Dialysis Facility Report for Fiscal Year (FY) 2020

Purpose of the Report

The *Dialysis Facility Report (DFR) for FY 2020* 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 2020 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-fourth in a series of annual reports. This is one of 7,674 reports that have been distributed to ESRD providers in the U.S.

This DFR includes data specific to CCN(s): 502594

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 2015 and December 2018. 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 2020*. The *Guide* may be downloaded from the methodology section of the Dialysis Data website at 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 2020: (1) The age-adjusted percentage of patient-months waitlisted for prevalent patients and the Standardized Waitlist Ratio (SWR) for incident dialysis patients have been added to Table 6; (2) Hemoglobin and ESA summaries from CROWNWeb are now calculated for hemodialysis and peritoneal dialysis patients separately in Table 8. The claims-based hemoglobin and ESA measures have been removed; (3) The NQF-endorsed long-term catheter rate (LTCR) and Standardized Fistula Rate (SFR) measures have been added to Table 11 as modified versions of the percent of patients with a catheter in use for greater than 90 days and the percent of patients with an arteriovenous fistulae in place measures, respectively. The new measures exclude patients for whom other vascular access types may be either more difficult or not appropriate; (4) Information regarding long-term care services from CMS Form 3427 was added to Table 13; and (5) New figures were added to the highlights section.

How to Submit Comments

Between July 15, 2019 and August 15, 2019, facilities may submit comments to their state surveyor or UM-KECC by visiting 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 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 2019. 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.
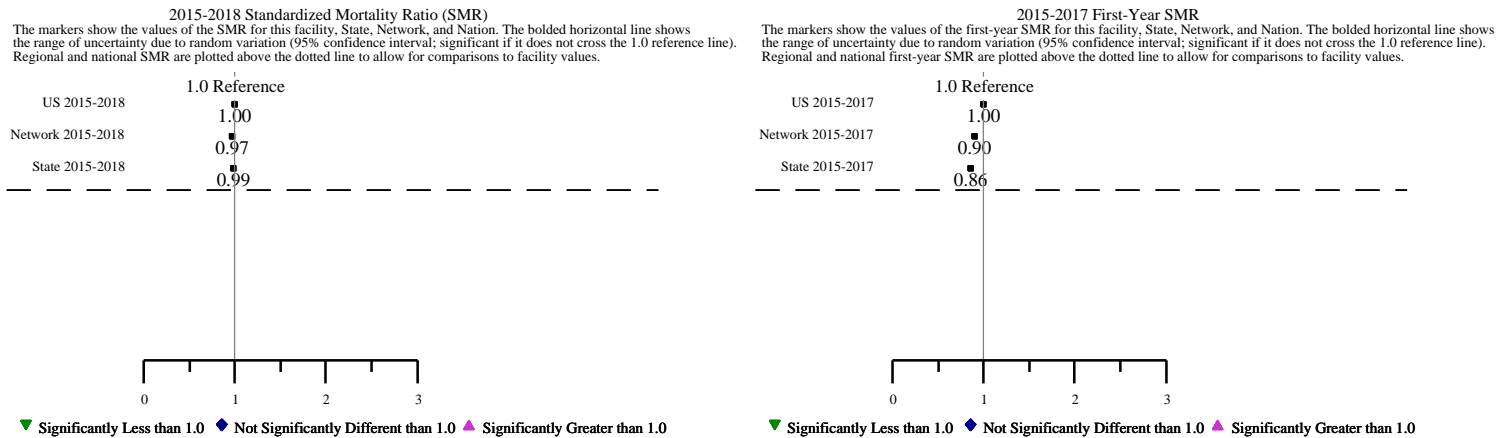
Facility Highlights

Patient Characteristics (Tables 1 and 2):

- Among the 2 incident patients with Medical Evidence Forms (CMS-2728) indicating treatment at this facility during 2018:
  - None of these patients were not under the care of a nephrologist before starting dialysis, compared to 14% in your State, 15% in your Network, and 18% nationally.
  - 100% of these patients were informed of their transplant options, compared to 78% in your State, 81% in your Network, and 88% nationally.
- There was one eligible patient treated at this facility on December 31, 2018. Please refer to Table 1 for information about this patient. The percent of patients treated in a nursing home during the year in your State, Network, and US is 13%, 13%, 15%, respectively.
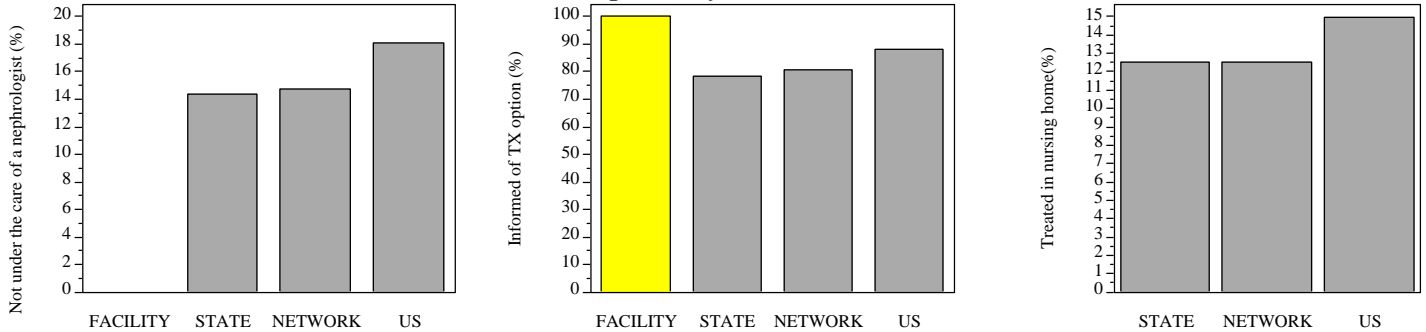
Standardized Mortality Ratio (SMR) (Table 3):

- The 2015-2018 SMR is not available for this facility because there were too few patients to yield reliable results. The 2015-2018 SMR of observed to expected deaths is 0.99 and 0.97 for your State and Network, respectively.
- The 2015-2017 first-year SMR is not available for this facility because there were too few patients to yield reliable results. The first-year SMR (2015-2017) of observed to expected deaths is 0.86 and 0.90 for your State and Network, respectively.

2015-2018 Standardized Mortality Ratio (SMR)
The markers show the values of the SMR 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 SMR are plotted above the dotted line to allow for comparisons to facility values.

2015-2017 First-Year SMR
The markers show the values of the first-year SMR 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 first-year SMR are plotted above the dotted line to allow for comparisons to facility values.

Hospitalizations and Readmissions (Table 4):

- The SHR (Admissions) was not calculated for this facility for 2015-2018 because there were insufficient data to yield reliable results. The 2015-2018 SHR (Admissions) for your State and Network is 0.89 and 0.86, respectively.
- The SRR was not calculated for this facility for 2018 because there were insufficient data to yield reliable results. The 2018 SRR for your State and Network is 1.00 and 0.94, respectively.

2015-2018 Standardized Hospitalization Ratio (SHR-Admissions)
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.

▼ Significantly Less than 1.0   ◆ Not Significantly Different than 1.0   ▲ Significantly Greater than 1.0

2015-2018 Standardized Readmission Ratio (SRR)
The markers show the values of the SRR 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 SRR are plotted above the dotted line to allow for comparisons to facility values.

▼ Significantly Less than 1.0   ◆ Not Significantly Different than 1.0   ▲ Significantly Greater than 1.0

Infection (Tables 4 and 11):

- There is one eligible Medicare dialysis patient at this facility during 2015-2018. Please refer to Table 2 for information about this patient. The percentage of Medicare dialysis patients hospitalized with septicemia during 2015-2018 is 12%, 11%, and 11%, in your State, Network, and U.S., respectively.
- There was one eligible PD patient at this facility in 2018 for the PD catheter-related infection analysis. Please refer to Table 9 for information about this patient. The 2018 rates of PD catheter-related infection are 2.7, 2.2 and 2.1 in your State, Network, and U.S., respectively.

Transplantation (Table 5):

- The Standardized 1st Transplantation Ratio (STR) was not calculated for this facility for 2015-2018 because there were insufficient data to yield reliable results. The 2015-2018 STR for your State and Network is 1.27 and 1.23, respectively.
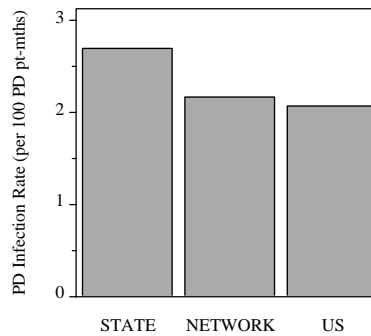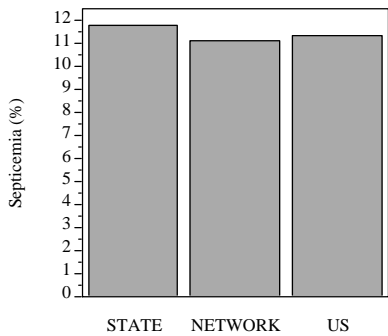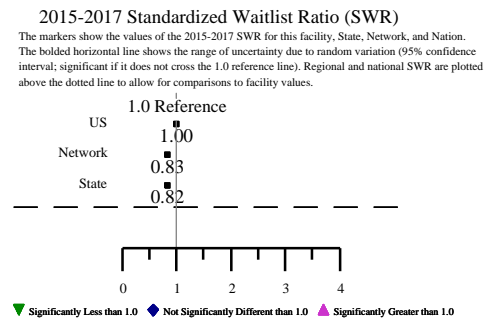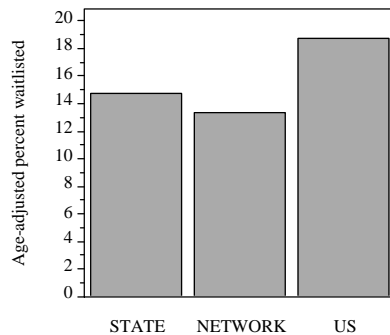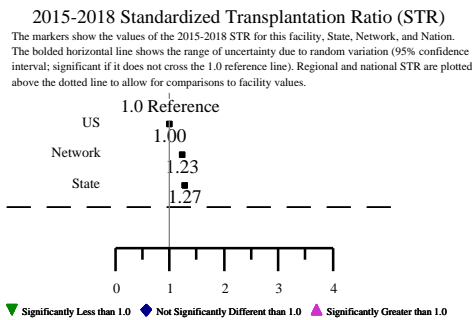
Transplant Waitlist (Table 6):

- The 2018 age-adjusted percent waitlist is not available for this facility because there were too few patients to yield reliable results. The age-adjusted percent waitlisted in your State and Network is 15% and 13%, respectively.
- The 2015-2017 SWR is not available for this facility because there were too few patients to yield reliable results. The 2015-2017 SWR for your State and Network is 0.82 and 0.83, respectively.


2015-2018 Standardized Transplantation Ratio (STR)
The markers show the values of the 2015-2018 STR 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 STR are plotted above the dotted line to allow for comparisons to facility values.

US 1.00
Network 1.23
State 1.27

▼ Significantly Less than 1.0   ◆ Not Significantly Different than 1.0   ▲ Significantly Greater than 1.0

2015-2017 Standardized Waitlist Ratio (SWR)
The markers show the values of the 2015-2017 SWR 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 SWR are plotted above the dotted line to allow for comparisons to facility values.

US 1.00
Network 0.83
State 0.82

▼ Significantly Less than 1.0   ◆ Not Significantly Different than 1.0   ▲ Significantly Greater than 1.0

Influenza Vaccination (Table 7):

- There was only one patient treated at this facility on December 31, 2018. Please refer to Table 7 for vaccination information about this patient. The percentage of patients vaccinated in your State and Network is 77% and 77%, respectively.

Anemia Management (Table 8):

- There were no eligible hemodialysis (HD) patients at this facility in 2018 included in the analysis. The percent of eligible HD patient-months with a hemoglobin value below 10 g/dL in your State, Network, and US is 21%, 19%, and 22%, respectively.
- There was only one eligible peritoneal dialysis (PD) patient at this facility in 2018 included in the analysis. Please refer to Table 8 for information about this patient. The percent of eligible PD patient-months with a hemoglobin value below 10 g/dL in your State, Network, and US is 23%, 20%, and 23%, respectively.
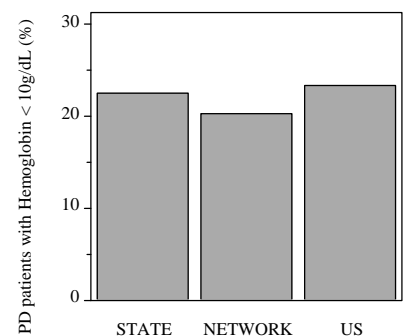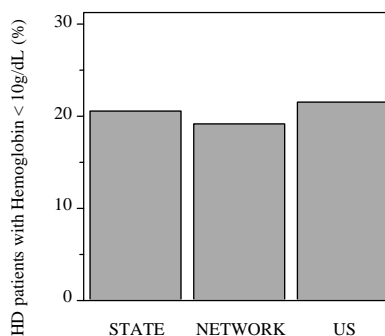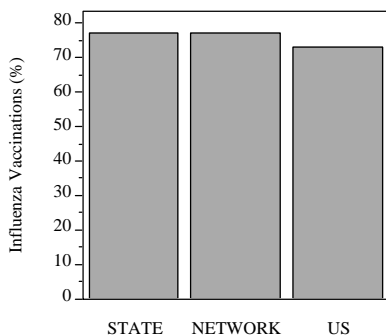
Dialysis Adequacy (Table 9):
- In 2018, there were no eligible hemodialysis (HD) patients at this facility for the Kt/V analysis. The percent of eligible HD patients with Kt/V >=1.2 in your State, Network, and US is 97%, 97%, and 96%, respectively.
- There was only one eligible peritoneal dialysis (PD) patient at this facility in 2018 included in the Kt/V analysis. Please refer to Table 9 for information about this patient. The percent of eligible PD patients with Kt/V >=1.7 in your State, Network, and US is 92%, 94%, and 91%, respectively.

Mineral Metabolism (Table 10):
- In 2018, no eligible patient-months had a serum phosphorus value >7.0 mg/dL, compared to 17% in your State, 15% in your Network, and 13% nationally.
- There was only one eligible patient at this facility in 2018 included in the calcium uncorrected analysis. Please refer to Table 10 for information about this patient. The percent of patients with calcium uncorrected value > 10.2 mg/dL in your State, Network, and US is 1.3%, 1.4%, and 1.3%, respectively.

Vascular Access (Table 11):
- The 2018 Standardized Fistula Rate (SFR) is not available for this facility because there were too few patients to yield reliable results. The SFR in your State and Network is 70% and 68%, respectively.
- The 2018 long-term catheter rate (LTCR) is not available for this facility because there were too few patients to yield reliable results. Please refer to Table 11 for vascular access information for these patients. The long-term catheter rate in your State, Network, and US is 12%, 11%, and 12%, respectively.
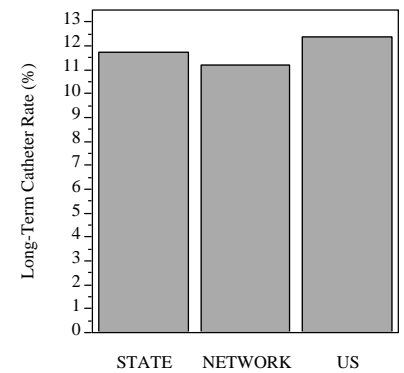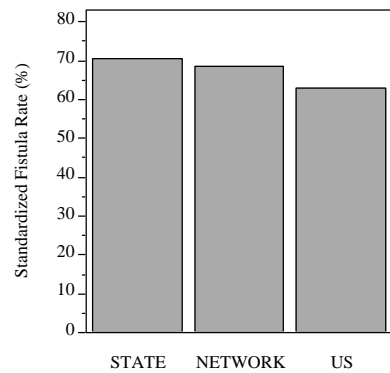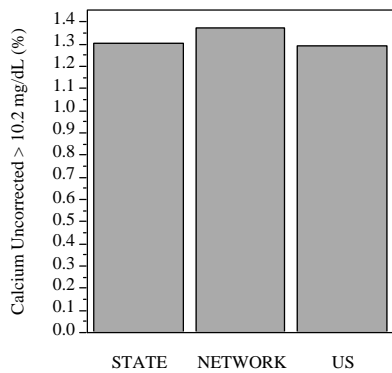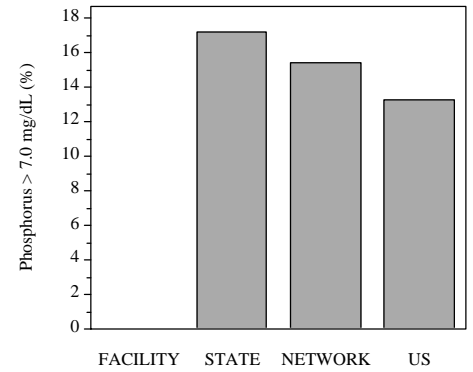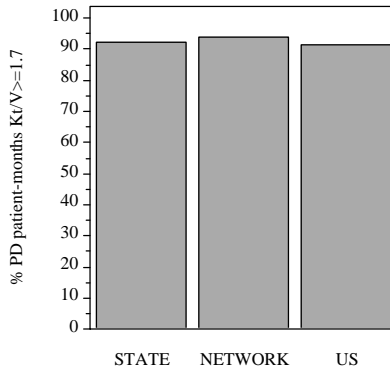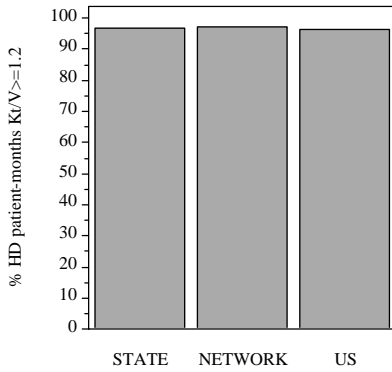
TABLE 1: Summaries for All Dialysis Patients Treated as of December 31st of Each Year [*1] , 2015-2018

		This Facility				Regional Averages [*2], 2018		
	Measure Name	2015	2016	2017	2018	State	Network	U.S.
1a	Patients treated on 12/31 (n)	0	0	0	1	71.0	62.4	63.7
1b	Average age (years)	.	.	.	55.0	61.9	62.0	62.4
1c	Age (% of 1a; sums to 100%)							
	< 18	.	.	.	0.0	0.4	0.4	0.2
	18-64	.	.	.	100	52.4	52.0	52.3
	65+	.	.	.	0.0	47.2	47.6	47.4
1d	Female (% of 1a)	.	.	.	100	42.0	41.8	42.7
1e	Race (% of 1a; sums to 100%) [*3]							
	African American	.	.	.	0.0	11.3	8.2	34.5
	Asian/Pacific Islander	.	.	.	100	15.3	11.1	6.1
	Native American	.	.	.	0.0	1.6	2.9	1.2
	White	.	.	.	0.0	71.2	77.3	57.8
	Other/Unknown/Missing	.	.	.	0.0	0.6	0.6	0.4
1f	Ethnicity (% of 1a; sums to 100%)							
	Hispanic	.	.	.	0.0	12.7	12.5	18.7
	Non-Hispanic	.	.	.	100	86.9	87.1	80.9
	Unknown	.	.	.	0.0	0.4	0.4	0.3
1g	Primary Cause of ESRD (% of 1a; sums to 100%)							
	Diabetes	.	.	.	100	47.3	47.1	46.4
	Hypertension	.	.	.	0.0	18.2	17.8	30.0
	Glomerulonephritis	.	.	.	0.0	15.1	15.5	10.3
	Other/Unknown	.	.	.	0.0	18.9	19.2	12.7
	Missing	.	.	.	0.0	0.5	0.5	0.7
1h	Average duration of ESRD (years)	.	.	.	0.2	4.9	4.9	5.0
1i	Years since start of ESRD (% of 1a; sums to 100%)							
	< 1	.	.	.	100	16.9	16.5	15.5
	1-2	.	.	.	0.0	19.3	18.8	16.9
	2-3	.	.	.	0.0	14.4	14.3	13.8
	3-6	.	.	.	0.0	24.7	25.3	26.6
	6+	.	.	.	0.0	24.7	25.2	27.2
1j	Nursing home patients (% of 1a) [*4]	.	.	.	0.0	12.5	12.5	15.0
1k	Modality (% of 1a; sums to 100%)							
	In-center hemodialysis	.	.	.	100	85.1	83.3	86.9
	Home hemodialysis	.	.	.	0.0	2.4	2.2	1.9
	Continuous ambulatory peritoneal dialysis	.	.	.	0.0	1.3	1.7	1.3
	Continuous cycling peritoneal dialysis	.	.	.	0.0	10.5	12.2	9.3
	Other modality [*5]	.	.	.	0.0	0.7	0.6	0.6

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 Arab.
[*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[*1] , 2015-2018 (Form CMS-2728)

| | | This Facility | | | | Regional Averages[*2], 2018 | | |
Measure Name		2015	2016	2017	2018	State	Network	U.S.
Patient Characteristics								
2a	Total number of patients with forms (n)	0	0	0	2	18.5	16.3	15.9
2b	Average age (years [0-95])[*3]	.	.	.	69.6	63.4	63.7	63.8
2c	Female (% of 2a)	.	.	.	0.0	41.4	41.3	41.9
2d	Race (% of 2a; sums to 100%)[*4]							
	African-American	.	.	.	50.0	7.8	6.1	25.7
	Asian/Pacific Islander	.	.	.	0.0	14.2	9.8	5.7
	Native American	.	.	.	0.0	1.7	3.0	1.0
	White	.	.	.	50.0	76.1	80.7	67.2
	Other/Unknown	.	.	.	0.0	0.2	0.4	0.3
2e	Hispanic (% of 2a)	.	.	.	0.0	10.1	8.7	15.5
2f	Primary cause of ESRD (% of 2a; sums to 100%)							
	Diabetes	.	.	.	100	50.4	50.1	49.1
	Hypertension	.	.	.	0.0	19.6	19.1	29.9
	Primary glomerulonephritis	.	.	.	0.0	10.2	11.1	6.9
	Other/Unknown	.	.	.	0.0	19.8	19.7	14.1
2g	Medical coverage (% of 2a; sums to 100%)							
	Employer group only	.	.	.	0.0	13.8	12.8	11.9
	Medicare only	.	.	.	100	31.8	33.2	34.8
	Medicaid only	.	.	.	0.0	11.3	11.8	12.7
	Medicare and Medicaid only	.	.	.	0.0	12.5	11.2	12.7
	Medicare and other	.	.	.	0.0	18.9	19.4	16.4
	Other/Unknown	.	.	.	0.0	9.9	8.9	7.1
	None	.	.	.	0.0	1.9	2.5	4.3
2h	Median body mass index[*5] (Median; Weight/Height^2)							
	Male	.	.	.	30.4	28.3	28.7	28.1
	Female	.	.	.	.	29.3	29.6	29.2
2i	Employment[*6]							
	Six months prior to ESRD treatment	.	.	.	.	39.3	39.4	35.2
	At first ESRD treatment	.	.	.	.	30.3	29.5	25.3
2j	Primary modality (% of 2a; sums to 100%)							
	Hemodialysis	.	.	.	100	88.1	85.4	88.5
	CAPD/CCPD	.	.	.	0.0	11.9	14.6	11.5
	Other/Unknown	.	.	.	0.0	0.0	0.0	0.0
2k	Number of incident hemodialysis patients (n)	0	0	0	2	16.3	13.9	14.1
2l	Access used at first outpatient dialysis (% of 2k; sums to 100%)							
	Arteriovenous fistula	.	.	.	50.0	25.9	24.5	16.0
	Arteriovenous graft	.	.	.	0.0	2.8	2.8	3.0
	Catheter	.	.	.	50.0	71.2	72.5	80.8
	Other/Unknown/Missing	.	.	.	0.0	0.1	0.2	0.2
2m	Arteriovenous fistula placed (% of 2k)	.	.	.	50.0	44.4	42.2	30.3

(continued)

TABLE 2 (cont.): Characteristics of New Dialysis Patients [*1] , 2015-2018 (Form CMS-2728)

| | | This Facility | | | | Regional Averages [*2], 2018 | | |
	Measure Name	2015	2016	2017	2018	State	Network	U.S.
	Average Lab Values Prior to Dialysis [*3]							
2n	Hemoglobin (g/dL [3-18])	.	.	.	9.2	9.4	9.6	9.3
2o	Serum albumin (g/dL [0.8-6.0])	.	.	.	.	3.2	3.3	3.2
2p	Serum creatinine (mg/dL [0-33])	.	.	.	10.2	6.5	6.2	6.4
2q	GFR (mL/min [0-30])	.	.	.	14.2	10.3	10.6	10.7
	Care Prior to ESRD Therapy							
2r	Received ESA prior to ESRD (% of 2a)	.	.	.	50.0	21.0	19.5	14.8
2s	Pre-ESRD nephrologist care (% of 2a; sums to 100%) [*7]							
	No	.	.	.	0.0	14.3	14.8	18.1
	Yes, < 6 months	.	.	.	50.0	15.9	14.5	15.4
	Yes, 6-12 months	.	.	.	0.0	17.3	20.2	20.3
	Yes, > 12 months	.	.	.	50.0	46.4	45.4	32.6
	Unknown/Missing	.	.	.	0.0	6.1	5.1	13.6
2t	Informed of transplant options (% of 2a)	.	.	.	100	78.5	80.6	88.0
2u	Patients not informed of transplant options (n)	0	0	0	0	4.0	3.2	1.9
2v	Reason not informed (% of 2u; may not sum to 100%) [*8]							
	Medically unfit	.	.	.	.	39.8	39.5	28.9
	Unsuitable due to age	.	.	.	.	11.1	13.2	22.8
	Psychologically unfit	.	.	.	.	3.7	2.3	2.7
	Patient declined information	.	.	.	.	2.1	1.4	1.6
	Patient has not been assessed	.	.	.	.	39.6	43.4	48.2
	Comorbid Conditions							
2w	Pre-existing comorbidity (% yes of 2a) [*9]							
	Congestive heart failure	.	.	.	50.0	31.9	31.2	29.2
	Atherosclerotic heart disease [*9]	.	.	.	0.0	15.1	16.3	13.1
	Other cardiac disorder [*9]	.	.	.	0.0	19.0	18.7	20.8
	CVD, CVA, TIA	.	.	.	50.0	8.3	9.1	8.8
	Peripheral vascular disease	.	.	.	0.0	9.7	10.5	9.5
	History of hypertension	.	.	.	100	86.6	86.9	88.6
	Diabetes [*9]	.	.	.	100	63.4	63.3	64.9
	Diabetes on insulin	.	.	.	100	45.0	43.4	43.6
	COPD	.	.	.	0.0	8.1	8.9	9.5
	Current smoker	.	.	.	0.0	7.0	7.8	7.0
	Cancer	.	.	.	0.0	7.7	7.9	7.3
	Alcohol dependence	.	.	.	0.0	1.7	1.6	1.7
	Drug dependence	.	.	.	0.0	3.0	2.4	1.4
	Inability to ambulate	.	.	.	0.0	3.5	4.4	7.2
	Inability to transfer	.	.	.	0.0	1.4	1.8	3.8
2x	Average number of comorbid conditions	.	.	.	4.0	3.1	3.1	3.2

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 Arab.

[*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 2018).

[*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 (2015-18) & New Dialysis Patients (2015-17) [*1]

	Measure Name	This Facility					Regional Averages [*2]		
		2015	2016	2017	2018	2015-2018	State	Network	U.S.
	All Patients: Death Counts							2015-2018	
3a	Patients (n=number)	0	0	0	2	2 [*8]	92.0	81.2	92.3
3b	Patient-years (PY) at risk (n)	0.0	0.0	0.0	0.1	0.1 [*8]	64.6	57.6	62.6
3c	Deaths (n)	0	0	0	1	1 [*8]	11.3	10.2	11.0
3d	Expected deaths (n)	.	.	.	0.0	0.0 [*8]	11.4	10.4	11.0
3e	Withdrawal from dialysis prior to death (% of 3c)	.	.	.	0.0	0.0	37.9	40.7	25.6
3f	**Death due to Infections (% of 3c)**	**.**	**.**	**.**	**100**	**100**	**13.9**	**12.7**	**10.7**
	Death due to Cardiac causes (% of 3c)	.	.	.	100	100	39.5	39.2	45.0
	Death due to Liver disease (% of 3c)	.	.	.	0.0	0.0	1.7	1.9	1.6
3g	Dialysis unrelated deaths [*3] (n; excluded from SMR)	0	0	0	0	0 [*8]	0.1	0.1	0.1
	All Patients: Standardized Mortality Ratio (SMR)								
3h	**SMR** [*4]	**.**	**.**	**.**	**.**	**.**	**0.99**	**0.97**	**1.00**
3i	P-value [*5]	.	.	.	.	.	n/a	n/a	n/a
3j	Confidence interval for SMR [*6]								
	High (97.5% limit)	.	.	.	.	.	n/a	n/a	n/a
	Low (2.5% limit)	.	.	.	.	.	n/a	n/a	n/a
3k	SMR percentiles for this facility [*7]								
	In this State	.	.	.	.	.	n/a	n/a	n/a
	In this Network	.	.	.	.	.	n/a	n/a	n/a
	In the U.S.	.	.	.	.	.	n/a	n/a	n/a
	New Patients: First Year Death Counts	2015	2016	2017		2015-2017		2015-2017	
3l	New patients (n=number)	0	0	0		0 [*8]	17.6	16.1	16.4
3m	Patient-years (PY) at risk (n)	0.0	0.0	0.0		0.0 [*8]	15.9	14.4	14.5
3n	Deaths (n)	0	0	0		0 [*8]	2.7	2.7	3.1
3o	Expected deaths (n)	.	.	.		.	3.2	3.0	3.1
3p	Withdrawal from dialysis prior to death (% of 3n)	.	.	.		.	40.1	43.7	27.9
3q	Death due to Infections (% of 3n)	.	.	.		.	12.4	10.5	9.7
	Death due to Cardiac causes (% of 3n)	.	.	.		.	34.7	34.1	40.3
	Death due to Liver disease (% of 3n)	.	.	.		.	2.9	3.0	2.7
	New Patients: First Year Standardized Mortality Ratio (SMR)								
3r	SMR [*4]	.	.	.		.	0.86	0.90	1.00
3s	P-value [*5]	.	.	.		.	n/a	n/a	n/a
3t	Confidence interval for SMR [*6]								
	High (97.5% limit)	.	.	.		.	n/a	n/a	n/a
	Low (2.5% limit)	.	.	.		.	n/a	n/a	n/a
3u	First Year SMR percentiles for this facility [*7]								
	In this State	.	.	.		.	n/a	n/a	n/a
	In this Network	.	.	.		.	n/a	n/a	n/a
	In the U.S.	.	.	.		.	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 [1] , 2015-2018

	Measure Name	This Facility					Regional Averages[2], per Year, 2015-2018		
		2015	2016	2017	2018	2015-2018	State	Network	U.S.
	Medicare Dialysis Patients								
4a	Medicare dialysis patients (n)	0	0	0	1	1 [3]	70.4	61.7	69.7
4b	Patient-years (PY) at risk (n)	0.0	0.0	0.0	0.0	0.0 [3]	45.8	40.0	42.2
	Days Hospitalized Statistics								
4c	Total days hospitalized (n)	0	0	0	5	5 [3]	488.0	401.0	576.4
4d	Expected total days hospitalized (n)	.	.	.	1.1	1.1 [3]	623.0	533.9	578.1
4e	Standardized Hospitalization Ratio (Days) [4]	.	.	.	.	.	0.78	0.75	1.00
4f	P-value [5]	.	.	.	.	.	n/a	n/a	n/a
4g	Confidence interval for SHR (Days) [6]								
	High (97.5% limit)	.	.	.	.	.	n/a	n/a	n/a
	Low (2.5% limit)	.	.	.	.	.	n/a	n/a	n/a
4h	Percentiles for this facility (Days) [7]								
	In this State	.	.	.	.	.	n/a	n/a	n/a
	In this Network	.	.	.	.	.	n/a	n/a	n/a
	In the U.S.	.	.	.	.	.	n/a	n/a	n/a
	Admission Statistics								
4i	Total admissions (n)	0	0	0	1	1 [3]	75.5	62.9	78.0
4j	Expected total admissions (n)	.	.	.	0.2	0.2 [3]	85.0	73.1	78.0
4k	**Standardized Hospitalization Ratio (Admissions) [4]**	**.**	**.**	**.**	**.**	**.**	**0.89**	**0.86**	**1.00**
4l	P-value [5]	.	.	.	.	.	n/a	n/a	n/a
4m	Confidence interval for SHR (Admissions) [6]								
	High (97.5% limit)	.	.	.	.	.	n/a	n/a	n/a
	Low (2.5% limit)	.	.	.	.	.	n/a	n/a	n/a
4n	Percentiles for this facility (admissions) [7]								
	In this State	.	.	.	.	.	n/a	n/a	n/a
	In this Network	.	.	.	.	.	n/a	n/a	n/a
	In the U.S.	.	.	.	.	.	n/a	n/a	n/a
4o	**Diagnoses associated with hospitalization (% of 4a) [8]**								
	Septicemia	.	.	.	100	100	11.8	11.1	11.4
	Acute myocardial infarction	.	.	.	0.0	0.0	4.7	4.5	4.2
	Congestive heart failure	.	.	.	0.0	0.0	24.7	22.8	23.9
	Cardiac dysrhythmia	.	.	.	0.0	0.0	13.6	12.5	13.2
	Cardiac arrest	.	.	.	100	100	1.8	1.6	1.9
4p	One day admissions (% of 4i)	.	.	.	0.0	0.0	12.0	11.3	9.7
4q	Average length of stay (days per admission; 4c/4i)	.	.	.	5.0	5.0	6.5	6.4	7.4

(continued)

TABLE 4 (cont.): Hospitalization Summary for Medicare Dialysis Patients [*1] , 2015-2018

| Measure Name | This Facility | | | | | Regional Averages [*2], per Year, 2015-2018 | | |
	2015	2016	2017	2018	2015-2018	State	Network	U.S.
Emergency Department (ED) Statistics								
4r Total ED visits (n)	0	0	0	1	1 [*3]	144.3	121.6	136.0
4s Expected total ED visits (n)	.	.	.	0.2	0.2 [*3]	147.5	128.5	136.3
4t Standardized Hospitalization Ratio (ED) [*4]	.	.	.	.	.	0.98	0.95	1.00
4u P-value [*5]	.	.	.	.	.	n/a	n/a	n/a
4v Confidence interval for SHR (ED) [*6]								
High (97.5% limit)	.	.	.	.	.	n/a	n/a	n/a
Low (2.5% limit)	.	.	.	.	.	n/a	n/a	n/a
4w Percentiles for this facility (ED) [*7]								
In this State	.	.	.	.	.	n/a	n/a	n/a
In this Network	.	.	.	.	.	n/a	n/a	n/a
In the U.S.	.	.	.	.	.	n/a	n/a	n/a
4x Patients with ED visit (% of 4a)	.	.	.	100	100	64.6	63.9	62.2
4y ED visits that result in hospitalization (% of 4r)	.	.	.	100	100	41.3	39.5	47.2
4z Admissions that originate in the ED (% of 4i)	.	.	.	100	100	78.9	76.4	82.4
Readmission Statistics							2018	
4aa Index discharges (n)	0	0	0	2		74.6	61.7	72.8
4ab Total readmissions (n)	0	0	0	0		20.5	15.5	19.9
4ac Expected total readmissions (n)	.	.	.	.		21.9	18.0	20.5
4ad Standardized Readmission Ratio (SRR) [*4]	**.**	**.**	**.**	**.**		**1.00**	**0.94**	**1.04**
4ae P-value [*5]	.	.	.	.		n/a	n/a	n/a
4af Confidence interval for SRR [*6]								
High (97.5% limit)	.	.	.	.		n/a	n/a	n/a
Low (2.5% limit)	.	.	.	.		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 in any position on a hospital inpatient claim.

TABLE 5: Transplantation Summary for Dialysis Patients under Age 75 [*1] , 2015-2018

| | Measure Name | This Facility | | | | | Regional Averages [*2], per Year, 2015-2018 | | |
		2015	2016	2017	2018	2015-2018	State	Network	U.S.
	All Transplants								
5a	Eligible patients (n)	0	0	0	2	2 [*10]	73.9	65.3	73.5
5b	Transplants (n)	0	0	0	0	0 [*10]	2.7	2.3	2.1
5c	Donor type (sums to 5b) [*3]								
	Living donor (n)	0	0	0	0	0 [*10]	0.5	0.5	0.5
	Deceased donor (n)	0	0	0	0	0 [*10]	2.3	1.8	1.6
	First Transplants								
5d	Eligible patients (n)	0	0	0	2	2 [*10]	68.4	60.3	68.0
5e	Patient years (PY) at risk (n)	0.0	0.0	0.0	0.1	0.1 [*10]	47.8	42.7	46.5
5f	First transplants [*4] (n)	0	0	0	0	0 [*10]	2.5	2.1	1.8
5g	Expected first transplants (n)	.	.	.	0.0	0.0 [*10]	1.9	1.7	1.8
	Standardized 1st Transplantation Ratio (STR) [*5]								
5h	**STR** [*6]					.	**1.27**	**1.23**	**1.00**
5i	P-value [*7]					.	n/a	n/a	n/a
5j	Confidence interval for STR [*8]								
	High (97.5% limit)					.	n/a	n/a	n/a
	Low (2.5% limit)					.	n/a	n/a	n/a
5k	STR percentiles for this facility [*9]								
	In this State					.	n/a	n/a	n/a
	In this Network					.	n/a	n/a	n/a
	In the U.S.					.	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 2015-2018, 3.3% of transplants in the U.S. were not included because the transplant occurred fewer than 91 days after the start of ESRD and 1.2% 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 All Dialysis Patients (2015-2018) & New Dialysis Patients (2015-2017) under Age 75 [*1]

	Measure Name	This Facility				Regional Averages [*2], 2018		
		2015	2016	2017	2018	State	Network	U.S.
	All Dialysis Patients							
6a	Eligible patients (n)	0	0	0	7	78.2	69.5	68.7
6b	Patient-months at risk (n) [*3]	0	0	0	11	653.1	579.8	577.0
6c	**Patient-months on the waitlist (% of 6b)**	**.**	**.**	**.**	**18.2**	**15.4**	**14.0**	**19.2**
6d	Patient-months on the waitlist by subgroup (%) [*3][*4]							
	Age < 40	.	.	.	.	27.3	23.8	29.4
	Age 40-74	.	.	.	18.2	13.8	12.7	18.0
	Male	.	.	.	16.7	16.5	14.8	20.5
	Female	.	.	.	20.0	14.0	12.9	17.4
	African American	.	.	.	100	14.0	13.7	18.1
	Asian/Pacific Islander	.	.	.	0.0	20.1	19.4	28.4
	Native American	.	.	.	0.0	9.1	8.3	12.6
	White, Hispanic	.	.	.	.	14.4	13.7	20.8
	White, non-Hispanic	.	.	.	20.0	14.8	13.3	18.1
	Other/unknown race	.	.	.	.	24.8	21.9	22.1
	Diabetes	.	.	.	16.7	11.7	10.1	15.4
	Non-diabetes	.	.	.	20.0	18.8	17.5	22.4
	Previous kidney transplant	.	.	.	100	27.6	24.8	32.9
	No previous kidney transplant	.	.	.	10.0	14.3	13.0	18.1
	< 2 years since start of ESRD	.	.	.	11.1	14.7	12.7	14.0
	2-4 years since start of ESRD	.	.	.	0.0	18.8	17.8	23.6
	5+ years since start of ESRD	.	.	.	100	13.1	11.9	20.5
6e	Age-adjusted percentage of patient-months waitlisted [*5]	.	.	.	.	14.7	13.3	18.7
6f	P-value [*6]	.	.	.	.	n/a	n/a	n/a
6g	Confidence interval for percent waitlisted [*7]							
	High (97.5% limit)	.	.	.	.	n/a	n/a	n/a
	Low (2.5% limit)	.	.	.	.	n/a	n/a	n/a
	New Dialysis Patients	2015	2016	2017	2015-2017	2015-2017 [*2]		
6h	Eligible patients (n)	0	0	0	0	11.9	11.0	10.8
6i	Patient-years (PY) at risk (n)	0	0	0	0	10.7	9.8	9.5
6j	First waitlist events (n) [*8]	0	0	0	0	0.9	0.9	1.0
6k	Expected 1st waitlist events (n) [*8]	.	.	.	.	1.1	1.0	1.0
6l	Standardized Waitlist Ratio (SWR) [*8][*9]				.	0.82	0.83	1.00
6m	P-value [*6]				.	n/a	n/a	n/a
6n	Confidence interval for SWR [*7]							
	High (97.5% limit)				.	n/a	n/a	n/a
	Low (2.5% limit)				.	n/a	n/a	n/a

n/a = not applicable.

[*1] See *Guide, Section IX.*

[*2] For "All Dialysis Patients" section, values are shown for the average facility. For "New Dialysis Patients" section, values are shown for the average facility, annualized.

[*3] Eligible patient-months (6b) include patients assigned to the facility on the last day of each month. A patient may be counted up to 12 times per year.

[*4] The waitlist percentage for each subgroup is calculated as a rate of wailtilsted patient-months to patient-months at risk in each subgroup. A missing value indicates that there were no eligible patients in the subgroup.

[*5] Age-adjusted percentage of prevalent patients waitlisted is not shown if there are fewer than 11 eligible patients in this facility.

[*6] A p-value less than 0.05 indicates that the difference between the observed and expected waitlist events (SWR), or the difference between the age-adjusted pecent waitlisted for your facility and the overall national percentage 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] The confidence interval range represents uncertainty in the value of the SWR or age-adjusted percent waitlisted due to random variation.

[*8] An event is defined as a waitlisting or living-donor transplant.

[*9] SWR is calculated as a ratio of observed waitlisted events to expected waitlisted events (6j/6k); not shown if a facility has less than 2 expected waitlisted events or less than 11 eligible patients.

TABLE 7: Influenza Vaccination Summary for Medicare Dialysis Patients Treated on December 31st of Each Year[*1] , Flu Seasons August 2015-December 2018

		This Facility				Regional Averages[*2]		
	Measure Name	2015	2016	2017	2018	State	Network	U.S.
								2018
7a	Eligible patients on 12/31 (n)	0	0	0	1	47.8	42.0	42.4
7b	Patients vaccinated between Aug. 1 and Dec. 31 (% of 7a)	.	.	.	100	77.1	77.1	73.0
7c	P-value [*3] (for 7b compared to U.S. value [*4])	.	.	.	0.730	n/a	n/a	n/a
								2017
7d	**Patients vaccinated between Aug 1 and Mar 31 of following year (% of 7a)**	**.**	**.**	**.**		**77.4**	**76.9**	**73.3**
7e	P-value [*3] (for 7d compared to U.S. value [*5])	.	.	.		n/a	n/a	n/a
								2018
7f	Patients vaccinated between Aug 1 and Dec 31 by subgroup (%) [*6]							
	Age < 18	.	.	.	.	66.7	58.8	56.1
	Age 18-39	.	.	.	.	71.7	74.1	68.6
	Age 40-64	.	.	.	100	75.8	76.5	73.2
	Age 65-74	.	.	.	.	77.9	77.0	73.1
	Age 75+	.	.	.	.	79.8	79.2	73.8
	Male	.	.	.	.	76.4	76.4	73.0
	Female	.	.	.	100	78.0	77.9	73.0
	African American	.	.	.	.	72.7	70.9	70.2
	Asian/Pacific Islander	.	.	.	.	82.4	80.9	75.9
	Native American	.	.	.	.	69.2	78.8	80.2
	White	.	.	.	100	76.8	77.0	74.3
	Other/unknown race	.	.	.	.	90.6	88.1	70.8
	Hispanic	.	.	.	.	79.7	82.4	73.7
	< 1 year since start of ESRD	.	.	.	.	65.9	65.4	59.5
	1-2 years since start of ESRD	.	.	.	.	76.1	75.6	71.4
	3+ years since start of ESRD	.	.	.	100	80.6	80.7	76.7

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): 73.3% (2015), 68.9% (2016), 72.5% (2017), 73.0% (2018).
[*5] Compared to the U.S. value for that year and time period (8/1-3/31): 73.8% (2015), 69.6% (2016), 73.3% (2017).
[*6] A missing value indicates that there were no eligible patients in the subgroup.

TABLE 8: Anemia Management Summaries for Adult Dialysis Patients [*1] , 2015-2018

		This Facility				Regional Averages [*2], 2018		
	Measure Name	2015	2016	2017	2018	State	Network	U.S.
	Hemoglobin and ESA for Adult Hemodialysis (HD) Patients							
8a	Eligible patients (n)	0	0	0	0	82.5	71.1	76.3
8b	Eligible patient-months (n) [*3]	0	0	0	0	710.1	616.3	666.8
8c	Average hemoglobin [*4] (g/dL) (average of 8b)	.	.	.	.	10.8	10.9	10.8
8d	**Hemoglobin categories (% of 8b; sums to 100%)**							
	<10 g/dL	.	.	.	.	20.5	19.2	21.6
	10-<11 g/dL	.	.	.	.	35.0	34.7	34.8
	11-12 g/dL	.	.	.	.	30.8	31.1	29.5
	>12 g/dL	.	.	.	.	12.4	13.7	12.0
	Missing/Out of range	.	.	.	.	1.3	1.3	2.1
8e	ESA prescribed (% of 8b)	.	.	.	.	76.5	73.4	74.1
	Hemoglobin and ESA for Adult Peritoneal Dialysis (PD) Patients							
8f	Eligible patients (n)	0	0	0	1	18.1	20.9	21.1
8g	Eligible patient-months (n) [*3]	0	0	0	2	135.8	158.9	167.0
8h	Average hemoglobin [*4] (g/dL) (average of 8g)	.	.	.	9.7	10.9	11.0	10.9
8i	**Hemoglobin categories (% of 8g; sums to 100%)**							
	<10 g/dL	.	.	.	100	22.6	20.3	23.3
	10-<11 g/dL	.	.	.	0.0	30.1	29.2	29.4
	11-12 g/dL	.	.	.	0.0	27.5	27.7	25.8
	>12 g/dL	.	.	.	0.0	17.8	20.4	18.1
	Missing/Out of range	.	.	.	0.0	2.0	2.3	3.4
8j	ESA prescribed (% of 8g)	.	.	.	100	64.2	54.0	56.7
	Standardized Transfusion Ratio (STrR)							
8k	Eligible adult Medicare patients (n)	0	0	0	0	62.6	55.2	56.5
8l	Patient years (PY) at risk (n)	0	0	0	0	37.6	32.9	33.4
8m	Total transfusions (n)	0	0	0	0	10.3	8.8	12.3
8n	Expected total transfusions (n)	.	.	.	.	14.0	12.2	12.5
8o	Standardized Transfusion Ratio [*5]	.	.	.	.	0.74	0.73	1.01
	Upper Confidence Limit (97.5%)	.	.	.	.	n/a	n/a	n/a
	Lower Confidence Limit (2.5%)	.	.	.	.	n/a	n/a	n/a
8p	P-value [*6]	.	.	.	.	n/a	n/a	n/a

n/a = not applicable

[*1] See *Guide, Section XI.* Transfusion summaries include adult Medicare Dialysis Patients only.

[*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] Calculated as a ratio of observed to expected transfusions (8m to 8n); not shown if there are fewer that 10 patient-years at risk (8l). The confidence interval range represents uncertainty in the value of the STrR due to random variation.

[*6] 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.

TABLE 9: Dialysis Adequacy Summaries for All Dialysis Patients[*1], 2015-2018

		This Facility				Regional Averages[*2], 2018		
	Measure Name	2015	2016	2017	2018	State	Network	U.S.
	Hemodialysis (HD) Adequacy							
9a	Eligible adult HD patients (n)	0	0	0	0	82.5	71.1	76.3
9b	Eligible adult HD patient-months (n) [*3]	0	0	0	0	710.1	616.3	666.8
9c	Average serum albumin (g/dL) (average of 9b)	.	.	.	.	3.8	3.8	3.8
9d	**Serum albumin categories (% of 9b; sums to 100%)**							
	< 3.0 g/dL	.	.	.	.	2.9	2.7	3.3
	3.0-<3.5 g/dL	.	.	.	.	13.1	12.4	12.6
	3.5-<4.0 g/dL	.	.	.	.	46.7	46.5	46.0
	>=4.0 g/dL	.	.	.	.	35.3	36.5	35.3
	Missing	.	.	.	.	1.9	1.9	2.9
9e	Ultrafiltration rate average [*4] (ml/kg/hr) (average of 9b)	.	.	.	.	6.8	7.1	7.7
9f	**Ultrafiltration rate categories (% of 9b; sums to 100%)**							
	<=13 ml/kg/hr	.	.	.	.	88.4	87.3	84.2
	>13 ml/kg/hr	.	.	.	.	4.9	5.9	8.5
	Missing/Out of range	.	.	.	.	6.7	6.8	7.3
9g	Eligible adult HD Kt/V patients (n) [*5]	0	0	0	0	78.1	67.0	73.4
9h	Eligible adult HD Kt/V patient-months (n) [*3][*5]	0	0	0	0	665.5	572.5	634.4
9i	Average Kt/V [*4] (average of 9h)	.	.	.	.	1.7	1.7	1.6
9j	**Kt/V categories (% of 9h; sums to 100%)**							
	<1.2	.	.	.	.	2.0	1.9	2.0
	1.2-<1.8	.	.	.	.	68.0	67.7	72.1
	>=1.8	.	.	.	.	29.0	29.3	24.3
	Missing/Out of range	.	.	.	.	1.0	1.1	1.5
	Peritoneal Dialysis (PD) Adequacy							
9k	Eligible adult PD patients (n)	0	0	0	1	18.1	20.9	21.1
9l	Eligible adult PD patient-months (n) [*3]	0	0	0	2	135.8	158.9	167.0
9m	Average weekly Kt/V [*4][*5] (average of 9l)	.	.	.	.	2.2	2.3	2.3
9n	**Weekly Kt/V categories (% of 9l; sums to 100%) [*5]**							
	<1.7	.	.	.	0.0	5.6	4.2	4.8
	1.7-<2.5	.	.	.	0.0	69.2	67.4	66.5
	>=2.5	.	.	.	0.0	22.9	26.5	24.8
	Missing/Out of range	.	.	.	100	2.3	1.9	3.9
9o	Average serum albumin (g/dL) (average of 9l)	.	.	.	3.3	3.5	3.5	3.5
9p	**Serum albumin categories (% of 9l; sums to 100%)**							
	< 3.0 g/dL	.	.	.	0.0	9.1	9.5	10.3
	3.0-<3.5 g/dL	.	.	.	100	30.6	28.8	29.4
	3.5-<4.0 g/dL	.	.	.	0.0	43.2	43.4	41.8
	>=4.0 g/dL	.	.	.	0.0	15.2	16.0	15.1
	Missing	.	.	.	0.0	2.0	2.3	3.4

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 [*1] , 2015-2018

	Measure Name	This Facility 2015	2016	2017	2018	Regional Averages [*2], 2018 State	Network	U.S.
10a	Eligible adult patients (n) [*3]	0	0	0	1	92.3	80.9	83.1
10b	Eligible adult patient-months (n) [*3] [*4]	0	0	0	2	798.7	704.2	727.8
10c	Average phosphorous [*5] (mg/dL) (average of 10b [*6])	.	.	.	4.3	5.6	5.5	5.3
10d	**Phosphorous categories (% of 10b; sums to 100%) [*6]**							
	<3.5 mg/dL	.	.	.	0.0	6.8	7.0	8.2
	3.5-4.5 mg/dL	.	.	.	80.0	21.8	23.0	24.3
	4.6-5.5 mg/dL	.	.	.	20.0	28.6	29.2	30.0
	5.6-7.0 mg/dL	.	.	.	0.0	23.9	23.4	21.2
	>7.0 mg/dL	.	.	.	0.0	17.2	15.4	13.3
	Missing/Out of range	.	.	.	0.0	1.8	1.9	2.9
10e	Average calcium uncorrected [*5] (mg/dL) (average of 10b)	.	.	.	9.4	9.0	9.0	8.9
10f	**Calcium uncorrected categories (% of 10b; sums to 100%)**							
	<8.4 mg/dL	.	.	.	0.0	14.9	14.9	17.2
	8.4-10.2 mg/dL	.	.	.	100	82.2	82.0	78.8
	>10.2 mg/dL	.	.	.	0.0	1.3	1.4	1.3
	Missing/Out of range	.	.	.	0.0	1.6	1.7	2.7
10g	Average uncorrected serum or plasma calcium > 10.2 mg/dL [*5] [*7]	.	.	.	0.0	1.4	1.5	2.0

[*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] The acceptable range for phosphorous and calcium is 0.1 – 20 mg/dL. Values outside of this range are considered missing, which are counted towards the numerator.
[*6] Eligible patients included in the phosphours 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. Eligible patients included in the hypercalcemia summary differs slightly from what is reported in 10b since patients must be 18 as of the first day of the 3-month period.

TABLE 11: Vascular Access Information for All Dialysis Patients and Access-Related Infection Summaries for All Medicare Patients [*1] , 2015-2018

		This Facility				Regional Averages [*2], 2018		
	Measure Name	2015	2016	2017	2018	State	Network	U.S.
	Vascular Access							
11a	Prevalent adult hemodialysis patients (n)	0	0	0	1	86.3	75.0	80.5
11b	Prevalent adult hemodialysis patient-months(n) [*3] [*4]	0	0	0	3	735.8	641.9	693.9
11c	**Vascular access type in use (% of 11b; sums to 100%)**							
	Arteriovenous fistula	.	.	.	33.3	70.1	68.6	63.4
	Arteriovenous graft	.	.	.	0.0	12.4	14.2	17.8
	Catheter	.	.	.	66.7	16.1	15.8	16.6
	Other/Missing	.	.	.	0.0	1.3	1.4	2.2
11d	Standardized Fistula Rate (SFR) [*5]	.	.	.	.	70.4	68.4	63.0
11e	P-value [*6]	.	.	.	.	n/a	n/a	n/a
11f	Confidence interval for SFR [*7]							
	High (97.5% limit)	.	.	.	.	n/a	n/a	n/a
	Low (2.5% limit)	.	.	.	.	n/a	n/a	n/a
11g	**Long-Term Catheter Rate [*8]**	**.**	**.**	**.**	**.**	**11.7**	**11.2**	**12.4**
	Vascular Access at First Treatment							
11h	Incident hemodialysis patients (n)	0	0	0	4	16.1	14.3	14.9
11i	Vascular access type in use (% of 11h; sums to 100%)							
	Arteriovenous fistula	.	.	.	0.0	25.9	23.9	15.3
	Arteriovenous graft	.	.	.	0.0	3.4	3.5	3.4
	Catheter	.	.	.	100.0	66.9	68.1	76.0
	Other/Missing	.	.	.	0.0	3.8	4.6	5.3
11j	Arteriovenous fistulae in place (% of 11h) [*9]	.	.	.	0.0	27.1	25.2	16.8
	Infection: Peritoneal dialysis (PD)							
11k	Eligible PD patients (n)	0	0	0	1	9.4	9.9	7.2
11l	Eligible PD patient-months [*4]	0	0	0	4	66.3	69.9	50.5
11m	PD catheter infection rate per 100 PD patient-months [*10]	.	.	.	0.00	2.70	2.17	2.07
11n	P-value [*11] of 11m (compared to U.S. value) [*12]	.	.	.	0.919	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-11g), 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] Patient months with a catheter that have limited life expectancy, including under hospice care in the current reporting month, or with metastatic cancer, end stage liver disease, coma or anoxic brain injury in the past 12 months, were excluded.
[*4] Patients may be counted up to 12 times per year.
[*5] Includes patients with an autogenous arteriovenous (AV) fistula as the sole means of vascular access. SFR is calculated as an adjusted rate of AV fistula in use reported in 11c; not shown if fewer than 11 eligible adult HD patients.
[*6] A p-value less than 0.05 indicates that 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.
[*7] The confidence interval range represents uncertainty in the value of the SFR due to random variation.
[*8] Includes patients using a catheter continuously for three months or longer. Patients with other or missing access types (11c) are also counted as catheter in use in the numerator; not shown if fewer than 11 eligible adult HD patients.
[*9] Includes all patients with fistulae, regardless of whether or not they received their hemodialysis treatments using their fistulae.
[*10] 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.
[*11] 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 change.
[*12] Compared to U.S. value for that year: 2.89 (2015), 2.65 (2016), 2.65 (2017), and 2.07 (2018).

TABLE 12: Comorbidities Reported on Medicare Claims for Medicare Dialysis Patients Treated as of December 31st of Each Year [*1] , 2015-2018

	Measure Name	This Facility				Regional Averages [*2], 2018		
		2015	2016	2017	2018	State	Network	U.S.
12a	Medicare dialysis patients on 12/31 (n)	0	0	0	0	51.5	45.4	46.4
12b	Comorbidity (% yes of 12a)							
	Infections							
	AIDS/HIV positive	.	.	.	.	0.7	0.6	1.7
	Intravascular/implanted device-related [*3]	.	.	.	.	9.1	8.9	9.0
	Hepatitis B	.	.	.	.	1.5	1.3	1.6
	Hepatitis other	.	.	.	.	6.2	5.1	5.3
	Metastatic	.	.	.	.	3.3	3.0	3.1
	Pneumonia	.	.	.	.	10.8	10.1	9.6
	Tuberculosis	.	.	.	.	0.3	0.3	0.4
	Other	.	.	.	.	35.3	34.4	35.0
	Cardiovascular							
	Cardiac arrest	.	.	.	.	1.8	1.6	1.8
	Cardiac dysrhythmia	.	.	.	.	40.5	39.1	37.6
	Cerebrovascular disease	.	.	.	.	19.9	18.8	24.6
	Congestive heart failure	.	.	.	.	53.1	50.8	54.0
	Ischemic heart disease	.	.	.	.	46.6	45.0	49.6
	Myocardial infarction	.	.	.	.	11.8	10.9	10.8
	Peripheral vascular disease [*4]	.	.	.	.	41.6	38.2	44.6
	Other							
	Alcohol dependence	.	.	.	.	2.9	3.2	3.1
	Anemia	.	.	.	.	6.4	7.3	9.9
	Cancer	.	.	.	.	11.1	10.9	11.3
	Chronic obstructive pulmonary disease	.	.	.	.	30.4	29.8	31.9
	Diabetes	.	.	.	.	64.9	63.2	68.2
	Drug dependence	.	.	.	.	7.2	7.1	3.7
	Gastrointestinal tract bleeding	.	.	.	.	4.6	4.0	4.2
	Hyperparathyroidism	.	.	.	.	92.6	90.3	87.5
12c	Average number of comorbid conditions	.	.	.	.	5.0	4.8	5.1

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] This category includes bloodstream and other infections related to intravascular access and other implanted devices, not limited to dialysis access.
[*4] Peripheral vascular disease includes venous, arterial and nonspecific peripheral vascular diseases.

TABLE 13: Facility Information[*1] , 2018

	Measure Name	This Facility 2018	Regional Averages[*2], 2018 State	Network	U.S.
13a	Organization	NORTHWEST KIDNEY CENTERS			
13b	Ownership	Non-profit			
13c	Initial Medicare certification date	11/26/2018			
13d	Number of stations	7			
13e	Services provided	Hemodialysis and Peritoneal Dialysis			
13f	Shifts after 5:00 pm	Yes			
13g	Dialyzer Reuse	.			
13h	CMS Certification Numbers (CCN) included in this report	502594			
13i	National Provider Identifier (NPI)[*3]	1861981177			
	Long Term Care (LTC)[*4]				
13j	Dialysis facility located in a Skilled Nursing Facility (SNF)	No			
13k	Services provided in LTC facility by non-SNF based facility	None			
	Patient Placement				
13l	Patients treated during year from AFS Form-2744 (n)	10	116.5	100.2	101.4
13m	Transferred into facility (% of 13l)	50.0	15.5	15.3	15.5
13n	Transferred out of facility (% of 13l)	30.0	14.8	14.9	15.5
13o	Patients treated on 12/31 (n)	6	n/a	n/a	n/a
13p	Medicare eligibility status (% of 13o; sums to 100% [*5])		n/a	n/a	n/a
	Medicare	50.0	81.8	84.7	67.0
	Medicare application pending	0.0	0.5	0.8	0.7
	Non-Medicare	50.0	17.7	14.5	32.3
	Survey and Certfication[*6]				
13q	Date of last survey	11/19/2018			
13r	Type of survey	Initial			
13s	Compliance condition after survey	Meets Requirements			
13t	Number of CFC deficiencies cited	0	1.0	0.6	0.3
13u	Number of Standard deficiencies cited	2	9.7	6.4	5.1

n/a = not applicable

[*1] See *Guide, Section XVI*. Information based on data reported in CROWNWeb as of May, 2019. If missing, data were not available.

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

[*3] 'NPI' obtained from CROWNWeb as of March 2019. If missing, data were not available.

[*4] LTC information obtained from CMS Form-3427 submitted during most recent survey.

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

[*6] 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.