Quarterly Dialysis Facility Compare -- Preview Report for October 2018 Release

- **This Quarterly DFC Preview Report includes data specific to CCN(s): 502509**

- **Purpose of the Report**

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 (https://www.medicare.gov/dialysisfacilitycompare/).

- **Overview**

This report was created for all Medicare certified dialysis facilities that are operating according to DFC in July 2018. The measures included in the report are based primarily on Medicare-paid dialysis claims, CROWNWeb, and other data collected for CMS. This report contains eight 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 Table "Quarterly Dialysis Facility Compare Preview", beginning on page 2, will be reported on the DFC website and available in the DFC downloadable databases at http://data.medicare.gov in October 2018.

Description of the methodology for all measures and the star rating in this report can be found in the *Guide to the Quarterly Dialysis Facility Compare Report*, *Guide to the New Measures Table for the Quarterly Dialysis Facility Compare Report*, and the *Technical Notes on the Dialysis Facility Compare Quality of Patient Care Star Rating Methodology for the October 2018 Release*, all of which are available on the DialysisData website at www.dialysisdata.org.

- **What's New This Quarter**

As part of a continuing effort to improve the quality and usability of this report, a table of new measures has been added this quarter. The new measures include Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR) and Percentage of Prevalent Patients Waitlisted (PPPW). The variables in this table will not be released publicly on the DFC website or included in the star rating at this time.

The annual measures reported in Table 1 (Standardized Mortality Ratio, Standardized Hospitalization Ratio, Standardized Readmission Ratio, and Standardized Transfusion Ratio) have been updated, using data from 2014-2017 for SMR and 2017 for SHR, SRR, and STrR. In addition, the calculation methods have been updated for SMR, SHR, and STrR. SMR is restricted to Medicare patients only and is adjusted for incident comorbidities and prevalent comorbidities, including diabetes. SHR is adjusted for incident comorbidities and prevalent comorbidities, including diabetes. For STrR, the definition for a transfusion event has been revised. Furthermore, Standardized Fistula Rate (SFR), which is adjusted for patient risk factors and replaces the previous vascular access measure "Percent of Arteriovenous Fistula in Use", has been added to this table.

The annual measure Standardized Infection Ratio in Table 2 has been updated, using the data of 2017.

The quarterly measures in Table 3 (hemoglobin) and Table 4 (hypercalcemia, serum phosphorus concentrations, and Kt/V) have been updated by one quarter. In addition, the calculation method has been updated for hypercalcemia: missing values are now included in both the numerator and denominator. Furthermore, long term catheter rate and nPCR have been added to Table 4. Long term catheter rate is a modified version of the vascular access measure "Percent of Vascular Catheter in Use >90 Days" in the previous DFC. It excludes the patients for whom other vascular access types may be either more difficult or not appropriate.

The ICH CAHPS patient experience of care measures in Table 5 have been updated this quarter as part of the semi-annual update process that occurs in April and October. Also, linearized scores and star ratings for each composite measure have been added along with an overall ICH CAHPS star rating.

The DFC Star Rating has been updated this quarter, using data from 2014-2017 for SMR and 2017 for all the other measures included in the calculation. The updated version of SMR, SHR, STrR, and hypercalcemia are used. The previous vascular access measures are replaced with SFR and long term catheter rate. SRR and pediatric PD Kt/V have been newly added.

Description of the methodology for new measures can be found in the Guide to the New Measures in the Quarterly Dialysis Facility Compare Report, which is available on the DialysisData website at www.dialysisdata.org.

- **How to Submit Comments**

This preview period will be held during **July 15, 2018 - August 15, 2018**. As part of a new process to encourage early requests of patient lists to allow sufficient time for facility review and inquiry during the preview period, patient list requests must now be made **within the first ten days** of the preview period. 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, transfusions, or fistula rate, Table 2 for infection, Table 3 for hemoglobin, Table 4 for mineral and bone disorder, dialysis adequacy and nutritional status measures, and long-term catheter 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 Rates/Ratios are updated annually in October; Patient Survey Results are updated semi-annually in April and October; all other measures are updated quarterly in January, April, July, and October. 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 Dialysis Data website at www.dialysisdata.org.

	Measure Name	This Facility
1	**Quality of patient care star rating (Table 6) (January 2014-December 2017)**	★★★★☆ **Above Average**
2	**Quality of patient care tab**	
	Avoiding hospitalizations and deaths	
2.1	Frequency of patient death [1] (2014-2017, Table 1, per 100 patient-years)	**22.7 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**18.2, 28.0**
	Classification Category [2]	**As Expected**
2.2	Frequency of hospital admission [1] (2017, Table 1, per 100 patient-years)	**200.2 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**147.5, 282.7**
	Classification Category [2]	**As Expected**
2.3	Frequency of hospital readmission [1] (2017, Table 1, percentage of hospital discharges)	**28.4%**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**19.6% , 39.0%**
	Classification Category [2]	**As Expected**
	Avoiding unnecessary transfusions	
2.4	Rate of Transfusions [1] (2017, Table 1, per 100 patient-years)	**13.9 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**5.0, 44.9**
	Classification Category [2]	**As Expected**
	Preventing bloodstream infections	
2.5	Preventing bloodstream infections (2017, Table 2): Standardized Infection Ratio	**1.28**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.74, 2.06**
	Classification Category [2]	**As Expected**
	Using the most effective access to the bloodstream [3] (January - December 2017)	
2.6	Rate of fistula (Table 1)	**73.9%**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**61.9%, 85.1%**
	Classification Category [4]	**As Expected**
2.7	Adult patients who had a catheter (tube) left in a vein for at least three consecutive complete months, for the regular hemodialysis treatments (Table 4)	**9%**
	Removing waste from blood and nutrional status [3] (January - December 2017, Table 4)	
2.8	Adult patients who had enough waste removed from their blood during hemodialysis	**97%**
2.9	Adult patients who had enough waste removed from their blood during peritoneal dialysis	**Not Available**
2.10	Children who had enough waste removed from their blood during hemodialysis	**Not Available**
2.11	Children who had enough waste removed from their blood during peritoneal dialysis	**Not Available**
2.12	Children who had a monthly normalized protein catabolic rate (nPCR) measured during in-center hemodialysis	**Not Available**
	Keeping a patient's bone mineral levels in balance [3] (January - December 2017, Table 4)	
2.13	Adult patients who had too much calcium in their blood	**2%**

(continued)

Quarterly Dialysis Facility Compare Preview (continued):

	Measure Name	This Facility	
3	**Survey of patients' experiences table [5] (Spring - Fall 2017, Table 5)**	**% of Always (Yes) Responses**	**Star Rating**
3.1	Kidney doctors' communication and caring	**75%**	★★★★☆
3.2	Dialysis center staff care and operations	**61%**	★★★☆☆
3.3	Providing information to patients	**79%**	★★★☆☆
3.4	Rating of kidney doctors	**68%**	★★★★☆
3.5	Rating of dialysis center staff	**63%**	★★★☆☆
3.6	Rating of dialysis facility	**74%**	★★★★☆
3.7	Overall star rating	**n/a**	★★★★☆

n/a = not applicable
[1] The facility rate was calculated by multiplying the facility ratio by the national rate. National rates for mortality, hospitalization, readmission, and transfusion are 21.7, 186.5, 26.9, 21.6, 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, 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 fewer than 11 patients will be reported as "Not Available" on DFC.
[4] If the facility SFR is greater than national SFR and statistically significant ($p<0.05$), the classification is "Better than Expected". If the rate is less than national rate and statistically significant ($p<0.05$), the classification is "Worse than expected". Otherwise, the classification is "As Expected" on DFC.
[5] Survey results based on 29 or fewer completed surveys over the two survey periods will be reported as "Not Available" on DFC.

Upcoming New Measures (not currently reported on DFC)[1] :

The following table displays a preview of new measures for this facility as they will appear in future DFC reports. The measures in this table will not appear on DFC in the upcoming release and are not included in the star rating at this time.

			Regional Averages, per Year[2]	
	Annual Measures	**This Facility**	**State**	**U.S.**
1	**Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)**	**2014-2016**	**2014-2016**	**2014-2016**
1.1	Eligible patients (n=number)[3]	89	12.1	11.2
1.2	Patient-years at risk (n)	79	10.8	9.9
1.3	Transplant waitlist events or receipt of a living-donor transplant	6	1.1	1.1
1.4	Expected number of transplant waitlist or living-donor transplant events (n)[3]	8.4	1.2	1.1
1.5	Standardized Waitlist Ratio[4]	0.71	0.93	1.00
	Lower Confidence Limit[5] (2.5%)	0.26	n/a	n/a
	Upper Confidence Limit[5] (97.5%)	1.55	n/a	n/a
1.6	P-value[6]	0.524	n/a	n/a
1.7	Classification Category[7]	As Expected	n/a	n/a
2	**Percentage of Prevalent Patients Waitlisted (PPPW)**	**2017**	**2017**	**2017**
2.1	Eligible patients (n)	197	84.5	72.9
2.2	Patient-months at risk (n)	1617	696.0	613.3
2.3	Total waitlisted months (n)	224	119.6	123.3
2.4	Percentage of prevalent patients waitlisted[4]	13.5%	16.5%	19.7%
	Lower Confidence Limit[5] (2.5%)	6.2%	n/a	n/a
	Upper Confidence Limit[5] (97.5%)	27.0%	n/a	n/a
2.5	P-value[6]	0.587	n/a	n/a
2.6	Classification Category	As Expected	n/a	n/a

n/a = not applicable
[1] See *Guide to the New Measures in the Quarterly Dialysis Facility Compare Report.*
[2] Values are shown for the average facility, annualized.
[3] Sum of 3 years used for calculations; should not be compared to regional averages.
[4] SWR is calculated as a ratio of observed waitlisted patients to expected waitlisted patients;PPPW is not shown if there are fewer than 11 eligible patients.
[5] The confidence interval range represents uncertainty in the value of the SWR or PPPW due to random variation.
[6] A p-value less than 0.05 indicates that the difference between the actual observed and expected transplant waitlisted (SWR), or the difference between the percentage of prevalent patients waitlisted for your facility and the overall national percentage (PPPW) is probably real and is not due to random chance alone. A p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.
[7] If a facility's SWR is greater than national SWR and statistically significant ($p<0.05$), the classification is "Better than Expected". If the ratio is less than national ratio and statistically significant ($p<0.05$), the classification is "Worse than expected". The classification is "Not Available" if a facility has less than 11 patients or less than 2 expected events. Otherwise, the classification is "As Expected" on DFC.

TABLE 1: Mortality (2014 - 2017), Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients, and Fistula Use Summary for All Dialysis Patients (2017) [1]

The mortality summaries reported in the first part of the table include all Medicare dialysis patients treated at your facility between 2014 and 2017. The hospital admissions and transfusions summaries include all Medicare dialysis patients treated at your facility in 2017. The hospital readmissions summaries include all Medicare-covered hospitalizations that ended in 2017 for all patients in your facility. The fistula use summary includes all dialysis patients treated at your facility in 2017. 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. SMR, SHR, and STrR have been updated starting with this quarter: SMR and SHR are adjusted for not only incident comorbidities but also prevalent comorbidities including diabetes. For STrR, the definition for a transfusion event has been revised. State and national averages are included to allow for comparisons. SMR, SHR, SRR, and STrR are updated annually in October; SFR is updated quarterly in January, April, July, and October.

			Regional Averages [2], per Year	
	Measure Name	**This Facility**	**State**	**U.S.**
	Standardized Mortality Ratio (SMR)	**2014-2017**	**2014-2017**	**2014-2017**
1a	Medicare patients (n=number) [3]	601	71.6	71.1
1b	Patient-years at risk (n)	416	46.6	43.5
1c	Deaths (n) [3]	87	10.0	9.4
1d	Expected deaths (n) [3]	83	10.3	9.5
1e	Standardized Mortality Ratio [4]	1.04	0.97	1.00
	Lower Confidence Limit [5] (2.5%)	0.84	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	1.29	n/a	n/a
1f	P-value [6]	0.715	n/a	n/a
1g	Mortality Rate (per 100 patient-years)	22.7	n/a	21.7
	Lower Confidence Limit [5] (2.5%)	18.2	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	28.0	n/a	n/a
	Standardized Hospitalization Ratio (SHR): Admissions	**2017**	**2017**	**2017**
1h	Medicare patients (n)	162	77.0	68.8
1i	Patient-years at risk (n)	106	48.7	44.6
1j	Total admissions (n)	215	83.2	82.2
1k	Expected total admissions (n)	200.3	90.5	82.9
1l	Standardized Hospitalization Ratio (Admissions) [4]	1.07	0.92	1.00
	Lower Confidence Limit [5] (2.5%)	0.79	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	1.52	n/a	n/a
1m	P-value [6]	0.583	n/a	n/a
1n	Hospitalization Rate (per 100 patient-years)	200.2	n/a	186.5
	Lower Confidence Limit [5] (2.5%)	147.5	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	282.7	n/a	n/a
	Standardized Readmission Ratio (SRR)	**2017**	**2017**	**2017**
1o	Index discharges (n)	176	78.3	76.4
1p	Total readmissions (n)	57	20.5	21.0
1q	Expected total readmissions (n)	53.8	22.3	21.4
1r	Standardized Readmission Ratio [4]	1.06	0.97	1.04
	Lower Confidence Limit [5] (2.5%)	0.73	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	1.45	n/a	n/a
1s	P-value [6]	0.974	n/a	n/a
1t	Readmission Rate (Percentage of hospital discharges)	28.4%	n/a	26.9%
	Lower Confidence Limit [5] (2.5%)	19.6%	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	39.0%	n/a	n/a

(continued)

TABLE 1: Mortality (2014 - 2017), Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients, and Fistula Use Summary for All Dialysis Patients (2017) [1] (continued)

			Regional Averages [2], per Year	
	Measure Name	**This Facility**	**State**	**U.S.**
	Standardized Transfusion Ratio (STrR)	**2017**	**2017**	**2017**
1u	Adult Medicare Patients (n)	124	64.6	58.7
1v	Patient-years at risk (n)	73	37.8	34.9
1w	Total transfusions (n)	10	6.5	7.4
1x	Expected total transfusions (n)	15.5	8.0	7.4
1y	Standardized Transfusion Ratio [4]	0.64	0.81	1.01
	Lower Confidence Limit [5] (2.5%)	0.23	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	2.07	n/a	n/a
1z	P-value [6]	0.510	n/a	n/a
1aa	Transfusion Rate (per 100 patient-years)	13.9	n/a	21.6
	Lower Confidence Limit [5] (2.5%)	4.99	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	44.9	n/a	n/a
	Standardized Fistula Rate (SFR)	**2017**	**2017**	**2017**
1ab	Eligible adult HD patients (n)	216	90.5	83.7
1ac	Patient-months at risk (n)	1866	769.0	724.7
1ad	Total fistula-months (n)	1383	532.0	459.4
1ae	Standardized Fistula Rate [4]	73.9%	68.8%	63.0%
	Lower Confidence Limit [5] (2.5%)	61.9%	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	85.1%	n/a	n/a
1af	P-value [6]	0.077	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) (1c to 1d for deaths, 1j to 1k for admissions, 1p to 1q for readmissions, 1w to 1x for transfusions), or an adjusted rate of fistula use; not shown if there are fewer than 3 expected deaths for mortality, fewer than 5 or 10 patient-years at risk for admissions or transfusions, fewer than 11 index discharges for readmissions, or fewer than 11 eligible adult HD patients for SFR, respectively.
[5] The confidence interval range represents uncertainty in the value of the SMR, SHR, SRR or STrR, or SFR 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), or the difference between the fistula rate for your facility and the overall national fistula rate is probably real and is not due to random chance alone. A p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.

TABLE 2: Facility Bloodstream Infection Summary for Hemodialysis Patients based on National Healthcare Safety Network (NHSN) (January - December 2017) [1]

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

	Measure Name	This Facility
	Standardized Infection Ratio (SIR)	**2017**
2a	Eligible patient-months (n=number)	1900
2b	Observed bloodstream infections (n)	15
2c	Predicted bloodstream infections (n)	11.7
2d	Standardized Infection Ratio [2]	1.28
	Lower Confidence Limit [3] (2.5%)	0.74
	Upper Confidence Limit [3] (97.5%)	2.06

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 for Medicare Dialysis Patients based on Medicare Dialysis Claims (January - December 2017) [1]

Anemia management is reported by quarter and for a one-year period. One-year state and national averages are included to allow for comparisons. The quarterly values are provided in order to allow for you to evaluate facility time trends and will not appear on DFC. This measure is 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.

		This Facility					Regional Averages [2]	
		Q1	Q2	Q3	Q4	Q1-Q4	State	U.S.
	Measure Name	Jan'17--Mar'17	Apr'17--Jun'17	Jul'17--Sep'17	Oct'17--Dec'17	Jan'17--Dec'17	Jan'17--Dec'17	Jan'17--Dec'17
	Hemoglobin [3]							
3a	Eligible patients (n=number)	100	101	95	96	101	45.0	39.4
3b	Hemoglobin < 10g/dL (% of 3a)	15.0	16.8	14.7	19.8	7.9	13.0	17.0
3c	Hemoglobin > 12g/dL (% of 3a)	2.0	2.0	2.1	5.2	0.0	0.3	0.2

[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.

TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on CROWNWeb (January - December 2017) [1]

Hypercalcemia, serum phosphorus concentrations, Kt/V, long term catheter, and nPCR are reported by quarter and for a one-year period. Starting with this quarter, hypercalcemia calculation includes missing values in the numerator. 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.

		This Facility					Regional Averages [2]	
		Q1	Q2	Q3	Q4	Q1-Q4	State	U.S.
	Measure Name	Jan'17--Mar'17	Apr'17--Jun'17	Jul'17--Sep'17	Oct'17--Dec'17	Jan'17--Dec'17	Jan'17--Dec'17	Jan'17--Dec'17
	Hypercalcemia							
4a	Eligible adult patients (n=number)	155	163	159	167	211	95.9	86.1
4b	Eligible adult patient-months (n) [3]	441	450	435	447	1773	829.3	757.4
4c	Average uncorrected serum or plasma calcium >10.2 mg/dL [8]	1.1	1.1	2.1	1.8	1.5	2.5	2.1
	Serum Phosphorus Concentrations							
4d	Eligible adult patients (n)	166	169	167	176	223	101.0	90.7
4e	Eligible adult patient-months (n) [3]	471	470	456	474	1871	846.8	780.4
4f	Serum phosphorus categories (%, sums to 100%)							
	<3.5 mg/dL	8.1	7.2	8.3	9.3	8.2	7.9	8.9
	3.5-4.5 mg/dL	18.7	21.7	21.3	22.6	21.1	23.7	25.7
	4.6-5.5 mg/dL	25.7	29.1	25.4	27.8	27.0	28.8	30.9
	5.6-7.0 mg/dL	29.3	25.7	30.3	21.9	26.8	23.3	21.5
	>7.0 mg/dL	18.3	16.2	14.7	18.4	16.9	16.3	13.0
	Kt/V [4]							
4g	Eligible adult hemodialysis (HD) patients (n) [5]	147	156	156	156	200	79.3	76.1
4h	Eligible adult HD patient-months (n) [3 5]	417	435	426	429	1707	675.9	660.7
4i	Eligible patient-months with Kt/V missing or out of range (n)	1	6	2	5	14	15.2	11.6
4j	Adult HD: Kt/V >=1.2 (% of 4h)	97.4	96.8	97.2	96.7	97.0	95.3	96.2
4k	Eligible adult peritoneal dialysis (PD) patients (n)	0	0	0	5	5	17.9	20.8
4l	Eligible adult PD patient-months (n) [3]	0	0	0	5	5	138.0	165.9
4m	Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	4.8	6.9
4n	Adult PD: Kt/V >=1.7 (% of 4l) [6]	.	.	.	100	100	91.1	90.6
4o	Eligible HD pediatric patients (n) [5]	0	0	0	0	0	n/a	n/a
4p	Eligible HD pediatric patient-months (n) [3 5]	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)	.	.	.	.	.	.	.
4s	Eligible PD pediatric patients (n)	0	0	0	0	0	n/a	n/a
4t	Eligible PD pediatric patient-months (n) [3]	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) [7]	.	.	.	.	.	.	.

(continued)

TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on CROWNWeb (January - December 2017) [1] (continued)

		This Facility					Regional Averages [2]	
		Q1	Q2	Q3	Q4	Q1-Q4	State	U.S.
	Measure Name	Jan'17--Mar'17	Apr'17--Jun'17	Jul'17--Sep'17	Oct'17--Dec'17	Jan'17--Dec'17	Jan'17--Dec'17	Jan'17--Dec'17
	Long Term Catheter Rate							
4w	Eligible adult HD Patients (n)	165	171	166	170	216	90.5	83.7
4x	Patient-months at risk (n) [3]	470	476	454	466	1866	769.0	724.7
4y	Long-Term Catheter Rate [8]	8.1	10.7	7.9	10.1	9.2	11.6	12.7
	nPCR							
4z	Eligible pediatric in-center HD patients	0	0	0	0	0	n/a	n/a
4aa	Eligible pediatric in-center HD patient-months [3]	0	0	0	0	0	n/a	n/a
4ab	Percentage of pediatric in-center hemodialysis patient-months with documented monthly nPCR measurements	.	.	.	.	.	.	.

[1] See *Guide, Section VIII.*
[2] Counts are shown for the average facility. Counts will be missing if there are no eligible patients/patient-months.
[3] Patients may be counted up to 12 times per year.
[4] Missing or out of range Kt/V values are supplemented with Medicare dialysis claims.
[5] HD Kt/V summaries are restricted to patients who dialyze thrice weekly.
[6] Adult PD Adequacy uses the most recent value over a 4-month look-back period.
[7] Pediatric PD Adequacy uses the most recent value over a 6-month look-back period.
[8] Missing values are included in the numerator.

TABLE 5: Patient Experience of Care based on ICH CAHPS (April 21, 2017 - July 14, 2017 and October 25, 2017 - January 17, 2018) [1]

ICH CAHPS survey results are reported for three composite measures and three global items. Linearized score and star rating for each composite measure and an overall star rating have been added. 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.

			Regional Averages [2]	
	Measure Name	**This Facility**	**State**	**U.S.**
	ICH CAHPS [3]	**Spring-Fall 2017**	**Spring-Fall 2017**	**Spring-Fall 2017**
5a	Number of Completed Surveys	76	n/a	n/a
5b	Response Rate (%)	33	35	34
	Composite Measures [3]			
5c	Percent of Patients reporting- Kidney doctors' communication and caring			
	Always	75	74	67
	Sometimes	14	14	15
	Never	11	12	18
	Linearized Score	86	86	81
	Star Rating	★★★★☆	n/a	n/a
5d	Percent of Patients reporting- Dialysis center staff care and operations			
	Always	61	67	63
	Sometimes	21	18	19
	Never	18	15	18
	Linearized Score	79	83	80
	Star Rating	★★★☆☆	n/a	n/a
5e	Percent of Patients reporting- Providing information to patients			
	Yes	79	83	80
	No	21	17	20
	Linearized Score	79	83	80
	Star Rating	★★★☆☆	n/a	n/a
	Global Items [3]	**Spring-Fall 2017**	**Spring-Fall 2017**	**Spring-Fall 2017**
5f	Percent of Patients- Rating of kidney doctors			
	Most favorable	68	70	60
	Middle favorable	24	22	26
	Least favorable	8	8	14
	Linearized Score	89	89	84
	Star Rating	★★★★☆	n/a	n/a
5g	Percent of Patients- Rating of dialysis center staff			
	Most favorable	63	69	63
	Middle favorable	22	23	25
	Least favorable	15	8	12
	Linearized Score	86	88	86
	Star Rating	★★★☆☆	n/a	n/a

(continued)

TABLE 5: Patient Experience of Care based on ICH CAHPS (April 21, 2017 - July 14, 2017 and October 25, 2017 - January 17, 2018) [1] (continued)

			Regional Averages [2]	
	Measure Name	**This Facility**	**State**	**U.S.**
	Global Items [3]	**Spring-Fall 2017**	**Spring-Fall 2017**	**Spring-Fall 2017**
5h	Percent of Patients- Rating of dialysis facility			
	Most favorable	74	75	68
	Middle favorable	17	17	20
	Least favorable	9	8	12
	Linearized Score	90	90	87
	Star Rating	★★★★☆	n/a	n/a
5i	Overall Star Rating	★★★★☆	n/a	n/a

n/a = not applicable
[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: Quality of Patient Care Star Rating Calculation [1]

This star rating is based on the measures reported in the QDFC-Preview for October 2018 report and updated annually each October on DFC. The time period for SMR in this table is January 2014-December 2017; all other measures are January-December 2017. The updated version of SMR, SHR, STrR, and hypercalcemia are used. The previous vascular access measures have been replaced with SFR and long term catheter rate. New measures, including SRR and pediatric PD Kt/V, have been added. Further description of the methodology can be found in *Section X* of the *Guide to the Quarterly Dialysis Facility Compare Report.*

	Calculation Definition	This Facility
6a	**Standardized Outcomes Domain Score** (average of 6c, 6e, 6g, and 6i) [2]	-0.25
6b	Standardized Mortality Ratio (SMR) [3]	1.04
6c	Measure Score: SMR [4]	-0.32
6d	Standardized Hospitalization Ratio (Admissions) (SHR) [3]	1.07
6e	Measure Score: SHR [4]	-0.51
6f	Standardized Readmission Ratio (SRR) [3]	1.06
6g	Measure Score: SRR [4]	-0.51
6h	Standardized Transfusion Ratio (STrR) [3]	0.64
6i	Measure Score: STrR [4]	0.36
6j	**Other Outcomes 1 Domain Score** [5] (average of 6l and 6n) [2]	0.76
6k	Standardized Fistula Rate (SFR) [6]	73.90
6l	Measure Score: SFR [4]	1.03
6m	Long Term Catheter Rate [6]	9.22
6n	Measure Score: Catheter [4]	0.49
6o	**Other Outcomes 2 Domain Score** (average of 6u and 6w) [2]	0.41
6p	Adult HD: Percentage of patients with Kt/V >= 1.2 [6]	97.01%
6q	Adult PD: Percentage of patients with Kt/V >= 1.7 [6]	100.00%
6r	Pediatric HD: Percentage of patients with Kt/V >= 1.2 [6]	Not Available
6s	Pediatric PD: Percentage of patients with Kt/V >= 1.8 [6]	Not Available
6t	Overall: Percentage of patients with Kt/V >= specified threshold [7]	97.02%
6u	Measure Score: Kt/V [4]	0.48
6v	Percentage of patients with uncorrected serum or plasma calcium > 10.2 mg/dL [6]	1.52%
6w	Measure Score: Hypercalcemia [4]	0.34
6x	**Final score (average of 6a, 6j, 6o)** [8] [9]	0.3092
6y	**Quality of Patient Care Star Rating**	★★★★☆

[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/readmissions/transfusions) to expected deaths (or admissions/readmissions/transfusions) or an adjusted rate of fistula use; 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, fewer than 11 index discharges for readmissions, or fewer than 11 eligible adult HD patients for SFR, 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 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 four respective patient types (adult PD patients, adult HD patients, pediatric HD patients, and pediatric PD 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 (SFR 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.
[9] The final score value has been truncated for display purposes.