



Report Run Date: 08/06/2018

# End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report Payment Year: 2019

**Facility: 502505** 

## **Clinical Care Subdomain**

Improvement Period: 01/01/2016-12/31/2016 Performance Period: 01/01/2017-12/31/2017

**Table 1 - Clinical Care Subdomain Measures and Measure Topics** 

Clinical Care Measures/Measure Topics	Improvement Period Numerator	Improvement Period Denominator	Improvement Period Rate/Ratio	Performance Period Numerator	Performance Period Denominator	Performance Period Rate/Ratio	Achievement Threshold	Benchmark	Improvement Score	Achievement Score	Measure Score	Measure Weight (% of Subdomain)
Hypercalcemia	2	657	0.30%	0	630	0.00%	4.24%	0.32%	-	10	10	13.79%
Kt/V Comprehensive	638	644	99.07%	611	616	99.19%	86.99%	97.74%	-	10	10	32.76%
Standardized Transfusion Ratio	9	11.195	0.804	10	8.749	1.143	1.488	0.421	0	3	3	20.69%
Vascular Access Type Topic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9c	32.76%
VAT Fistula	377	492	76.63%	328	439	74.72%	53.66%	79.62%	0	8	8	N/A
VAT Catheter	29	468	6.20%	16	408	3 92%	17 20%	2 95%	7	9	9	N/A

Eligible Clinical Care Measures/Measure Topics: 4 of 4
Weighted Clinical Care Subdomain Score: 82

#### Notes:

- A dash (-) indicates that a facility was not eligible to receive a score on the measure during the measurement period.
- "N/A" indicates the value is not applicable to the measure/measure topic scoring calculation.

<sup>°</sup>The measure score was calculated by aggregating its component measure scores





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# Patient and Family Engagement/Care Coordination Subdomain

Improvement Period: 01/01/2016-12/31/2016 Performance Period: 01/01/2017-12/31/2017

Table 2 - Patient and Family Engagement/Care Coordination Subdomain Measures

Patient and Family Engagement/Care Coordination Measures	Improvement Period Numerator	Improvement Period Denominator	Improvement Period Rate/Ratio	Performance Period Numerator	Performance Period Denominator	Performance Period Rate/Ratio	Achievement Threshold	Benchmark	Improvement Score	Achievement Score	Measure Score	Measure Weight (% of Subdomain)
ICH CAHPS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>8</b> c	61.90%
Neph Comm and Caring	N/A	N/A	74.84%	N/A	N/A	72.11%	56.41%	77.06%	0	7	7	N/A
Quality of Dialysis Care and	N/A	N/A	68.41%	N/A	N/A	69.58%	52.88%	71.21%	4	9	9	N/A
Ops												
Providing Info to Patients	N/A	N/A	88.39%	N/A	N/A	87.04%	72.09%	85.55%	=	10	10	N/A
Overall Rating of Neph	N/A	N/A	73.70%	N/A	N/A	72.38%	49.33%	76.57%	0	8	8	N/A
Overall Rating of Dialysis Staff	N/A	N/A	67.04%	N/A	N/A	61.59%	48.84%	77.42%	0	5	5	N/A
Overall Rating of Dialysis	N/A	N/A	70.26%	N/A	N/A	71.55%	51.18%	80.58%	1	7	7	N/A
Facility												
Standardized Readmission Ratio	13	12.896	1.008	21	14.900	1.409	1.289	0.624	0	0	0	38.10%

Eligible Patient and Family Engagement/Care Coordination Measures: 2 of 2 Weighted Patient and Family Engagement/Care Coordination Subdomain Score: 50

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<sup>°</sup>The measure score was calculated by aggregating its component measure scores







# End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report Payment Year: 2019

Facility: 502505

**Safety Domain** 

Improvement Period: 01/01/2016-12/31/2016 Performance Period: 01/01/2017-12/31/2017

#### **Table 3 - Safety Domain Measures (Topic and Clinical Measure)**

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Safety Measures	Improvement Period Numerator	Improvement Period Denominator	Improvement Period Rate/Ratio	Performance Period Numerator	Performance Period Denominator	Performance Period Rate/Ratio	Achievement Threshold	Benchmark	Improvement Score	Achievement Score	Measure Score	Measure Weight (% of Domain)
NHSN Topic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9c	100.00%
NHSN Bloodstream Infection	3.000	4.248	0.706	1.000	4.031	0.248	1.738	0.000	6	8	8	N/A

### Table 4 - Safety Domain Measures (Reporting Measure)

Safety Measure	Number of Successful Reported Months	Number of Eligible Months	Measure Score	Measure Weight (% of Domain)
NHSN Dialysis Event Reporting	12	12	10	N/A

Eligible Safety Measures: 2 of 2 Weighted Safety Domain Score: 90.000

#### Notes:

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 $<sup>^{\</sup>circ}\textsc{The}$  measure score was calculated by aggregating its component measure scores





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# **Reporting Domain**

Performance Period: 01/01/2017-12/31/2017

NHSN HCP Influenza Vaccination Performance Period: 10/01/2016-03/31/2017

### **Table 5 - Reporting Domain Measures (Reported Months)**

Reporting Measures	Number of Successful Reported Months	Number of Eligible Months	Threshold Reporting Rate	Measure Score	Measure Weight (% of Domain)
Anemia Management	12	12	99%	10	20.00%
Mineral Metabolism	12	12	97%	10	20.00%

**Table 6 - Reporting Domain Measures (Reported Patients)** 

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Reporting Measures	Number of Reported Patients	Number of Eligible Patients	Measure Score	Measure Weight (% of Domain)
Clinical Depression Screening and Follow-up	72	72	10	20.00%
NHSN Healthcare Personnel Influenza Vaccination	N/A	N/A	10	20.00%
Pain Assessment and Follow-up	N/A	N/A	10	20.00%
Period 1	60	60	N/A	N/A
Period 2	57	57	N/A	N/A

Eligible Reporting Measures: 5 of 5
Weighted Reporting Domain Score: 100.000

#### Notes

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## **Preview Performance Score**

#### **Table 7 - Preview Performance Score Details**

Category	Facility Score	State Average Score*	National Average Score*	Facility Measure Weights	Facility Weighted Score
Total Performance Score Before Applicable Deductions+	75	70	66	N/A	N/A
Clinical Measure Domain (75%)	68.500	66.500	60.124	N/A	51.375
Hypercalcemia	10	7	7	8.00%	0.8000
ICH CAHPS	8	7	5	26.00%	2.0800
Kt/V Comprehensive	10	8	8	19.00%	1.9000
Standardized Readmission Ratio	0	6	5	16.00%	0.0000
Standardized Transfusion Ratio	3	7	5	12.00%	0.3600
Vascular Access Type Topic	9	6	5	19.00%	1.7100
Safety Measure Domain (15%)	90.000	75.747	72.386	N/A	13.500
NHSN Topic	9	8	7	100.00%	9.0000
Reporting Measure Domain (10%)	100.000	92.555	94.989	N/A	10.000
Anemia Management	10	10	10	20.00%	2.0000
Clinical Depression Screening	10	10	10	20.00%	2.0000
Mineral Metabolism	10	9	9	20.00%	2.0000
NHSN HCP Influenza Vaccination	10	9	9	20.00%	2.0000
Pain Assessment	10	10	10	20.00%	2.0000

<sup>\*</sup> State and National Average Scores are unweighted

#### Notes:

. A dash (-) indicates that the facility was not eligible to receive a score on the measure during the measurement period.

Minimum Total Performance Score: 60 points
Extraordinary Circumstance Exception Approved: N/A
†Total Performance Score Before Applicable Deductions: 75 points

Reduction for Noncompliance with Feasibility Study and/or Pilot Validation Study: 0 points

Total Performance Score: 75 points

Total Payment Reduction: No Reduction

Please consult the CMS ESRD Measures Manual (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/CMS-ESRD-Measures-Manual-2017.pdf) and the CMS ESRD QIP Guide to the PSR (https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnocache=true&blobwhere=1228890829400&blobheader=multipart
%2Foctet-stream&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3DPY2019 GuidePSR 061518.pdf&blobcol=urldata
&blobtable=MungoBlobs)for additional details on scoring calculations.