	72.0
Female	86.7	63.6	78.3	90.9	77.9	77.0	72.2
African American	82.4	92.9	92.3	84.6	71.5	70.0	69.9
Asian/Pacific Islander	85.7	73.7	82.6	87.0	79.0	79.3	75.4
Native American	.	.	.	.	78.5	76.8	79.6
White	57.1	64.7	70.0	77.3	76.9	76.4	73.0
Other/unknown race	.	.	.	.	85.2	81.8	68.6
Hispanic	0.0	0.0	50.0	50.0	81.3	82.5	72.6
< 1 year since start of ESRD	100	55.6	53.8	50.0	65.4	64.7	58.8
1-2 years since start of ESRD	63.2	73.3	88.9	84.2	77.2	75.5	70.6
3+ years since start of ESRD	75.0	84.6	88.0	90.3	79.7	79.9	76.2

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): 73.9% (2014), 73.2% (2015), 68.9% (2016), 72.1% (2017).

[\*5] Compared to the U.S. value for that year and time period (8/1-3/31): 74.4% (2014), 73.8% (2015), 69.6% (2016).

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

**TABLE 8: Anemia Management Summaries for Adult Dialysis Patients<sup>\*1</sup>, 2014-2017**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2017		
	2014	2015	2016	2017	State	Network	U.S.
<b>Hemoglobin and ESA-CROWNWeb</b>							
8a Eligible adult patients (n) <sup>*3</sup>	86	102	101	92	95.5	83.7	85.3
8b Eligible adult patient-months (n) <sup>*4</sup>	638	797	730	788	793.6	713.0	748.7
8c Average hemoglobin <sup>*5</sup> (g/dL) (average of 8b)	10.8	10.9	11.0	10.9	10.9	10.9	10.8
8d Hemoglobin categories (% of 8b; sums to 100%)							
<10 g/dL	21.8	19.9	16.4	17.9	18.8	17.9	20.7
10-<11 g/dL	30.9	33.4	28.1	32.7	33.6	33.1	33.8
11-12 g/dL	30.6	28.7	40.7	35.7	30.8	31.2	29.8
>12 g/dL	13.9	15.6	12.7	13.7	13.0	15.1	13.3
Missing/Out of range	2.8	2.4	2.1	0.0	3.8	2.7	2.4
8e ESA prescribed (% of 8b)	90.0	94.4	89.3	58.2	71.1	69.1	72.5
<b>Standardized Transfusion Ratio (STRr)</b>							
8f Eligible adult Medicare patients (n)	61	73	79	61	64.6	58.0	58.7
8g Patient years (PY) at risk (n)	36	46	43	41	37.8	34.1	34.9
8h Total transfusions (n)	6	9	7	4	10.8	9.8	13.1
8i Expected total transfusions (n)	16.2	19.3	17.9	16.3	14.1	12.7	13.2
8j Standardized Transfusion Ratio <sup>*6</sup>	0.37	0.47	0.39	0.25	0.76	0.77	1.01
Upper Confidence Limit (97.5%)	1.62	1.55	1.50	1.46	n/a	n/a	n/a
Lower Confidence Limit (2.5%)	0.10	0.17	0.12	0.05	n/a	n/a	n/a
8k P-value <sup>*7</sup>	0.200	0.235	0.184	0.128	n/a	n/a	n/a
<b>Hemoglobin-Medicare Claims<sup>*8</sup></b>							
8l Eligible adult hemodialysis (HD) patients (n)	44	61	51	55	39.3	32.6	36.2
8m Hemoglobin categories among HD pts (% of 8l; sums to 100%)							
< 10 g/dL	18.2	13.1	7.8	9.1	12.6	12.0	16.8
10-<11 g/dL	65.9	70.5	49.0	54.5	65.3	65.6	63.9
11-12 g/dL	15.9	16.4	43.1	36.4	21.7	22.0	19.0
> 12 g/dL	0.0	0.0	0.0	0.0	0.3	0.3	0.3
8n Eligible adult peritoneal dialysis (PD) patients (n)	0	0	0	0	4.1	3.8	3.0
8o Hemoglobin categories among PD pts (% of 8n; sums to 100%)							
< 10 g/dL	.	.	.	.	21.4	22.3	26.2
10-<11 g/dL	.	.	.	.	62.0	61.2	56.7
11-12 g/dL	.	.	.	.	15.6	15.7	16.5
> 12 g/dL	.	.	.	.	1.0	0.8	0.6

n/a = not applicable

[\*1] See *Guide, Section XI*. Transfusion and claims-based summaries include adult Medicare Dialysis Patients only.

[\*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 more than 90 days and 4 or more claims at this facility.

**TABLE 9: Dialysis Adequacy Summaries for All Dialysis Patients<sup>\*1</sup>, 2014-2017**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2017		
	2014	2015	2016	2017	State	Network	U.S.
<b>Hemodialysis (HD) Adequacy</b>							
9a Eligible adult HD patients (n)	86	102	101	92	84.9	73.3	78.5
9b Eligible adult HD patient-months (n) <sup>*3</sup>	638	797	730	788	701.2	619.3	687.6
9c Average serum albumin (g/dL) (average of 9b)	4.0	4.0	4.0	3.9	3.8	3.8	3.8
9d Serum albumin categories (% of 9b; sums to 100%)							
< 3.0 g/dL	0.9	0.5	0.8	1.1	3.2	3.1	3.6
3.0-<3.5 g/dL	5.8	7.3	5.2	9.6	13.8	13.8	14.3
3.5-<4.0 g/dL	32.4	33.4	36.4	40.1	46.4	47.2	48.0
>=4.0 g/dL	57.8	56.3	55.3	48.9	32.4	32.8	31.1
Missing	3.0	2.5	2.2	0.3	4.2	3.1	2.9
9e Ultrafiltration rate average <sup>*4</sup> (ml/kg/hr) (average of 9b)	5.5	5.6	5.6	5.3	6.8	7.1	7.8
9f Ultrafiltration rate categories (% of 9b; sums to 100%)							
<=13 ml/kg/hr	90.4	91.7	92.6	92.5	86.1	85.9	83.0
>13 ml/kg/hr	3.0	3.1	2.9	3.8	5.5	6.6	9.4
Missing/Out of range	6.6	5.1	4.5	3.7	8.3	7.6	7.6
9g Eligible adult HD Kt/V patients (n) <sup>*5</sup>	83	101	99	91	79.4	68.0	75.6
9h Eligible adult HD Kt/V patient-months (n) <sup>*3 *5</sup>	619	785	711	766	647.0	565.0	654.9
9i Average Kt/V <sup>*4</sup> (average of 9h)	1.6	1.6	1.6	1.7	1.7	1.7	1.6
9j Kt/V categories (% of 9h; sums to 100%)							
<1.2	2.4	2.4	3.2	1.2	2.5	2.2	2.1
1.2-<1.8	75.6	79.6	73.8	74.7	66.1	67.5	72.0
>=1.8	20.8	17.3	21.7	22.7	29.3	28.7	24.2
Missing/Out of range	1.1	0.6	1.3	1.4	2.0	1.6	1.7
<b>Peritoneal Dialysis (PD) Adequacy</b>							
9k Eligible adult PD patients (n)	0	0	0	0	18.0	21.2	20.7
9l Eligible adult PD patient-months (n) <sup>*3</sup>	0	0	0	0	136.8	164.2	164.8
9m Average weekly Kt/V <sup>*4 *6</sup> (average of 9l)	.	.	.	.	2.2	2.3	2.2
9n Weekly Kt/V categories (% of 9l; sums to 100%) <sup>*5</sup>							
<1.7	.	.	.	.	5.5	5.0	5.2
1.7-<2.5	.	.	.	.	68.3	66.8	66.2
>=2.5	.	.	.	.	22.5	25.7	24.4
Missing/Out of range	.	.	.	.	3.7	2.5	4.2
9o Average serum albumin (g/dL) (average of 9l)	.	.	.	.	3.5	3.5	3.5
9p Serum albumin categories (% of 9l; sums to 100%)							
< 3.0 g/dL	.	.	.	.	10.5	10.8	11.4
3.0-<3.5 g/dL	.	.	.	.	32.3	30.5	31.3
3.5-<4.0 g/dL	.	.	.	.	41.1	42.3	40.7
>=4.0 g/dL	.	.	.	.	11.9	13.3	13.1
Missing	.	.	.	.	4.2	3.1	3.5

n/a = not applicable.

[\*1] See *Guide, Section XII*. Unless otherwise noted, all summaries are based on data reported in CROWNWeb and the patient must be on HD (or PD) for the entire reporting month to be included in patient counts and summaries.

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

[\*3] Patients may be counted up to 12 times per year.

[\*4] Based on in-range values; see *Guide* for range values.

[\*5] Kt/V summaries are supplemented with Medicare claims if missing in CROWNWeb. HD Kt/V summaries are restricted to patients who dialyze thrice weekly. See section of *Guide* titled "Determination of Thrice Weekly Dialysis" for more information. The most recent value over a 4-month period is selected for PD Kt/V.



**TABLE 10: Mineral Metabolism Summaries for All Adult Dialysis Patients <sup>\*1</sup>, 2014-2017**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2017		
	2014	2015	2016	2017	State	Network	U.S.
10a Eligible adult patients (n) <sup>*3</sup>	86	102	101	92	95.5	83.7	85.3
10b Eligible adult patient-months (n) <sup>*3 *4</sup>	638	797	730	788	793.6	713.0	748.7
10c Average phosphorous <sup>*5</sup> (mg/dL) (average of 10b <sup>*6</sup> )	5.8	5.8	5.9	5.9	5.5	5.4	5.3
10d Phosphorous categories (% of 10b <sup>*6</sup> ; sums to 100%)							
<3.5 mg/dL	6.8	6.9	3.9	6.9	7.6	7.7	8.6
3.5-4.5 mg/dL	19.4	19.3	19.1	20.8	22.7	23.7	25.0
4.6-5.5 mg/dL	24.7	24.6	24.6	20.8	27.5	28.7	30.0
5.6-7.0 mg/dL	26.0	26.6	30.4	24.6	22.4	22.3	20.8
>7.0 mg/dL	19.9	19.8	20.0	26.6	15.6	14.3	12.6
Missing/Out of range	3.2	2.7	2.0	0.2	4.2	3.2	3.0
10e Average calcium uncorrected <sup>*5</sup> (mg/dL) (average of 10b)	9.1	9.2	9.2	9.0	9.0	9.0	8.9
10f Calcium uncorrected categories (% of 10b; sums to 100%)							
<8.4 mg/dL	14.4	10.0	7.9	17.0	15.9	15.4	16.9
8.4-10.2 mg/dL	78.1	85.7	89.9	82.5	79.0	80.3	79.0
>10.2 mg/dL	4.5	1.9	0.1	0.4	1.1	1.2	1.3
Missing/Out of range	3.0	2.4	2.1	0.1	4.0	3.0	2.8
10g Average uncorrected serum or plasma calcium > 10.2 mg/dL <sup>*5 *7</sup>	5.8	2.6	1.0	0.0	2.6	2.1	2.1

[\*1] See *Guide, Section XIII*. Summaries are based on data reported in CROWNWeb and the patient must be assigned to the facility the entire month to be included.  
 [\*2] Values are shown for the average facility.  
 [\*3] Includes patients on ESRD more than 90 days 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] Eligible patients included in the phosphorous summaries differ slightly from what is reported in 10b since it includes patient-months within the first 90 days of ESRD.  
 [\*7] Hypercalcemia is averaged from uncorrected serum or plasma calcium values over a rolling 3-month period.

**TABLE 11: Vascular Access Information for All Dialysis Patients and Access-Related Infection Summaries for All Medicare Patients<sup>\*1</sup>, 2014-2017**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2017			
	2014	2015	2016	2017	State	Network	U.S.	
<b>Vascular Access</b>								
11a	Prevalent adult hemodialysis patients (n)	98	109	118	98	91.2	78.7	83.9
11b	Prevalent adult hemodialysis patient-months <sup>*3</sup> (n)	695	838	812	837	745.4	656.5	725.2
11c	Vascular access type in use (% of 11b; sums to 100%)							
	Arteriovenous fistula	70.1	73.5	71.3	72.0	68.1	67.3	62.6
	Arteriovenous graft	21.4	18.1	16.7	18.8	11.9	14.0	17.7
	Catheter	6.0	6.2	11.1	9.2	16.1	15.9	17.3
	Other/Missing	2.4	2.1	0.9	0.0	3.9	2.8	2.4
11d	Arteriovenous fistulae in place (% of 11b) <sup>*4</sup>	70.2	73.6	71.6	72.6	69.1	68.5	63.8
11e	Catheter only >= 90 days (% of 11b) <sup>*5</sup>	1.4	1.8	3.6	3.8	9.6	9.4	10.7
<b>Vascular Access at First Treatment</b>								
11f	Incident hemodialysis patients (n)	19	16	34	26	17.4	15.3	15.7
11g	Vascular access type in use (% of 11f; sums to 100%)							
	Arteriovenous fistula	42.1	37.5	29.4	26.9	25.1	22.5	15.6
	Arteriovenous graft	10.5	6.3	5.9	7.7	3.4	3.9	3.5
	Catheter	47.4	56.3	64.7	65.4	68.3	69.9	76.3
	Other/Missing	0.0	0.0	0.0	0.0	3.2	3.7	4.6
11h	Arteriovenous fistulae in place (% of 11f) <sup>*4</sup>	42.1	37.5	29.4	26.9	25.9	23.6	17.1
<b>Infection: Peritoneal dialysis (PD)</b>								
11i	Eligible PD patients (n)	0	0	0	0	9.5	10.0	7.3
11j	Eligible PD patient-months <sup>*3</sup>	0	0	0	0	65.9	69.7	51.7
11k	PD catheter infection rate per 100 PD patient-months <sup>*6</sup>	.	.	.	.	3.98	2.70	2.87
11l	P-value <sup>*7</sup> of 11k (compared to U.S. value) <sup>*8</sup>	.	.	.	.	n/a	n/a	n/a

n/a = not applicable

[\*1] See *Guide, Section XIV*. Vascular Access type is based on data reported in CROWNWeb. For the prevalent summaries (rows 11a-11e), the patient must be assigned to the facility for the entire calendar month to be included. The PD infection summaries are based on Medicare Dialysis claims.

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

[\*3] Patients may be counted up to 12 times per year per facility.

[\*4] Includes all patients with fistulae, regardless of whether or not they received their hemodialysis treatments using their fistulae.

[\*5] 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.

[\*6] The ICD-9 PD catheter infection code for PD patients is 996.68 which is effective thru 9/30/2015 and the ICD-10 PD catheter infection code for PD patients is T8571XA which is effective beginning 10/1/2015.

[\*7] 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.

[\*8] Compared to U.S. value for that year: 2.85 (2014), 2.94 (2015), 2.88 (2016), and 2.87 (2017).

# Dialysis Facility Report for Fiscal Year (FY) 2019

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>, 2014-2017**

	Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2017		
		2014	2015	2016	2017	State	Network	U.S.
12a	Medicare dialysis patients on 12/31 (n)	42	61	56	57	52.5	46.5	48.6
12b	Comorbidity (% yes of 12a)							
	<b>Infections</b>							
	AIDS/HIV positive	2.4	3.3	1.8	3.5	0.6	0.6	1.7
	Dialysis access-related	9.5	9.8	7.1	15.8	8.7	8.3	9.2
	Hepatitis B	0.0	0.0	5.4	1.8	1.6	1.2	1.6
	Hepatitis other	9.5	9.8	12.5	10.5	6.6	5.6	5.7
	Metastatic	7.1	0.0	1.8	3.5	3.0	2.9	3.0
	Pneumonia	2.4	0.0	1.8	5.3	9.1	8.2	8.4
	Tuberculosis	2.4	0.0	3.6	1.8	0.5	0.4	0.5
	Other	35.7	24.6	35.7	35.1	35.8	35.4	35.6
	<b>Cardiovascular</b>							
	Cardiac arrest	2.4	0.0	0.0	3.5	1.7	1.5	1.9
	Cardiac dysrhythmia	31.0	27.9	33.9	45.6	38.4	37.1	36.9
	Cerebrovascular disease	23.8	18.0	17.9	24.6	20.7	18.8	24.4
	Congestive heart failure	26.2	32.8	48.2	56.1	51.8	49.9	52.9
	Ischemic heart disease	23.8	27.9	44.6	54.4	46.3	44.3	49.4
	Myocardial infarction	4.8	8.2	10.7	15.8	11.3	10.3	10.2
	Peripheral vascular disease <sup>*3</sup>	35.7	31.1	42.9	38.6	40.1	37.7	44.2
	<b>Other</b>							
	Alcohol dependence	9.5	9.8	5.4	1.8	3.3	3.0	2.9
	Anemia	7.1	1.6	5.4	3.5	6.8	7.1	9.4
	Cancer	9.5	6.6	12.5	10.5	11.0	10.6	11.1
	Chronic obstructive pulmonary disease	21.4	11.5	17.9	28.1	30.3	30.3	32.2
	Diabetes	40.5	47.5	58.9	61.4	63.8	62.6	67.9
	Drug dependence	4.8	4.9	12.5	10.5	7.0	6.7	3.6
	Gastrointestinal tract bleeding	2.4	8.2	5.4	3.5	4.3	4.3	4.5
	Hyperparathyroidism	100	98.4	98.2	100	90.7	87.8	85.6
12c	Average number of comorbid conditions	4.1	3.8	4.8	5.4	4.9	4.7	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.

**TABLE 13: Facility Information <sup>\*1</sup>, 2017**

Measure Name	This Facility 2017	Regional Averages <sup>*2</sup> , 2017		
		State	Network	U.S.
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 Numbers (CCN) included in this report	502556			
13i National Provider Identifier (NPI) <sup>*3</sup>	1700025038			
<b>Patient Placement</b>				
13j Patients treated during year from AFS Form-2744 (n)	128	117.2	100.8	103.3
13k Transferred into facility (% of 13j)	10.9	18.6	16.3	15.3
13l Transferred out of facility (% of 13j)	28.1	18.1	16.3	15.5
13m Patients treated on 12/31 (n)	79	78.1	68.1	70.9
13n Medicare eligibility status (% of 13m; sums to 100% <sup>*4</sup> )				
Medicare	83.5	81.8	84.7	64.9
Medicare application pending	0.0	0.6	0.6	0.6
Non-Medicare	16.5	17.6	14.7	34.5
<b>Survey and Certification <sup>*5</sup></b>				
13o Date of last survey	04/26/2017	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	2	0.9	0.6	0.3
13s Number of Standard deficiencies cited	8	9.8	6.5	5.4

n/a = not applicable

[\*1] See *Guide, Section XVI*. Information based on data reported in CROWNWeb as of May, 2018. If missing, data were not available.

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

[\*3] Information based on CROWNWeb data as of March 2018. If missing, data were not available.

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

[\*5] 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.