

# Dialysis Facility Report for Fiscal Year (FY) 2016

## Purpose of the Report

The *Dialysis Facility Report (DFR) for FY 2016* 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 2016 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 Medicare claims and data collected for CMS. It is the twentieth in a series of annual reports. This is one of 6,620 reports that have been distributed to ESRD providers in the U.S.

## **This DFR includes data specific to CCN(s): 502523**

**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 2011 and December 2014. 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 4. 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 2016*. The *Guide* may be downloaded from the methodology section of the Dialysis Data website at [www.DialysisData.org](http://www.DialysisData.org).

**What's New This Year:** As part of a continuing effort to improve the quality and relevance of this report for your facility, the following changes have been incorporated into the DFR for FY 2016. A new section reporting readmission summaries for each year along with regional comparison values have been added to Table 2. The CROWNWeb clinical data table (Table 14) has added information on the ultrafiltration ratio among hemodialysis patients.

## How to Submit Comments

**Between July 15, 2015 and August 15, 2015**, facilities may submit comments to their state surveyor or UM-KECC by visiting [www.DialysisData.org](http://www.DialysisData.org), logging on to view their report, and clicking on the **Comments & Inquiries** tab. Questions or comments after the comment period is over may be submitted to us directly at [DialysisData@umich.edu](mailto:DialysisData@umich.edu) or 1-855-764-2885.

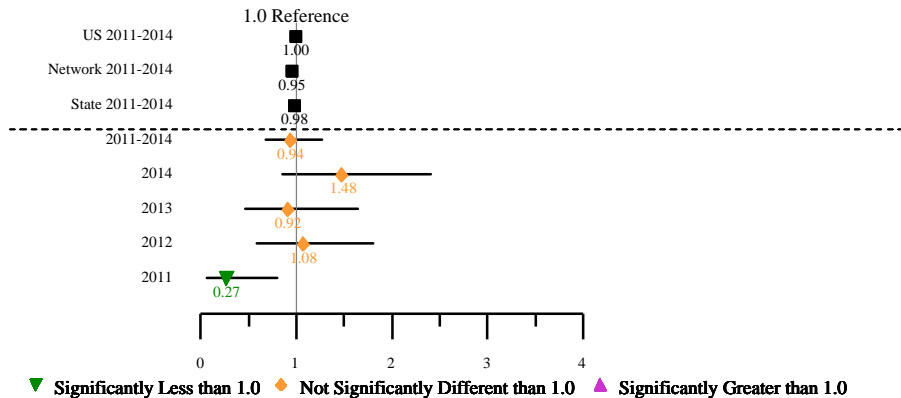
- (1) **State Surveyor:** Dialysis facilities may submit comments on the DFR for their state's surveyors. State surveyor(s) will receive a copy of their DFR with the comments they submitted in September 2015.
- (2) **UM-KECC:** Submit questions or suggestions to improve the DFR to UM-KECC. These comments will not be shared with CMS or your state surveyor.

## Facility Highlights

### Standardized Mortality Ratio (SMR) (Table 1):

- At this facility, the 2011-2014 SMR is 0.94, which is 6% fewer deaths than expected at this facility. Among all U.S. facilities, 42% of facilities had a four-year SMR lower than 0.94. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The 2011-2014 SMR of observed to expected deaths is 0.98 and 0.95 for your State and Network, respectively.

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.

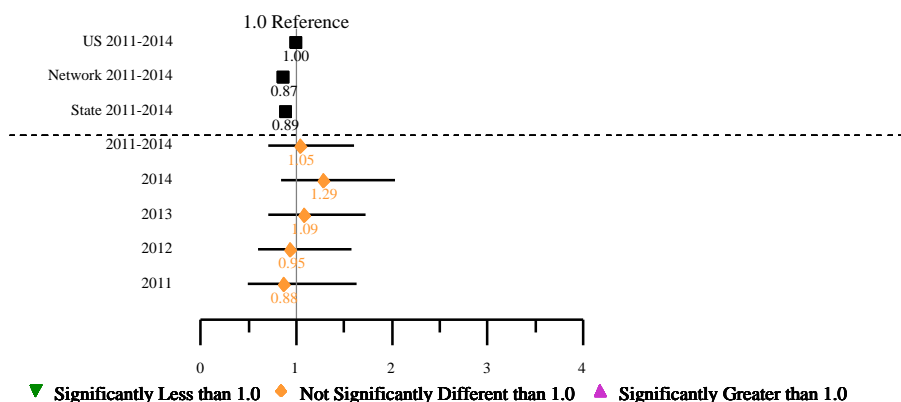


- At this facility, the 2011-2013 first-year SMR of observed to expected deaths is 0.88, which is 12% fewer deaths than expected at this facility. Among all U.S. facilities, 43% of facilities had a first-year SMR lower than 0.88. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The first-year SMR (2011-2013) of observed to expected deaths is 0.85 and 0.83 for your State and Network, respectively.

### Standardized Hospitalization Ratio (SHR) (Table 2):

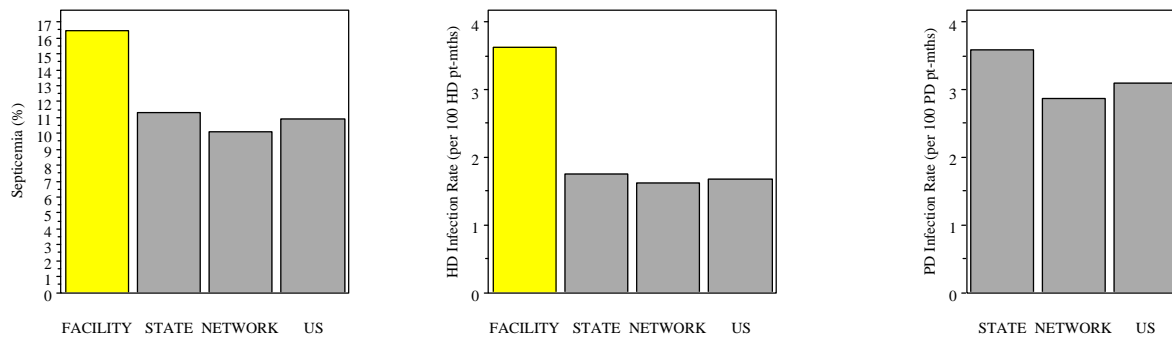
- The 2011-2014 SHR (ED) at this facility is 1.01, which is 1% more ED visits than expected. This difference is not statistically significant ( $p \geq 0.05$ ), so this higher ED visit ratio could plausibly be just a chance occurrence. The 2011-2014 SHR (ED) for your State and Network is 0.97 and 0.95, respectively.
- The 2011-2014 SHR (Days) at this facility is 0.90, which is 10% fewer days hospitalized than expected. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower hospitalization could plausibly be just a chance occurrence. The 2011-2014 SHR (Days) for your State and Network is 0.72 and 0.70, respectively.
- The 2011-2014 SHR (Admissions) at this facility is 1.05, which is 5% more admissions hospitalized than expected. This difference is not statistically significant ( $p \geq 0.05$ ), so this higher hospitalization could plausibly be just a chance occurrence. The 2011-2014 SHR (Admissions) for your State and Network is 0.89 and 0.87, respectively.

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



**Infection (Tables 2 and 8):**

- The percentage of Medicare dialysis patients at this facility hospitalized with septicemia during 2011-2014 was 16.5%, compared to 11.3% in your State, 10.1% in your Network, and 10.9% nationally. It may be useful to review infection control at this facility. The percentage of Medicare dialysis patients is 11%, 10%, and 11%, for your State, Network and U.S., respectively.
- The rate of HD infection among HD patients at this facility in 2014 was 3.6 per 100 HD patient-months, compared to 1.7 in your State, 1.6 in your Network, and 1.7 nationally.
- The rate of PD catheter-related infection is unavailable. The rates of PD catheter-related infection are 3.6, 2.9, and 3.1 for your State, Network and U.S., respectively.



**Transplantation (Table 3):**

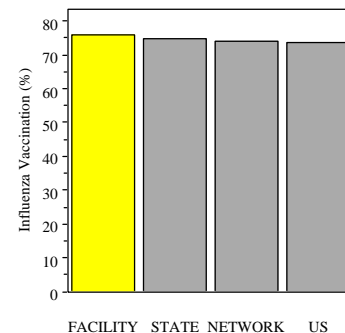
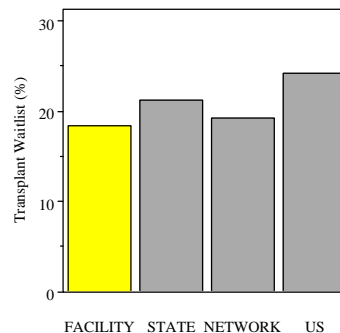
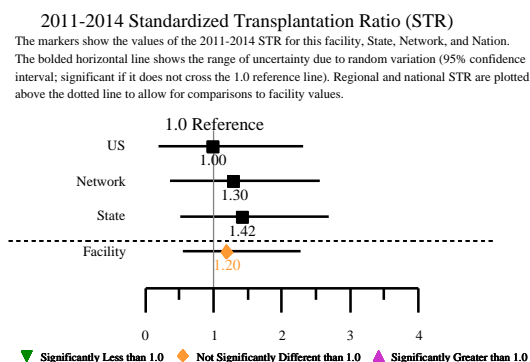
- Of the patients under age 70 treated at this facility during 2011-2014 who had not previously received a transplant, 5% were transplanted annually, while a rate of 4% would be expected for these patients.
- The 2011-2014 Standardized 1<sup>st</sup> Transplantation Ratio (STR) of observed to expected number of patients transplanted for this facility is 1.20, which is 20% higher than expected for this facility. This difference is not statistically significant ( $p \geq 0.05$ ) and could plausibly be due to random chance. The 2011-2014 STR for your State and Network is 1.42 and 1.30, respectively.

**Transplant Waitlist (Table 4):**

- Among the 38 dialysis patients under age 70 treated at this facility on December 31, 2014, 18% were on the kidney transplant waitlist compared to 24% nationally. This difference is not statistically significant ( $p \geq 0.05$ ) and is plausibly due to random chance. The percentage of patients on the kidney transplant waitlist on December 31, 2014 in your State and Network is 21% and 19%, respectively.

**Influenza Vaccination (Table 5):**

- Among the 46 Medicare dialysis patients treated at this facility on December 31, 2014, 76% were vaccinated between August 1 and December 31, 2014 compared to 74% nationally. This difference is not statistically significant ( $p \geq 0.05$ ) and is plausibly due to random chance. The percentage of patients vaccinated in your State, Network, and nation is 75%, 74%, and 74%, respectively.



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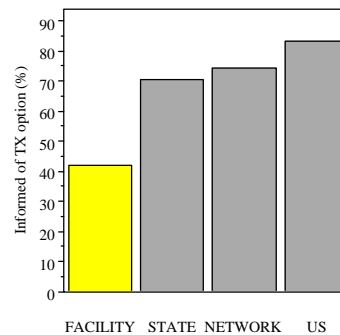
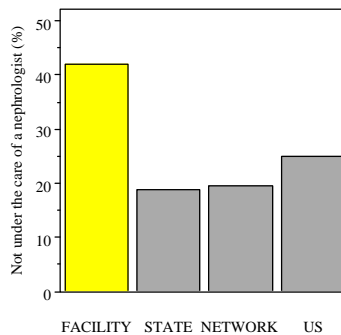
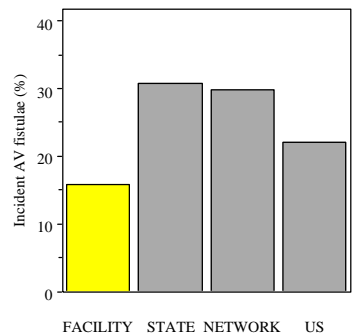
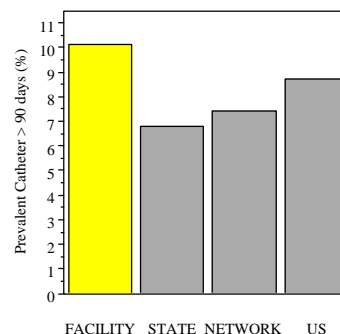
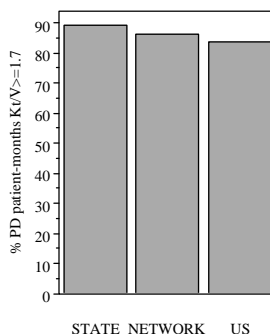
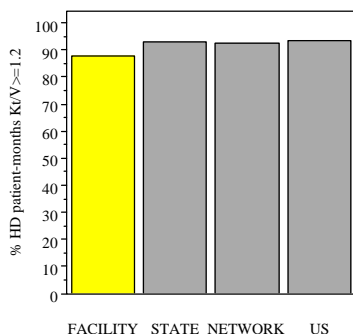
NKC WEST SEATTLE KIDNEY CENTER State: WA Network: 16 CCN: 502523

## Practice Patterns (Tables 6 and 7):

- Among the 49 ESA-treated dialysis patients included in the analysis in 2014, the average hemoglobin calculated is 10.5 g/dL, compared to 10.5 g/dL in your State, 10.5 g/dL in your Network, and 10.5 g/dL nationally.
- Among the 52 HD patients in this facility included in the analysis in 2014, 94% had URR above the KDOQI minimum value for URR (65%), compared to 99% in your State, 99% in your Network, and 99% nationally.
- In 2014, 88% of eligible HD patient-months had a Kt/V  $\geq 1.2$ , compared to 93% in your State, 93% in your Network, and 93% nationally.
- In 2014, the percent of eligible PD patient-months that had a Kt/V  $\geq 1.7$  is unavailable. The percent of patients with Kt/V  $\geq 1.7$  in your State, Network, and US is 89%, 86%, and 84% respectively.
- At this facility in 2014, an average of 16% of incident patients had arteriovenous (AV) fistulae in place, compared to 31% in your State, 30% in your Network, and 22% nationally.
- Of the prevalent patients receiving hemodialysis treatment at this facility in 2014, 10% had a catheter which had been in place for at least 90 days as their only vascular access, compared to 7% in your State, 7% in your Network, and 9% nationally.

## Patient Characteristics (Tables 9 and 10):

- Among the 19 patients with Medical Evidence Forms (CMS-2728) indicating treatment at this facility during 2014:
  - 42% of these patients were not under the care of a nephrologist before starting dialysis, compared to 19% in your State, 20% in your Network, and 25% nationally.
  - 42% of these patients were informed of their transplant options, compared to 70% in your State, 74% in your Network, and 83% nationally.
- Among the patients treated at this facility on December 31, 2014, 30% were treated in a nursing home during the year, compared to 14% nationally.



Prepared by  
 The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC)  
 under contract with the Centers for Medicare & Medicaid Services

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NKC WEST SEATTLE KIDNEY CENTER State: WA Network: 16 CCN: 502523

**TABLE 1: Mortality Summary for All Dialysis Patients (2011-14) & New Dialysis Patients (2011-13)\*1**

Measure Name	This Facility					Regional Averages*2, per Year, 2011-2014		
	2011	2012	2013	2014	2011-2014	State	Network	U.S.
<b>All Patients: Death Rates</b>								
1a Patients (n=number)	103	113	108	94	418 *8	96.3	79.7	93.3
1b Patient-years (PY) at risk (n)	65.2	77.7	71.5	60.6	275.0*8	67.7	56.0	63.4
1c Deaths (n)	3	14	11	16	44 *8	12.5	10.2	11.2
1d Expected deaths (n)	10.9	13.0	12.0	10.8	46.7*8	12.7	10.6	11.2
<b>All Patients: Categories of Death</b>								
1e Withdrawal from dialysis prior to death (% of 1c)	100	50.0	18.2	43.8	43.2	40.2	41.3	25.3
1f Death due to Infections (% of 1c)	33.3	14.3	27.3	6.3	15.9	14.1	14.0	12.8
Death due to Cardiac causes (% of 1c)	0.0	35.7	45.5	50.0	40.9	37.2	40.2	44.9
1g Dialysis unrelated deaths*3 (n; excluded from SMR)	0	1	0	0	1 *8	0.1	0.1	0.1
<b>All Patients: Standardized Mortality Ratio (SMR)</b>								
1h SMR *4	0.27	1.08	0.92	1.48	0.94	0.98	0.95	1.00
1i P-value*5	0.010	0.848	0.929	0.163	0.767	n/a	n/a	n/a
1j Confidence interval for SMR*6								
High (97.5% limit)	0.80	1.81	1.64	2.41	1.27	n/a	n/a	n/a
Low (2.5% limit)	0.06	0.59	0.46	0.85	0.68	n/a	n/a	n/a
1k SMR percentiles for this facility (i.e., percent of facilities with lower mortality rates)*7								
In this State	4	67	50	92	45	n/a	n/a	n/a
In this Network	5	72	55	89	50	n/a	n/a	n/a
In the U.S.	5	60	44	88	42	n/a	n/a	n/a
<b>Regional Averages*2, per Year, 2011-2013</b>								
<b>New Patients: First Year Death Rates</b>								
1l New patients (n=number)	33	22	25		80 *8	20.3	17.1	17.5
1m Patient-years (PY) at risk (n)	30.0	19.7	21.5		71.2*8	18.0	15.1	15.2
1n Deaths (n)	7	3	5		15 *8	3.6	3.0	3.6
1o Expected deaths (n)	7.3	5.1	4.6		17.0*8	4.2	3.6	3.6
<b>New Patients: Categories of Deaths</b>								
1p Withdrawal from dialysis prior to death (% of 1n)	57.1	0.0	20.0		33.3	42.1	42.8	27.2
1q Death due to Infections (% of 1n)	42.9	33.3	20.0		33.3	13.8	13.5	11.6
Death due to Cardiac causes (% of 1n)	28.6	33.3	40.0		33.3	34.5	39.0	40.5
<b>New Patients: First Year Standardized Mortality Ratio (SMR)</b>								
1r SMR *4	0.96	0.59	1.10		0.88	0.85	0.83	1.00
1s P-value*5	0.999	0.508	0.957		0.749	n/a	n/a	n/a
1t Confidence interval for SMR*6								
High (97.5% limit)	1.97	1.73	2.56		1.46	n/a	n/a	n/a
Low (2.5% limit)	0.38	0.12	0.36		0.49	n/a	n/a	n/a
1u First Year SMR percentiles for this facility (i.e., percent of facilities with lower mortality rates)*7								
In this State	73	31	70		58	n/a	n/a	n/a
In this Network	64	37	71		57	n/a	n/a	n/a
In the U.S.	51	28	60		43	n/a	n/a	n/a

n/a = not applicable

[\*1] See Guide, Section IV.

[\*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 (1c to 1d for all patients, 1n to 1o 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.

# Dialysis Facility Report for FY (FY) 2016

NKC WEST SEATTLE KIDNEY CENTER State: WA Network: 16 CCN: 502523

**TABLE 2: Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2011-2014**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2011-2014		
	2011	2012	2013	2014	2011-2014	State	Network	U.S.
<b>Medicare Dialysis Patients</b>								
2a Medicare dialysis patients (n)	80	88	86	74	328 <sup>*3</sup>	77.2	62.9	73.0
2b Patient-years (PY) at risk (n)	45.9	58.5	58.5	49.3	212.2 <sup>*3</sup>	50.9	40.8	45.6
<b>Days Hospitalized Statistics</b>								
2c Total days hospitalized (n)	507	614	663	877	2661 <sup>*3</sup>	493.5	379.7	604.1
2d Expected total days hospitalized (n)	649.0	843.2	797.4	659.3	2948.9 <sup>*3</sup>	685.6	542.0	605.4
2e Standardized Hospitalization Ratio (Days) <sup>*4</sup>	0.78	0.73	0.83	1.33	0.90	0.72	0.70	1.00
2f P-value <sup>*5</sup>	0.630	0.441	0.654	0.216	0.824	n/a	n/a	n/a
2g Confidence interval for SHR (Days) <sup>*6</sup>								
High (97.5% limit)	1.79	1.51	1.59	2.32	1.59	n/a	n/a	n/a
Low (2.5% limit)	0.38	0.39	0.48	0.83	0.56	n/a	n/a	n/a
2h Percentiles for this facility (i.e., % of facilities with lower hospitalization rates [days]) <sup>*7</sup>								
In this State	73	56	65	96	87	n/a	n/a	n/a
In this Network	76	62	72	97	87	n/a	n/a	n/a
In the U.S.	33	28	38	84	45	n/a	n/a	n/a
<b>Admission Statistics</b>								
2i Total admissions (n)	81	112	122	120	435 <sup>*3</sup>	85.8	66.3	84.8
2j Expected total admissions (n)	92.5	117.9	112.2	92.9	415.4 <sup>*3</sup>	96.5	76.5	84.8
2k Standardized Hospitalization Ratio (Admissions) <sup>*4</sup>	0.88	0.95	1.09	1.29	1.05	0.89	0.87	1.00
2l P-value <sup>*5</sup>	0.731	0.900	0.660	0.236	0.768	n/a	n/a	n/a
2m Confidence interval for SHR (Admissions) <sup>*6</sup>								
High (97.5% limit)	1.63	1.58	1.72	2.03	1.60	n/a	n/a	n/a
Low (2.5% limit)	0.50	0.60	0.71	0.84	0.71	n/a	n/a	n/a
2n Percentiles for this facility (i.e., % of facilities with lower hospitalization rates [admissions]) <sup>*7</sup>								
In this State	54	63	84	92	81	n/a	n/a	n/a
In this Network	59	63	82	91	81	n/a	n/a	n/a
In the U.S.	38	48	66	83	61	n/a	n/a	n/a
2o Diagnoses associated with hospitalization (% of 2a) <sup>*8</sup>								
Septicemia	10.0	20.5	14.0	21.6	16.5	11.3	10.1	10.9
Acute myocardial infarction	1.3	5.7	5.8	12.2	6.1	4.5	4.4	4.2
Congestive heart failure	17.5	28.4	32.6	40.5	29.6	22.6	21.1	23.7
Cardiac dysrhythmia	13.8	23.9	26.7	25.7	22.6	17.6	16.1	16.2
Cardiac arrest	1.3	1.1	3.5	6.8	3.0	2.0	1.9	2.1
2p One day admissions (% of 2i)	17.3	16.1	11.5	13.3	14.3	15.9	15.6	12.5
2q Average length of stay (days per admission; 2c/2i)	6.3	5.5	5.4	7.3	6.1	5.8	5.7	7.1

(continued)

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NKC WEST SEATTLE KIDNEY CENTER State: WA Network: 16 CCN: 502523

**TABLE 2 (cont.): Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2011-2014**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2011-2014		
	2011	2012	2013	2014	2011-2014	State	Network	U.S.
<b>Emergency Department (ED) Statistics</b>								
2r Total ED visits (n)	141	159	198	184	682 <sup>*3</sup>	152.4	118.9	137.9
2s Expected total ED visits (n)	143	188	186	158	675 <sup>*3</sup>	156.7	124.8	138.4
2t Standardized Hospitalization Ratio (ED) <sup>*4</sup>	0.99	0.85	1.06	1.17	1.01	0.97	0.95	1.00
2u P-value <sup>*5</sup>	0.994	0.503	0.750	0.460	0.941	n/a	n/a	n/a
2v Confidence interval for SHR (ED) <sup>*6</sup>								
High (97.5% limit)	1.66	1.35	1.61	1.79	1.46	n/a	n/a	n/a
Low (2.5% limit)	0.60	0.54	0.71	0.77	0.70	n/a	n/a	n/a
2w Percentiles for this facility (i.e., % of facilities with lower hospitalization rates [ED]) <sup>*7</sup>								
In this State	58	31	67	80	60	n/a	n/a	n/a
In this Network	59	33	69	81	65	n/a	n/a	n/a
In the U.S.	51	31	63	75	55	n/a	n/a	n/a
2x Patients with ED visit (% of 2a)	53.8	63.6	65.1	74.3	64.0	63.1	62.0	61.2
2y ED visits that result in hospitalization (% of 2t)	46.8	45.9	41.9	52.7	46.8	43.0	40.5	48.6
2z Admissions that originate in the ED (% of 2i)	81.5	65.2	68.0	80.8	73.3	76.4	72.7	79.1
<b>Readmission Statistics</b>								
2aa Index discharges (n)	97	101	116	117	n/a	82.0	65.6	79.8
2ab Total readmissions (n)	35	24	28	36	n/a	21.4	16.7	21.7
2ac Expected total readmissions (n)	31	32	33	36	n/a	22.4	18.9	22.3
2ad Standardized Readmission Ratio (SRR)	1.14	0.74	0.85	0.99	n/a	1.0	1.0	1.0
2ae P-value <sup>*5</sup>	0.579	0.237	0.493	0.977	n/a	n/a	n/a	n/a
2af Confidence interval for SRR <sup>*6</sup>								
High (97.5% limit)	1.36	1.11	1.21	1.32	n/a	n/a	n/a	n/a
Low (2.5% limit)	0.65	0.45	0.55	0.70	n/a	n/a	n/a	n/a

n/a = not applicable.

[\*1] Based on patients with Medicare as primary insurer; 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] Standardized Ratios are calculated as ratio of actual to expected events (2c/2d for days, 2i/2j for admissions, 2r/2s for ED visits, and 2ab/2ac for readmissions). SHRs are not shown if there are less than 5 patient years at risk.

[\*5] SRR is not shown if fewer than 11 index discharges in the year.

[\*6] 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.

[\*7] The confidence interval range represents uncertainty in the value of the standardized hospitalization and readmission ratios (SHRs and SRR) due to random variation.

[\*8] All facilities are included in ranking, regardless of the number of patient years at risk.

[\*9] Includes diagnoses present at admission and diagnoses added during the hospital stay.

# Dialysis Facility Report for FY (FY) 2016

NKC WEST SEATTLE KIDNEY CENTER State: WA Network: 16 CCN: 502523

**TABLE 3: Transplantation Summary for Dialysis Patients under Age 70\*1, 2011-2014**

Measure Name	This Facility					2011-2014	Regional Averages*2, per Year, 2011-2014		
	2011	2012	2013	2014	State		Network	U.S.	
3a Eligible patients (n)	80	86	83	63	312	*10	66.0	54.9	64.0
3b Transplants (n)	2	2	5	2	11	*10	2.9	2.2	2.0
3c Donor type*3									
Living donor (n)	0	1	1	0	2	*10	0.7	0.6	0.6
Deceased donor (n)	2	1	4	2	9	*10	2.2	1.6	1.4
<b>Patients who have not Previously Received a Transplant</b>									
3d Eligible patients (n)	74	79	75	57	285	*10	60.0	49.6	58.1
3e Patient years (PY) at risk (n)	49.0	56.0	48.3	35.6	189.0	*10	42.2	35.0	40.0
3f First transplants*4 (n)	1	2	4	2	9	*10	2.6	2.0	1.7
3g Expected first transplants (n)	2.1	2.2	1.8	1.3	7.5	*10	1.8	1.5	1.7
<b>Standardized 1st Transplantation Ratio (STR) *5</b>									
3h STR*6	.	.	.	.	1.20		1.42	1.30	1.00
3i P-value*7	.	.	.	.	0.672		n/a	n/a	n/a
3j Confidence interval for STR*8									
High (97.5% limit)	.	.	.	.	2.28		n/a	n/a	n/a
Low (2.5% limit)	.	.	.	.	0.55		n/a	n/a	n/a
3k STR Percentiles for this Facility (i.e., % of facilities with lower transplantation rates)*9									
In this State	.	.	.	.	40		n/a	n/a	n/a
In this Network	.	.	.	.	53		n/a	n/a	n/a
In the U.S.	.	.	.	.	63		n/a	n/a	n/a

**TABLE 4: Waitlist Summary for Dialysis Patients under Age 70 Treated on December 31st of Each Year\*1, 2011-2014**

Measure Name	This Facility				2011-2014	Regional Averages*2, 2014		
	2011	2012	2013	2014		State	Network	U.S.
4a Eligible patients on 12/31 (n)	69	62	44	38	52.0	44.9	47.5	
4b Patients on the waitlist (% of 4a)	21.7	24.2	27.3	18.4	21.2	19.2	24.1	
4c P-value (compared to U.S. value)*11	0.369	0.553	0.391	0.269	n/a	n/a	n/a	
4d Patients on the waitlist by subgroup (%) *12								
Age < 40	33.3	0.0	0.0	20.0	35.0	30.1	36.1	
Age 40-69	21.2	25.4	27.9	18.2	19.1	17.5	22.5	
Male	27.5	23.5	26.1	9.1	21.7	19.8	25.2	
Female	13.8	25.0	28.6	31.3	20.6	18.5	22.7	
African American	12.5	11.8	0.0	12.5	21.5	19.7	22.5	
Asian/Pacific Islander	23.8	35.3	31.3	21.4	26.7	26.5	35.7	
Native American	.	.	.	.	10.4	14.2	17.7	
White, Hispanic	11.1	0.0	0.0	0.0	21.3	18.3	27.2	
White, non-Hispanic	30.4	31.8	46.7	23.1	20.3	18.6	22.9	
Other/unknown race	.	.	.	.	9.1	10.0	22.6	
Diabetes	18.8	14.8	12.5	15.8	16.0	14.2	19.8	
Non-diabetes	24.3	31.4	45.0	21.1	25.6	23.5	27.7	
Previous kidney transplant	50.0	60.0	75.0	66.7	37.8	33.8	43.6	
No previous kidney transplant	19.0	21.1	22.5	14.3	19.4	17.7	22.4	
< 2 years since start of ESRD	15.2	15.4	11.1	7.7	16.0	14.7	16.3	
2-4 years since start of ESRD	12.5	21.4	27.8	25.0	25.6	23.5	29.0	
5+ years since start of ESRD	40.0	36.4	35.3	23.1	23.1	20.7	27.9	

n/a = not applicable [\*1] See *Guide, Sections VI* (Table 3) and *VII* (Table 4). [\*2] Values are shown for the average facility. [\*3] Values may not sum to 3b due to unknown donor type. [\*4] Among first transplants that occurred after the start of dialysis from 2011-2014, 3.8% of transplants in the U.S. were not included because the transplant occurred fewer than 90 days after the start of ESRD and 1.1% were not included because the patient was not assigned to a facility at time of transplant. [\*5] This section is calculated for the 4-year period only and not reported if there are fewer than 3 expected transplants. [\*6] Standardized 1st Transplantation Ratio calculated as ratio of actual (3f) to expected (3g) 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. [\*11] Facility waitlist percentage is compared to the U.S. waitlist percentage for that year: 24.3% (2011), 24.4% (2012), 24.5% (2013), 24.1% (2014). A p-value greater than 0.05 indicates that the difference between percent of patients waitlisted at the facility and national percentage is plausibly due to random chance. [\*12] A missing value indicates that there were no eligible patients in the subgroup.



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**TABLE 5: Influenza Vaccination Summary for Medicare Dialysis Patients Treated on December 31st of Each Year<sup>\*1</sup>, Flu Seasons August 2011-December 2014**

Measure Name	This Facility				Regional Averages <sup>*2</sup>		
	2011	2012	2013	2014	State	Network	U.S.
<b>2014</b>							
5a Eligible patients on 12/31 (n)	63	59	57	46	53.2	44.4	47.9
5b Patients vaccinated between Aug. 1 and Dec. 31 (% of 5a)	71.4	81.4	80.7	76.1	74.8	74.1	73.6
5c P-value <sup>*3</sup> (for 5b compared to U.S. value <sup>*4</sup> )	0.407	0.036	0.066	0.423	n/a	n/a	n/a
<b>2013</b>							
5d Patients vaccinated between Aug 1 and Mar 31 of following year (% of 5a)	71.4	81.4	80.7	n/a	74.5	72.2	71.7
5e P-value <sup>*3</sup> (for 5d compared to U.S. value <sup>*5</sup> )	0.446	0.051	0.083	n/a	n/a	n/a	n/a
<b>2014</b>							
5f Patients vaccinated between Aug 1 and Dec 31 by subgroup (%) <sup>*6</sup>							
Age < 18	.	.	.	.	40.0	50.0	53.2
Age 18-39	100	66.7	100	66.7	70.1	71.0	70.6
Age 40-64	70.3	85.7	80.6	80.0	75.6	75.2	74.2
Age 65-74	73.3	78.6	76.9	66.7	73.1	72.1	73.1
Age 75+	70.0	71.4	83.3	84.6	77.6	76.0	73.9
Male	62.9	72.4	71.4	79.2	75.3	74.2	73.6
Female	82.1	90.0	89.7	72.7	74.2	74.0	73.5
African American	72.7	84.6	63.6	66.7	73.0	72.1	71.5
Asian/Pacific Islander	72.7	85.0	90.9	83.3	81.2	80.4	76.6
Native American	100	.	.	.	67.1	62.0	79.3
White	69.0	76.9	79.2	73.7	74.1	74.1	74.6
Other/unknown race	.	.	.	.	80.0	69.2	63.9
Hispanic	33.3	66.7	100	0.0	82.2	82.0	75.9
< 1 year since start of ESRD	52.9	88.9	66.7	71.4	65.2	61.2	60.3
1-2 years since start of ESRD	66.7	76.5	77.8	66.7	73.8	73.8	72.9
3+ years since start of ESRD	82.4	81.8	84.8	80.0	77.8	77.8	77.3

n/a = not applicable

<sup>[\*1]</sup> Based on patients with Medicare as primary insurer; see *Guide, Section VIII*.

<sup>[\*2]</sup> Values are shown for the average facility.

<sup>[\*3]</sup> 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.

<sup>[\*4]</sup> Compared to the U.S. value for that year and time period (8/1-12/31): 69.2% (2011), 70.1% (2012), 71.0% (2013), 73.6% (2014).

<sup>[\*5]</sup> Compared to the U.S. value for that year and time period (8/1-3/31): 69.8% (2011), 71.1% (2012), 71.7% (2013).

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

**TABLE 6: Facility Modality, Anemia Management, and Dialysis Adequacy for Medicare Dialysis Patients<sup>\*1</sup>, 2011-2014**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
<b>Modality (among all dialysis patients with ESRD for 90+ days and 1+ claim at this facility)</b>							
6a Patients treated during year (n)	104	129	123	100	93.3	74.7	72.9
6b Patient-months treated during year (n) <sup>*3</sup>	627	757	756	635	681.9	539.6	554.3
6c Modality (% of 6b; sums to 100%)							
Hemodialysis	99.7	100	100	100	83.1	84.0	90.5
CAPD/CCPD	0.0	0.0	0.0	0.0	8.8	11.3	8.4
Other dialysis <sup>*4</sup>	0.3	0.0	0.0	0.0	8.1	4.8	1.1
6d Percent of patient-months prescribed iron by modality <sup>*5</sup>							
Hemodialysis	45.0	48.1	39.6	34.5	54.2	55.7	61.3
CAPD/CCPD	.	.	.	.	21.8	21.5	25.1
<b>Hemoglobin (among ESA-treated dialysis patients with ESRD for 90+ days and 4+ hemoglobin claims at this facility)</b>							
6e Eligible patients (n)	46	55	55	49	49.6	39.4	43.5
6f Average hemoglobin (g/dL)	11.2	10.6	10.4	10.5	10.5	10.5	10.5
6g Hemoglobin categories (% of 6e; sums to 100%)							
< 10 g/dL	0.0	9.1	12.7	8.2	13.0	11.4	14.4
10-<11 g/dL	34.8	65.5	78.2	75.5	71.4	72.1	68.7
11-<12 g/dL	60.9	25.5	7.3	16.3	15.4	16.3	16.7
> 12 g/dL	4.3	0.0	1.8	0.0	0.2	0.3	0.3

(continued)

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**TABLE 6 (cont.): Facility Modality, Hemoglobin, and Dialysis Adequacy for Medicare Dialysis Patients<sup>\*1</sup>, 2011-2014**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
<b>Hemoglobin (among ESA-treated dialysis patients with ESRD for 90+ days and 4+ hemoglobin claims at this facility) (cont.)</b>							
6h Eligible hemodialysis (HD) patients (n) <sup>*6</sup>	46	55	55	49	45.9	36.0	40.8
6i Hemoglobin categories among HD pts (% of 6h; sums to 100%)							
< 10 g/dL	0.0	9.1	12.7	8.2	13.3	11.3	14.1
10-<11 g/dL	34.8	65.5	78.2	75.5	71.0	71.9	68.9
11-12 g/dL	60.9	25.5	7.3	16.3	15.4	16.5	16.8
> 12 g/dL	4.3	0.0	1.8	0.0	0.3	0.3	0.3
6j Eligible peritoneal dialysis (PD) patients (n) <sup>*6</sup>	0	0	0	0	4.4	4.1	3.3
6k Hemoglobin categories among PD pts (% of 6j; sums to 100%)							
< 10 g/dL	.	.	.	.	18.4	20.5	25.7
10-<11 g/dL	.	.	.	.	63.7	63.3	57.1
11-12 g/dL	.	.	.	.	17.1	15.5	16.5
> 12 g/dL	.	.	.	.	0.8	0.7	0.7
<b>Standardized Transfusion Ratio (STrR)</b>							
6l Adult Medicare patients (n)	57	53	66	61	69.3	59.7	61.2
6m Patient years (PY) at risk (n)	24	31	39	35	41.9	35.2	37.9
6n Total transfusions (n)	15	10	18	21	12.9	11.0	15.5
6o Expected total transfusions (n)	11.3	15.2	18.3	15.7	17.4	14.5	15.6
6p Standardized Transfusion Ratio <sup>*11</sup>	1.33	0.66	0.98	1.34	0.74	0.76	1.01
Upper Confidence Limit (97.5%)	3.63	2.19	2.34	2.94	n/a	n/a	n/a
Lower Confidence Limit (2.5%)	0.54	0.23	0.46	0.67	n/a	n/a	n/a
6q P-value <sup>*12</sup>	0.485	0.551	0.990	0.374	n/a	n/a	n/a
<b>Urea Reduction Ratio (URR; among HD patients with ESRD for 183+ days and 4+ URR claims at this facility)<sup>*7</sup></b>							
6r Eligible patients (n)	51	68	62	52	46.8	37.5	41.9
6s URR 65+ (% of 6r; meets a KDOQI guideline)	98.0	97.1	95.2	94.2	98.5	98.6	98.8
<b>Adult Kt/V (K = dialyzer clearance of urea; t = dialysis time; V = patient's total body water)<sup>*8,*9</sup></b>							
6t Eligible adult HD patients (n)	102	122	116	98	77.9	63.2	65.9
6u Eligible adult HD patient-months (n) <sup>*3</sup>	589	700	673	592	530.8	426.8	481.6
6v Adult HD: Average Kt/V <sup>*10</sup>	1.7	1.7	1.7	1.7	1.7	1.7	1.6
6w Kt/V categories among adult HD patients (% of 6u; sums to 100%)							
<1.2	4.1	2.9	3.9	3.9	2.3	2.6	2.5
1.2-<1.4	10.9	9.4	7.7	8.1	10.2	11.0	15.2
1.4-<1.6	25.3	26.3	25.1	21.6	23.7	25.3	28.3
1.6-<1.8	23.6	24.6	26.4	22.6	26.7	27.1	26.1
>= 1.8	29.9	29.1	28.5	35.5	32.3	29.3	23.7
Missing/Out of range/Not performed/Expired	6.3	7.7	8.3	8.3	4.9	4.8	4.2
6x Adult HD: Kt/V >=1.2 (% of 6u) <sup>*10</sup>	89.6	89.4	87.8	87.8	92.8	92.6	93.3
6y Eligible adult peritoneal dialysis (PD) patients (n)	0	0	0	0	8.2	8.4	6.1
6z Eligible adult PD patient-months (n) <sup>*3</sup>	0	0	0	0	61.7	62.7	46.9
6aa Adult PD: Average Kt/V <sup>*10</sup>	.	.	.	.	2.3	2.3	2.2
6ab Kt/V categories among adult PD patients (% of 6z; sums to 100%)							
<1.7	.	.	.	.	5.1	6.7	7.9
1.7-<1.9	.	.	.	.	15.0	13.9	17.5
1.9-<2.2	.	.	.	.	30.6	27.3	26.6
2.2-<2.5	.	.	.	.	19.4	19.2	16.9
>=2.5	.	.	.	.	24.3	25.6	22.7
Missing/Out of range/Not performed/Expired	.	.	.	.	5.7	7.2	8.4
6ac Adult PD: Kt/V >=1.7 (% of 6z) <sup>*10</sup>	.	.	.	.	89.2	86.1	83.7

n/a = not applicable

[\*1] See *Guide, Section IX*. [\*2] Values are shown for the average facility. [\*3] Patients may be counted up to 12 times per year.

[\*4] Other dialysis includes patients who switch between HD and PD during the month and patients for whom modality is unknown or missing.

[\*5] Percent of patient months represented by the corresponding modality percent in 6c. [\*6] Sum of eligible HD and PD patients may not add to 6c.

[\*7] Claims identified as having 4 or more dialysis sessions per week were excluded from the URR calculations. Among eligible claims in the US, less than 2% were excluded due to frequent dialysis in 2011-2014.

[\*8] Claims identified as having 2 or fewer, or 4 or more adult dialysis sessions per week were excluded from the Kt/V calculations.

[\*9] Collection of the measures calculated in this section began in July 2010. Includes patients with Medicare as primary insurer and based on the value code D5: Result of last Kt/V.

[\*10] Values calculated based only on Kt/V values reported in range.

[\*11] Calculated as a ratio of observed transfusions to expected transfusions (6n to 6o); not shown if there are fewer than 10 patient-years at risk for transfusions.

[\*12] 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.

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**TABLE 7: Vascular Access Information <sup>\*1</sup>, CROWNWeb (May 2012 - December 2014)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
<b>Vascular Access</b>							
7a	Prevalent hemodialysis patient-months <sup>*3</sup> (n)	651	945	821	836.0	693.8	767.3
7b	Vascular access type in use (% of 7a; sums to 100%)						
	Arteriovenous fistula	69.3	69.2	61.0	70.7	69.0	62.3
	Arteriovenous graft	14.9	10.9	13.9	12.4	12.8	18.1
	Catheter	15.8	19.9	25.1	16.8	18.1	19.5
	Other/Missing	0.0	0.0	0.0	0.0	0.0	0.0
7c	Arteriovenous fistulae in place (% of 7a) <sup>*4</sup>	70.0	69.6	61.8	72.4	71.3	64.4
7d	Catheter only >= 90 days (% of 7a) <sup>*5</sup>	6.8	7.2	10.1	6.8	7.4	8.7
<b>Vascular Access at First Treatment</b>							
7e	Incident hemodialysis patients (n)	13	25	19	17.9	15.6	17.2
7f	Vascular access type in use (% of 7e; sums to 100%)						
	Arteriovenous fistula	23.1	12.0	15.8	28.7	26.2	18.1
	Arteriovenous graft	0.0	4.0	5.3	4.1	3.9	3.9
	Catheter	76.9	84.0	78.9	67.1	69.8	78.0
	Other/Missing	0.0	0.0	0.0	0.1	0.1	0.0
7g	Arteriovenous fistulae in place (% of 7e) <sup>*4</sup>	23.1	12.0	15.8	30.7	29.8	22.0

**TABLE 8: Dialysis Access Type and Access-Related Infection Summary for Medicare Dialysis Patients <sup>\*1</sup>, 2011 - 2014**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014			
	2011	2012	2013	2014	State	Network	U.S.	
<b>Vascular Access <sup>*6*</sup></b>								
8a	Eligible hemodialysis patient-months (n)	675	796	800	663	609.5	492.2	545.0
8b	Hemodialysis vascular access type (% of 8a)							
	Vascular catheter	14.8	13.1	16.3	24.7	13.9	14.8	16.0
	Arteriovenous graft	2.7	11.6	11.6	10.1	13.0	13.0	19.8
	Arteriovenous fistula only	59.4	67.0	72.1	65.2	73.0	72.1	64.1
	Other (>1) <sup>*8</sup>	23.1	8.4	0.0	0.0	0.0	0.1	0.1
8c	Vascular catheter reported >3 consecutive months	6.9	6.2	11.1	15.7	8.5	9.1	10.2
<b>Hemodialysis (HD)</b>								
8d	Eligible HD patients (n)	111	103	96	82	80.5	66.3	70.8
8e	Eligible HD patient-months <sup>*3</sup>	688	789	764	579	553.1	440.3	494.5
8f	HD infection rate per 100 hemodialysis patient-months <sup>*9</sup>	3.49	2.92	2.75	3.63	1.75	1.63	1.68
8g	P-value <sup>*10</sup> for 8f (compared to U.S. value) <sup>*11</sup>	0.088	0.118	0.056	<0.01	n/a	n/a	n/a
<b>Peritoneal Dialysis (PD)</b>								
8h	Eligible PD patients (n)	0	0	0	0	9.0	9.2	6.9
8i	Eligible PD patient-months <sup>*3</sup>	0	0	0	0	58.5	58.1	45.8
8j	PD catheter infection rate per 100 PD patient-months <sup>*9</sup>	.	.	.	.	3.58	2.87	3.10
8k	P-value <sup>*10</sup> for 8j (compared to U.S. value) <sup>*12</sup>	.	.	.	.	n/a	n/a	n/a

n/a = not applicable

[\*1] See *Guide, Section X* (Table 7) and *Section XI* (Table 8).

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

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

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

[\*5] Catheter was used for treatment and has been in place for 90 days or more prior to treatment. Patient does not have an fistula or graft in place. Catheter is only access. Port access devices are reported as catheters for this project.

[\*6] (Patients listed as graft or catheter may have had fistulae in place for future use, but they actually received their treatment through a graft or catheter.) Based on V modifiers including V5, V6, and V7 for catheter, graft, and fistula (with two needles), respectively.

[\*7] Vascular access section includes adult patients only. Pediatric vascular access data can be found in the pediatric table.

[\*8] Other includes patients with >1 access type; it does not include missing access type.

[\*9] The ICD-9 infection code for HD patients is 996.62. The ICD-9 PD catheter infection code for PD patients is 996.68.

[\*10] A p-value greater than or equal to 0.05 indicates the differences between the percent of patients with infection at the facility and national percentage is plausibly due to random chance.

[\*11] Compared to U.S. value for that year: 2.58 (2011), 2.22 (2012), 1.87 (2013), and 1.68 (2014).

[\*12] Compared to U.S. value for that year: 3.13 (2011), 3.08 (2012), 3.05 (2013), and 3.10 (2014).

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**TABLE 9: Characteristics of New Dialysis Patients\*<sup>1</sup>, 2011-2014 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages* <sup>2</sup> , 2014			
	2011	2012	2013	2014	State	Network	U.S.	
<b>Patient Characteristics</b>								
9a	Total number of patients with forms (n)	33	22	25	19	18.8	17.1	17.5
9b	Average age (years [0-95]) <sup>*3</sup>	63.6	65.9	60.5	61.6	62.7	62.8	63.3
9c	Female (% of 9a)	48.5	31.8	60.0	47.4	43.0	41.9	42.5
9d	Race (% of 9a; sums to 100%) <sup>*4</sup>							
	African-American	18.2	22.7	12.0	15.8	8.2	5.7	26.7
	Asian/Pacific Islander	9.1	31.8	36.0	47.4	12.2	9.0	5.0
	Native American	0.0	0.0	0.0	0.0	1.5	2.5	0.9
	White	72.7	45.5	52.0	36.8	77.3	82.3	67.0
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.8	0.5	0.3
9e	Hispanic (% of 9a)	12.1	4.5	12.0	0.0	7.8	7.9	15.0
9f	Primary cause of ESRD (% of 9a; sums to 100%)							
	Diabetes	36.4	45.5	64.0	36.8	49.1	47.7	47.1
	Hypertension	18.2	18.2	8.0	10.5	18.6	18.5	30.0
	Primary glomerulonephritis	18.2	9.1	16.0	21.1	10.8	11.4	7.5
	Other/Unknown	27.3	27.3	12.0	31.6	21.6	22.4	15.5
9g	Medical coverage (% of 9a; sums to 100%)							
	Employer group only	9.1	9.1	12.0	21.1	12.3	12.2	12.6
	Medicare only	18.2	13.6	28.0	26.3	25.0	27.8	29.6
	Medicaid only	27.3	13.6	0.0	15.8	12.1	11.6	12.2
	Medicare and Medicaid only	12.1	27.3	16.0	15.8	13.6	11.4	13.5
	Medicare and other	18.2	18.2	8.0	0.0	22.9	22.0	19.5
	Other/Unknown	3.0	9.1	20.0	21.1	11.3	10.8	7.2
	None	12.1	9.1	16.0	0.0	2.7	4.2	5.3
9h	Body Mass Index <sup>*5</sup> (Median; Weight/Height <sup>2</sup> )							
	Male	26.1	26.6	22.6	23.0	28.1	28.2	27.8
	Female	33.4	25.7	31.2	27.0	29.0	29.0	29.0
9i	Employment <sup>*6</sup>							
	Six months prior to ESRD treatment	6.7	33.3	50.0	42.9	32.1	32.4	30.6
	At first ESRD treatment	6.7	16.7	8.3	0.0	25.1	24.7	21.8
9j	Primary modality (% of 9a; sums to 100%)							
	Hemodialysis	100	100	100	100	90.8	87.5	90.2
	CAPD/CCPD	0.0	0.0	0.0	0.0	9.2	12.5	9.8
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0
9k	Number of incident hemodialysis patients (n)	33	22	25	19	17.1	14.9	15.8
9l	Access used at first outpatient dialysis (% of 9k; sums to 100%)							
	Arteriovenous fistula	39.4	27.3	16.0	15.8	27.5	25.7	16.7
	Arteriovenous graft	0.0	4.5	8.0	0.0	3.7	3.6	2.9
	Catheter	60.6	68.2	76.0	84.2	68.5	70.2	80.1
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.4	0.4	0.3
9m	Arteriovenous fistula placed (% of 9k)	57.6	59.1	48.0	52.6	44.7	44.2	33.8
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>								
9n	Hemoglobin (g/dL [3-18])	9.6	9.3	9.3	8.7	9.5	9.6	9.4
9o	Serum albumin (g/dL [0.8-6.0])	3.5	3.5	3.4	3.4	3.3	3.3	3.1

(continued)

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**TABLE 9 (cont.): Characteristics of New Dialysis Patients<sup>\*1</sup>, 2011-2014 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>							
9p Serum creatinine (mg/dL [2-33])	7.2	6.3	8.0	8.2	6.5	6.2	6.5
9q GFR (mL/min [0-60])	9.4	10.4	8.1	7.9	10.1	10.6	10.7
<b>Care Prior to ESRD Therapy</b>							
9r Received ESA prior to ESRD (% of 9a)	42.4	40.9	24.0	36.8	21.7	21.1	14.2
9s Pre-ESRD nephrologist care (% of 9a; sums to 100%) <sup>*8</sup>							
No	24.2	27.3	24.0	42.1	18.8	19.5	24.9
Yes, < 6 months	18.2	13.6	28.0	10.5	17.6	15.2	13.3
Yes, 6-12 months	9.1	13.6	16.0	10.5	18.4	19.7	18.7
Yes, > 12 months	45.5	45.5	32.0	31.6	41.8	41.2	29.4
Unknown/Missing	3.0	0.0	0.0	5.3	3.5	4.4	13.6
9t Informed of transplant options (% of 9a)	39.4	22.7	60.0	42.1	70.4	74.3	83.4
9u Patients not informed of transplant options (n)	20	17	10	11	5.2	4.0	2.5
9v Reason not informed (% of 9u; may not sum to 100%)							
Medically unfit	35.0	47.1	20.0	54.5	45.9	46.8	35.9
Unsuitable due to age	10.0	5.9	10.0	0.0	10.2	13.6	25.3
Psychologically unfit	5.0	5.9	0.0	9.1	3.0	3.1	3.2
Patient declined information	0.0	0.0	0.0	0.0	1.4	1.5	1.9
Patient has not been assessed	60.0	35.3	70.0	27.3	37.1	37.1	39.7
<b>Comorbid Conditions</b>							
9w Pre-existing comorbidity (% yes of 9a)							
Congestive heart failure	33.3	40.9	52.0	31.6	29.9	29.0	29.3
Atherosclerotic heart disease <sup>*7</sup>	30.3	31.8	28.0	26.3	18.9	19.8	14.8
Other cardiac disorder <sup>*7</sup>	12.1	18.2	12.0	21.1	19.9	17.8	19.4
CVD, CVA, TIA	15.2	22.7	16.0	5.3	10.1	9.4	8.3
Peripheral vascular disease	27.3	31.8	28.0	31.6	11.5	12.3	10.8
History of hypertension	90.9	90.9	88.0	84.2	85.7	85.3	87.4
Diabetes <sup>*7</sup>	66.7	59.1	68.0	57.9	62.2	60.4	61.6
Diabetes on insulin	42.4	36.4	56.0	52.6	46.3	43.9	40.8
COPD	15.2	13.6	4.0	0.0	7.9	7.7	9.4
Current smoker	9.1	13.6	8.0	15.8	6.6	7.1	6.0
Cancer	9.1	18.2	4.0	10.5	8.5	8.6	7.0
Alcohol dependence	3.0	0.0	4.0	5.3	1.7	1.7	1.4
Drug dependence	12.1	0.0	16.0	0.0	2.2	1.8	1.1
Inability to ambulate	3.0	4.5	4.0	5.3	4.8	4.4	6.8
Inability to transfer	0.0	0.0	0.0	5.3	2.0	2.0	3.7
9x Average number of comorbid conditions	3.7	3.8	3.9	3.5	3.2	3.1	3.1

n/a= not applicable

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

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

[\*3] For continuous variables, summaries include only responses in range indicated in brackets.

[\*4] 'Asian' includes Indian sub-continent. 'Native American' includes Alaskan Native. 'White' includes Middle Eastern and Arabian.

[\*5] The median BMI is computed for adult patients at least 20 years old with height, weight and BMI values in acceptable ranges. Acceptable range for height, weight and BMI are 122-208cm, 32-318 kg and 10-55 respectively.

[\*6] Full-time, part-time, or student (% of 18-60 year olds).

[\*7] '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.

[\*8] Values may not sum to exactly 100% because of patients that received nephrology care but duration unknown. (0.03% in US in 2014).

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**TABLE 10: Summaries for All Dialysis Patients Treated as of December 31st of Each Year<sup>\*1</sup>, 2011-2014**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
10a Patients treated on 12/31 (n)	78	72	70	61	71.2	61.3	66.0
10b Average age (years)	58.5	59.6	62.1	64.0	61.3	61.2	61.6
10c Age (% of 10a; sums to 100%)							
< 18	0.0	0.0	0.0	0.0	0.4	0.3	0.3
18-64	69.2	65.3	60.0	49.2	54.3	54.4	54.8
65+	30.8	34.7	40.0	50.8	45.4	45.2	45.0
10d Female (% of 10a)	43.6	43.1	45.7	47.5	44.4	43.4	43.9
10e Race (% of 10a; sums to 100%) <sup>*3</sup>							
African American	21.8	18.1	17.1	16.4	12.0	8.5	36.0
Asian/Pacific Islander	28.2	27.8	32.9	39.3	13.4	9.6	5.5
Native American	1.3	0.0	0.0	0.0	1.5	3.1	1.2
White	48.7	54.2	50.0	44.3	73.0	78.6	57.1
Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.2	0.2	0.2
10f Ethnicity (% of 10a; sums to 100%)							
Hispanic	14.1	15.3	12.9	9.8	12.1	11.9	18.2
Non-Hispanic	85.9	84.7	87.1	90.2	87.8	88.1	81.7
Unknown	0.0	0.0	0.0	0.0	0.1	0.1	0.1
10g Primary Cause of ESRD (% of 10a; sums to 100%)							
Diabetes	44.9	51.4	55.7	50.8	45.6	44.7	44.9
Hypertension	15.4	11.1	12.9	16.4	22.2	22.3	32.2
Glomerulonephritis	20.5	22.2	14.3	18.0	15.9	16.6	11.2
Other/Unknown	19.2	15.3	17.1	14.8	16.1	16.2	10.9
Missing	0.0	0.0	0.0	0.0	0.2	0.2	0.8
10h Average duration of ESRD (years)	5.3	5.9	5.7	5.2	4.9	4.8	4.8
10i Years since start of ESRD (% of 10a; sums to 100%)							
< 1	21.8	9.7	14.3	18.0	16.2	16.8	16.1
1-2	15.4	26.4	12.9	14.8	18.0	18.2	17.1
2-3	10.3	9.7	17.1	4.9	14.3	14.1	13.6
3-6	25.6	25.0	27.1	32.8	26.0	26.0	26.8
6+	26.9	29.2	28.6	29.5	25.5	24.8	26.5
10j Nursing home patients (% of 10a) <sup>*4</sup>	6.4	4.2	18.6	29.5	13.1	12.9	14.1
10k Modality (% of 10a; sums to 100%)							
In-center hemodialysis	98.7	100	95.7	96.7	85.2	83.2	87.8
Home hemodialysis	1.3	0.0	0.0	1.6	3.3	2.9	1.8
Continuous ambulatory peritoneal dialysis	0.0	0.0	1.4	1.6	1.6	2.2	1.7
Continuous cycling peritoneal dialysis	0.0	0.0	1.4	0.0	9.6	11.3	8.2
Other modality <sup>*5</sup>	0.0	0.0	1.4	0.0	0.4	0.4	0.4

n/a = not applicable

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

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

[\*3] 'Asian' includes Indian sub-continent. 'Native American' includes Alaskan Native. 'White' includes Middle Eastern and Arabian.

[\*4] Includes patients who were also treated by a nursing facility at any time during the year. The source of nursing facility history of patients is the Nursing Home Minimum Dataset.

[\*5] Other modality includes other dialysis, uncertain modality, and patients not on dialysis but still temporarily assigned to the facility (discontinued dialysis, recovered renal function, and lost to follow up).

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**TABLE 11: Comorbidities Reported on Medicare Claims for Medicare Dialysis Patients Treated as of December 31st of Each Year<sup>\*1</sup>, 2011-2014**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
11a Medicare dialysis patients on 12/31 (n)	59	59	59	49	54.7	46.5	50.7
11b Comorbidity (% yes of 11a)							
<b>Infections</b>							
AIDS/HIV positive	0.0	0.0	0.0	0.0	0.6	0.5	1.8
Dialysis access-related	22.0	18.6	16.9	16.3	12.3	11.6	12.4
Hepatitis B	8.5	11.9	13.6	14.3	1.0	1.0	2.3
Hepatitis other	13.6	15.3	8.5	12.2	6.0	5.4	6.0
Metastatic	5.1	3.4	11.9	10.2	3.9	3.8	3.8
Pneumonia	8.5	3.4	3.4	4.1	5.3	5.1	5.7
Tuberculosis	1.7	1.7	1.7	2.0	0.6	0.4	0.6
Other	39.0	54.2	59.3	53.1	40.1	39.9	44.9
<b>Cardiovascular</b>							
Cardiac arrest	1.7	0.0	1.7	4.1	1.3	1.4	1.6
Cardiac dysrhythmia	44.1	49.2	39.0	44.9	34.7	34.3	37.1
Cerebrovascular disease	15.3	28.8	28.8	28.6	23.3	20.8	25.7
Congestive heart failure	44.1	50.8	50.8	57.1	45.8	44.9	51.1
Ischemic heart disease	49.2	64.4	54.2	49.0	41.1	41.7	48.8
Myocardial infarction	8.5	10.2	15.3	12.2	7.2	7.3	8.8
Peripheral vascular disease <sup>*3</sup>	45.8	55.9	50.8	44.9	39.2	37.0	42.7
<b>Other</b>							
Alcohol dependence	3.4	1.7	5.1	4.1	3.2	3.3	3.0
Anemia	6.8	5.1	5.1	0.0	4.1	4.4	8.1
Cancer	15.3	13.6	10.2	14.3	10.1	10.2	10.9
Chronic obstructive pulmonary disease	32.2	35.6	32.2	22.4	29.2	29.9	32.0
Diabetes	59.3	74.6	61.0	65.3	60.3	59.6	64.9
Drug dependence	10.2	5.1	8.5	10.2	5.2	5.0	2.6
Gastrointestinal tract bleeding	1.7	0.0	1.7	2.0	2.9	2.7	3.1
Hyperparathyroidism	93.2	98.3	98.3	98.0	90.1	86.5	88.4
11c Average number of comorbid conditions	5.3	6.0	5.8	5.7	4.7	4.6	5.1

n/a = not applicable

[\*1] Based on patients with Medicare as primary insurer on 12/31 each year. See *Guide, Section XIV*.

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

[\*3] Peripheral vascular disease includes venous, arterial and nonspecific peripheral vascular diseases.

**TABLE 12: How Patients Were Assigned to This Facility and End of Year Patient Status<sup>\*1</sup>, 2011-2014**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
12a Number of patients placed in facility <sup>*1</sup> (n)	103	113	108	94	102.3	88.5	90.3
12b Initial patient placement for the year (% of 12a; sums to 100%)							
Continuing at facility on 01/01	59.2	69.0	66.7	73.4	68.7	67.7	70.8
Incident (new to ESRD)	20.4	17.7	22.2	18.1	17.3	17.5	17.8
Transferred into facility	20.4	13.3	11.1	8.5	14.0	14.7	11.4
12c Patient status at end of year (% of 12a; sums to 100%)							
Alive in this facility on 12/31	75.7	63.7	64.8	64.9	69.6	69.3	73.2
Alive in another facility on 12/31	14.6	15.9	18.5	10.6	10.5	11.2	8.5
Received a transplant	1.9	2.7	3.7	2.1	3.4	3.0	2.4
Died; death attributed to this facility	2.9	12.4	10.2	17.0	13.3	12.8	12.5
Died; death attributed to another facility	1.9	2.7	0.9	3.2	1.3	1.6	1.4
Other <sup>*3</sup>	2.9	2.7	1.9	2.1	1.9	2.1	2.2

[\*1] Patient assignment for Tables 1, 2, 3, 10, 11 and 12 only. See *Guide, Section XV*.

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

[\*3] Also includes dialysis unrelated deaths. Dialysis unrelated deaths are not attributed to any facility for the purposes of the mortality calculations in this report.

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**TABLE 13: Patient and Staff Counts from the Annual Facility Survey (Form CMS-2744) <sup>\*1</sup>, 2011-2014**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
<b>Patients Treated During the Year</b>							
13a Patients treated during year (n)	157	143	131	115	118.1	101.7	103.2
13b Incident patients (% of 13a)	21.7	17.5	20.6	17.4	16.5	17.4	16.8
13c Transferred into facility (% of 13a)	36.3	17.5	11.5	15.7	17.8	17.0	15.1
13d Transferred out of facility (% of 13a)	35.7	23.1	26.7	22.6	17.1	17.1	14.9
<b>Patients Treated on 12/31</b>							
13e Patients treated (n)	92	87	76	68	78.7	67.6	71.7
13f Patient modality (n; sums to 13e)							
In-center HD	92	87	76	68	67.5	56.7	63.3
Frequency <= 4 times per week	92	87	76	68	67.4	56.7	63.3
Frequency > 4 times per week	0	0	0	0	0.0	0.0	0.0
In-center CAPD <sup>*3</sup>	0	0	0	0	0.0	0.0	0.0
In-center CCPD <sup>*3</sup>	0	0	0	0	0.0	0.0	0.0
In-center Other <sup>*3</sup>	0	0	0	0	0.1	0.0	0.0
Home HD	0	0	0	0	2.4	1.8	1.3
Frequency <= 4 times per week	0	0	0	0	0.5	0.3	0.5
Frequency > 4 times per week	0	0	0	0	1.9	1.4	0.8
Home CAPD	0	0	0	0	1.3	1.6	1.4
Home CCPD	0	0	0	0	7.4	7.4	5.7
Home Other <sup>*3</sup>	0	0	0	0	0.0	0.0	0.0
13g Vocational rehabilitation: Patients aged 18-54 (n)	32	27	20	20	23.2	20.1	21.2
Employed (full or part-time) (% of 13g)	31.3	18.5	35.0	30.0	25.1	23.8	16.0
Attending school (full or part-time) (% of 13g)	0.0	0.0	0.0	0.0	2.9	3.3	1.1
13h Medicare eligibility status (% of 13e; sums to 100% <sup>*4</sup> )							
Medicare	75.0	77.0	84.2	72.1	84.9	87.7	74.8
Medicare application pending	14.1	2.3	0.0	0.0	1.0	1.1	1.4
Non-Medicare	10.9	20.7	15.8	27.9	14.1	11.2	23.8
<b>Facility Staffing on 12/31 <sup>*5</sup></b>							
13i Total full and part time staff positions (n)	18	20	23	18	18.6	15.7	14.4
13j Staff positions by type (n; sums to 13i)							
Full time nurse <sup>*6</sup>	8	8	9	8	4.8	4.4	5.0
Full time patient care technician	6	5	9	4	6.6	6.0	5.6
Full time renal dietician	0	0	0	0	0.5	0.5	0.6
Full time social worker	0	0	0	0	0.5	0.5	0.6
Part time nurse <sup>*6</sup>	1	1	1	1	2.3	1.4	0.8
Part time patient care technician	1	4	2	3	2.4	1.4	0.7
Part time renal dietician	1	1	1	1	0.8	0.7	0.5
Part time social worker	1	1	1	1	0.7	0.7	0.5

[\*1] See Guide, Section XVI

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

[\*3] Due to rounding, regional average may be slightly greater than 0 (<0.05).

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

[\*5] Data as of May 31, 2015. A *full time position* is defined as a position with at least 32 hours of employment per week, and a *part time position* is defined as a position with less than 32 hours of employment per week (includes positions that were opened but not filled on this date).

[\*6] Nursing staff includes registered nurse, licensed practical nurse, vocational nurse, or advanced practice nurse degree.



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**TABLE 14: CROWNWeb Clinical Data <sup>\*1</sup>, May 2012-2014**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
14a Eligible patients (n) <sup>*3</sup>		95	93	80	95.7	82.4	85.2
14b Eligible patient-months (n) <sup>*4</sup>		572	794	680	817.6	699.6	751.7
14c Eligible HD patients (n) <sup>*5</sup>		95	93	80	85.4	71.7	78.3
14d Eligible HD patient-months (n) <sup>*4</sup>		572	794	680	726.2	604.8	689.2
14e Eligible PD patients (n) <sup>*5</sup>		0	0	0	21.3	21.3	20.5
14f Eligible PD patient-months (n) <sup>*4</sup>		0	0	0	168.4	165.4	163.1
<b>Hemodialysis Adequacy <sup>*9</sup></b>							
14g Eligible HD Kt/V patients (n) <sup>*7</sup>		86	86	70	69.5	56.6	62.3
14h Eligible HD Kt/V patient-months (n) <sup>*7</sup>		510	682	560	520.0	408.6	488.3
14i Average Kt/V <sup>*6</sup> (average of 14h)		1.7	1.7	1.7	1.7	1.7	1.6
14j Kt/V categories (% of 14h; sums to 100%)							
<1.2		2.7	5.3	3.0	2.2	2.3	2.2
1.2-<1.8		63.9	59.4	59.3	57.0	57.3	60.5
>=1.8		30.8	30.8	35.9	32.4	30.5	25.1
Missing/Out of range		2.5	4.5	1.8	8.4	9.9	12.2
14k Average normalized protein catabolic rate (nPCR) <sup>*6</sup> (average of 14d)		1.1	1.1	1.1	1.0	1.0	0.9
14l nPCR Missing/Out of range (% of 14d)		7.2	4.0	2.2	27.3	27.1	35.3
14m Ultrafiltration Rate: Average <sup>*6</sup> (ml/kg/hr) (average of 14d)		5.8	5.5	5.5	7.2	7.6	8.4
14n Ultrafiltration Rate categories (% of 14d; sums to 100%)							
<=13 (ml/kg/hr)		84.6	88.7	91.3	64.9	62.1	55.3
>13 (ml/kg/hr)		5.1	3.8	3.2	6.3	7.1	8.9
Missing/Out of range		10.3	7.6	5.4	28.8	30.8	35.8
<b>Peritoneal Dialysis Adequacy <sup>*8 *9</sup></b>							
14o Average weekly Kt/V <sup>*6</sup> (average of 14f)		.	.	.	2.3	2.3	2.3
14p Weekly Kt/V categories (% of 14f; sums to 100%)							
<1.7		.	.	.	3.7	4.6	5.6
1.7-<2.5		.	.	.	57.8	55.5	54.0
>=2.5		.	.	.	24.6	26.7	22.4
Missing/Out of range		.	.	.	13.8	13.2	18.1
14q Average normalized protein catabolic rate (nPCR) <sup>*6</sup> (average of 14f)		.	.	.	0.9	0.9	0.8
14r nPCR Missing/Out of range (% of 14f)		.	.	.	37.7	34.1	45.6
<b>Anemia</b>							
14s Average hemoglobin <sup>*6</sup> (g/dL) (average of 14b)		11.0	10.8	10.8	10.8	10.9	10.8
14t Hemoglobin categories (% of 14b; sums to 100%)							
<10 g/dL		19.2	24.4	22.6	19.9	18.5	20.2
10-<11 g/dL		28.0	33.1	32.5	36.2	35.0	34.8
11-12 g/dL		29.0	23.3	29.3	28.4	28.6	27.4
>12 g/dL		18.5	16.5	14.7	11.9	13.5	11.4
Missing/Out of range		5.2	2.6	0.9	3.6	4.4	6.2
14u ESA prescribed (% of 14b)		85.8	92.8	90.7	75.4	65.6	65.6

(continued)

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**TABLE 14 (cont.): CROWNWeb Clinical Data <sup>\*1</sup>, May 2012-2014**

Measure Name	This Facility				Regional Averages <sup>**2</sup> , 2014		
	2011	2012	2013	2014	State	Network	U.S.
<b>Iron</b>							
14v Average reticulocyte hemoglobin content (CHr) <sup>*6</sup> (average of 14b)	.	.	.	.	33.4	33.4	31.0
14w CHr categories (% of 14b; sums to 100%)							
<29 pg		0.0	0.0	0.0	0.0	0.1	0.4
>=29 pg		0.0	0.0	0.0	0.6	2.9	2.0
Missing/Out of range		100	100	100	99.4	97.0	97.7
14x Average transferrin saturation (TSAT) <sup>*6</sup> (average of 14b)	34.4	31.0	32.6	32.6	30.9	31.1	32.3
14y TSAT categories (% of 14b; sums to 100%)							
<20%		5.2	8.2	7.9	11.1	12.3	10.7
>=20%		35.1	32.1	32.6	52.3	61.1	67.0
Missing/Out of range		59.6	59.7	59.4	36.6	26.6	22.3
14z Average ferritin <sup>*6</sup> (ng/ml) (average of 14b)	1045.3	1118.3	1139.0	1139.0	870.5	828.6	848.0
14aa Ferritin categories (% of 14b; sums to 100%)							
<200 ng/ml		0.5	0.3	0.4	2.3	3.0	2.7
>=200 ng/ml		39.7	40.6	40.1	49.1	49.6	48.4
Missing/Out of range		59.8	59.2	59.4	48.6	47.5	48.9
14ab Intravenous iron prescribed (% of 14b)	63.8	64.1	54.1	54.1	55.5	49.5	51.0
14ac Oral iron prescribed (% of 14b)	0.0	0.0	0.3	0.3	1.6	1.2	1.0
<b>Mineral Metabolism</b>							
14ad Average phosphorous <sup>*6</sup> (mg/dL) (average of 14b)	5.5	5.6	5.9	5.9	5.3	5.3	5.2
14ae Phosphorous categories (% of 14b; sums to 100%)							
<3.5 mg/dL		5.6	8.4	4.1	8.2	8.1	8.9
3.5-4.5 mg/dL		21.9	20.2	18.2	24.8	25.0	25.0
4.6-5.5 mg/dL		25.7	23.2	25.4	28.5	28.6	28.8
5.6-7.0 mg/dL		27.8	28.0	31.0	21.7	21.0	19.4
>7.0 mg/dL		13.5	17.6	20.0	13.3	12.6	11.0
Missing/Out of range		5.6	2.6	1.2	3.6	4.8	7.0
14af Average calcium uncorrected <sup>*6</sup> (mg/dL) (average of 14b)	9.0	9.1	9.2	9.2	9.0	9.0	9.0
14ag Calcium uncorrected categories (% of 14b; sums to 100%)							
<8.4 mg/dL		18.7	14.0	9.4	14.8	14.1	14.9
8.4-10.2 mg/dL		71.5	76.7	82.9	76.9	76.3	73.6
>10.2 mg/dL		4.2	6.7	6.5	4.5	4.6	4.2
Missing/Out of range		5.6	2.6	1.2	3.8	5.0	7.4

n/a = not applicable.

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

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

[\*3] 14a includes those who switch between HD and PD during the month and patients for whom modality is unknown.

[\*4] Patients may be counted up to 12 times per year.

[\*5] Sum of eligible HD and PD patients may not add to 14a.

[\*6] Based on in-range values; see *Guide* for range values.

[\*7] Kt/V summaries are restricted to patients who dialyze thrice weekly.

[\*8] The PD Adequacy section uses the most recent value over a 4-month look-back period. Therefore, reporting for PD in this table begins with August 2012 which includes a look-back through May 2012.

[\*9] A missing value indicates that there were no eligible patients in the subgroup.

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**TABLE 15: Survey and Certification Activity<sup>\*1</sup>**

Measure Name	This Facility	Regional Averages		
		State	Network	U.S.
15a Date of last survey	06/26/2013	n/a	n/a	n/a
15b Type of last survey	Recertification	n/a	n/a	n/a
15c Compliance condition after last survey	Meets requirements	n/a	n/a	n/a
15d Number of deficiencies cited at last survey				
Condition for coverage (CfC) deficiencies	0	0.1	0.3	0.3
Standard deficiencies	8	8.2	5.6	5.9
15e CfC deficiencies cited at last survey <sup>*2</sup>				
V100 Compliance with Fed., State, and Local Laws	No, not cited	0.0	0.0	0.0
V110 Infection Control	No, not cited	1.2	2.5	5.9
V175 Water and Dialysate Quality	No, not cited	3.5	4.4	3.6
V300 Reuse of Hemodialysis and Bloodlines	No, not cited	0.0	0.0	0.4
V400 Physical Environment	No, not cited	0.0	1.5	2.4
V450 Patient Rights	No, not cited	0.0	0.5	0.3
V500 Patient Assessment	No, not cited	0.0	1.0	2.2
V540 Patient Plan of Care	No, not cited	0.0	3.0	2.8
V580 Care at Home	No, not cited	0.0	0.5	0.5
V625 Quality Assessment & Performance Improvement	No, not cited	1.2	3.4	4.4
V660 Special Purpose Renal Dialysis Facilities	No, not cited	0.0	0.0	0.0
V675 Laboratory Services	No, not cited	0.0	0.0	0.0
V680 Personnel Qualifications	No, not cited	0.0	1.5	0.7
V710 Responsibilities of the Medical Director	No, not cited	1.2	3.0	3.8
V725 Medical Records	No, not cited	0.0	0.5	0.3
V750 Governance	No, not cited	5.8	4.4	3.5

n/a = not applicable

[\*1] See *Guide, Section XVIII*. Data on this table 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.

[\*2] Regional values are the percentage of surveys that were cited for the respective CfC deficiency.

**TABLE 16: Facility Information<sup>\*1</sup>, 2015**

Characteristic	This Facility
Ownership	Non-profit
Organization	NORTHWEST KIDNEY CENTERS
Initial Medicare certification date	09/21/1998
Number of stations	10
Services provided	Hemodialysis
Shifts after 5:00 pm	Yes
Dialyzer Reuse	
CMS Certification Number (CCN) included in this report	502523
National Provider Identifier (NPI) <sup>*2</sup>	1164515797

[\*1] Information based on data reported in CROWNWeb as of June, 2015. If missing, data were not available.

[\*2] Information based on CROWNWeb data as of December 2014. If missing, data were not available.