



Report Run Date: 08/06/2018

**End-Stage Renal Disease Quality Incentive Program - Preview Performance Score Report**  
**Payment Year: 2019**  
**Facility: 502507**

**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	8	1331	0.60%	0	1420	0.00%	4.24%	0.32%	-	10	10	13.79%
Kt/V Comprehensive	1257	1273	98.74%	1361	1376	98.91%	86.99%	97.74%	-	10	10	32.76%
Standardized Transfusion Ratio	22	28.556	0.770	19	26.488	0.717	1.488	0.421	1	7	7	20.69%
<b>Vascular Access Type Topic</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>7<sup>c</sup></b>	<b>32.76%</b>
VAT Fistula	881	1159	76.01%	908	1180	76.95%	53.66%	79.62%	2	9	9	N/A
VAT Catheter	74	1050	7.05%	97	1115	8.70%	17.20%	2.95%	0	6	6	N/A

Eligible Clinical Care Measures/Measure Topics: 4 of 4  
 Weighted Clinical Care Subdomain Score: 84

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

**Notes:**

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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)
<b>ICH CAHPS</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8 <sup>c</sup>	61.90%
Neph Comm and Caring	N/A	N/A	81.63%	N/A	N/A	75.10%	56.41%	77.06%	0	9	9	N/A
Quality of Dialysis Care and Ops	N/A	N/A	72.15%	N/A	N/A	66.61%	52.88%	71.21%	0	7	7	N/A
Providing Info to Patients	N/A	N/A	89.56%	N/A	N/A	85.17%	72.09%	85.55%	0	9	9	N/A
Overall Rating of Neph	N/A	N/A	82.04%	N/A	N/A	74.87%	49.33%	76.57%	0	9	9	N/A
Overall Rating of Dialysis Staff	N/A	N/A	78.36%	N/A	N/A	70.20%	48.84%	77.42%	0	7	7	N/A
Overall Rating of Dialysis Facility	N/A	N/A	81.10%	N/A	N/A	79.99%	51.18%	80.58%	0	9	9	N/A
<b>Standardized Readmission Ratio</b>	<b>31</b>	<b>35.442</b>	<b>0.875</b>	<b>28</b>	<b>33.601</b>	<b>0.833</b>	<b>1.289</b>	<b>0.624</b>	<b>1</b>	<b>7</b>	<b>7</b>	<b>38.10%</b>

Eligible Patient and Family Engagement/Care Coordination Measures: 2 of 2  
 Weighted Patient and Family Engagement/Care Coordination Subdomain Score: 76

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

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**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)**

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)
<b>NHSN Topic</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>8<sup>c</sup></b>	<b>100.00%</b>
NHSN Bloodstream Infection	7.000	8.498	0.824	6.000	8.064	0.744	1.738	0.000	0	6	6	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: 80.000

<sup>c</sup>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)**

Reporting Measures	Number of Reported Patients	Number of Eligible Patients	Measure Score	Measure Weight (% of Domain)
Clinical Depression Screening and Follow-up	143	143	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	127	127	N/A	N/A
Period 2	126	126	N/A	N/A

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

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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
<b>Total Performance Score Before Applicable Deductions+</b>	<b>83</b>	<b>70</b>	<b>66</b>	<b>N/A</b>	<b>N/A</b>
<b>Clinical Measure Domain (75%)</b>	<b>80.700</b>	<b>66.500</b>	<b>60.124</b>	<b>N/A</b>	<b>60.525</b>
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	7	6	5	16.00%	1.1200
Standardized Transfusion Ratio	7	7	5	12.00%	0.8400
Vascular Access Type Topic	7	6	5	19.00%	1.3300
<b>Safety Measure Domain (15%)</b>	<b>80.000</b>	<b>75.747</b>	<b>72.386</b>	<b>N/A</b>	<b>12.000</b>
NHSN Topic	8	8	7	100.00%	8.0000
<b>Reporting Measure Domain (10%)</b>	<b>100.000</b>	<b>92.555</b>	<b>94.989</b>	<b>N/A</b>	<b>10.000</b>
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

\* State and National Average Scores are unweighted

**Notes:**

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**Minimum Total Performance Score: 60 points**  
**Extraordinary Circumstance Exception Approved: N/A**  
**+Total Performance Score Before Applicable Deductions: 83 points**  
**Reduction for Noncompliance with Feasibility Study and/or Pilot Validation Study: 0 points**  
**Total Performance Score: 83 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](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.