

## 2010 Dialysis Facility Report

### Purpose of the Report

Enclosed is the *2010 Dialysis Facility Report (DFR)* for this facility, based on data from the Centers for Medicare & Medicaid Services (CMS).

### **This DFR includes data specific to provider number(s): 502516**

These data could be useful in quality improvement and assurance activities. The information contained in this report facilitates comparisons of patient characteristics, treatment patterns, transplantation rates, hospitalization rates, and mortality rates to local and national averages. Some of these comparisons account for the patient mix at this facility, including age, sex, race, and diabetic status. This report 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.

In September 2010, each state's surveyors will receive the DFR for all dialysis facilities in their state.

This report also provides you with advance notice of the updated quality measures (urea reduction ratio, hemoglobin, and patient survival) for your facility that will be reported on the Dialysis Facility Compare (DFC) website in November 2010 ([www.medicare.gov](http://www.medicare.gov)).

### Collaborators

CMS has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) and Arbor Research Collaborative for Health to produce the *2010 Dialysis Facility Reports*.

### How to Submit Comments

**Between July 12, 2010 and August 18, 2010**, you may submit comments for CMS on the three DFC measures, for your state surveyor, or for UM-KECC. Please visit [www.DialysisReports.org](http://www.DialysisReports.org), log on to view your report, and click **Comments**.

- **Dialysis Facility Compare:** Comment on the three DFC measures (see page 2) which will be reported on the DFC public website in November 2010. The comment period begins July 12, 2010 and ends August 18, 2010. Your comments will **not** appear on the DFC website.
- **State Surveyor:** Comment on your DFR for the state surveyors. The state surveyors will receive a copy of your DFR in September 2010 with your comments.
- **UM-KECC:** Submit questions about your DFR to UM-KECC. You can also submit your suggestions to improve the DFR.

**Dear Dialysis Facility Director:**

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). It is the fifteenth in a series of annual reports. This is one of 5,703 reports that have been sent to the ESRD Networks for distribution to ESRD providers in the U.S. Your state survey agency will receive this report in September 2010. Selected highlights from this report are given here. The information specific to this facility is printed in **bold type** for easy identification.

**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 your 2010 DFR. An important change to the report this year is that the standardized mortality (SMR), hospitalization (SHR), and transplantation (STR) statistics are now compared to the US mortality, hospitalization, and transplantation rates for the same year, respectively, rather than to the entire 4-year period. Infections are now reported as either dialysis access-related or not related to dialysis access in Table 9. We will begin reporting the survey information based on the updated ESRD Conditions of Coverage that were mandated in October 2008. This year we have created a Supplement to the 2010 DFRs that includes data for pediatric patients, influenza vaccination summaries for Medicare dialysis patients, supplementary hospitalization measures, and graphical displays of selected measures from the DFR. Please refer to the section entitled "What's New" in Section I of the *Guide to the 2010 Dialysis Facility Reports* for greater detail on these changes.

**Dialysis Facility Compare:** Anemia management is reported as two measures: the percent of patients with hemoglobin values of less than 10 g/dL and the percent of patients with hemoglobin values greater than 12 g/dL. The URR and hemoglobin measures were calculated for Medicare approved dialysis facilities operating at any time during 2009. The hemoglobin measures were calculated only for patients treated with erythropoiesis stimulating agents (ESA). The patient survival measure was calculated for Medicare approved dialysis facilities operating at any time from 2006 through 2009. The following measures for this facility will appear on the DFC website:

Measure Name	This Facility
<b>1. The percentage of Medicare hemodialysis patients treated in this facility during 2009 with URR ≥ 65%</b> <i>Number of patients included in calculation: 50</i>	<b>100%</b>
<b>2. The percentage of Medicare patients treated in this facility during 2009 with ESA-treated hemoglobin &lt;10 g/dL</b> <b>with ESA-treated hemoglobin &gt;12 g/dL</b> <i>Number of patients included in calculation: 54</i>	<b>2%</b> <b>22%</b>
<b>3. Patient survival reported as "as expected," "better than expected," or "worse than expected" for the time period 2006-2009 for this facility</b> <i>Standardized Mortality Ratio (SMR): 0.96</i> <i>P-value: 0.81</i>	<b>As Expected</b>

Please see Table 5 for more information on URR and ESA-treated hemoglobin for this facility. URR and ESA-treated hemoglobin measures based on 10 or fewer patients will be reported as "not available" on DFC. Table 1 provides additional information on patient survival. If the Standardized Mortality Ratio (SMR) is less than 1.00 and statistically significant (p<0.05), the patient survival classification is "Better than Expected" on DFC. If the facility SMR is greater than 1.00 and statistically significant (p<0.05), the patient survival classification is "Worse than Expected" on DFC. Otherwise, the patient survival classification is "As Expected" on DFC. Please note that the classification is not reported for a facility if the SMR is based on 3 or fewer expected deaths.

**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 2006 and December 2009. 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, including age, sex, race, ethnicity, and diabetes as a cause of ESRD. Unless otherwise specified, data refer to hemodialysis and peritoneal dialysis patients combined.

Summary data about the percent of patients with URR of 65% or higher and with central catheters are included, as suggested by Kidney Disease Outcomes Quality Initiative (KDOQI) Clinical Practice Guidelines. Summary data about the percent of patients with hemoglobin from 10 g/dL to 12 g/dL are also reported. These practice pattern measures are strongly correlated with the mortality and hospitalization measures found in these reports. Note that elevated mortality or hospitalization rates may be due to a variety of causes unrelated to clinical practices, so it may not always be possible to identify clinical practices that explain those rates.

**Mortality:** Mortality summaries are provided in Table 1. A Standardized Mortality Ratio (SMR) is calculated for each facility. Although mortality statistics can vary substantially from year to year, they are reported here as a key outcome for dialysis patients. The SMR compares the observed death rate in this facility to the death rate that would be expected based on national death rates for patients with the characteristics of the patients at this facility. Time at risk and deaths within 60 days after transfer out of this facility are attributed to this facility. Time at risk and deaths after transplantation are excluded from the analysis. The SMR is adjusted for patient age, sex, race, ethnicity, diabetes as a cause of ESRD, duration of ESRD, nursing home status, BMI at incidence, comorbidities at incidence, and state population death rates. Additionally, each year's estimate is compared to the US mortality rates for the same year. The rate of withdrawal from dialysis and the percentage of deaths due to infection and cardiac related deaths are reported in the table to help in the interpretation of the mortality outcomes.

**There was a 20% annual observed death rate among the patients treated at this facility during 2006-2009, while a rate of 21% would be expected after adjustment for the factors listed above. The SMR of observed to expected deaths is 0.96, which is not far (4%) below the national reference value of 1.00.**

**First Year Mortality:** Mortality summaries for new dialysis patients are also provided in Table 1. The first year SMR compares the observed death rate in this facility to the death rate that would be expected based on national death rates for new dialysis patients with the characteristics of the patients at this facility. Similar to the mortality of all patients, the SMR for new dialysis patients is adjusted for patient age, sex, race, ethnicity, diabetes as a cause of ESRD, nursing home status, BMI at incidence, comorbidities at incidence, and state population death rates. Additionally, each year's estimate is compared to the US mortality rates for the same year. The rate of withdrawal from dialysis and the percentage of deaths due to infection and cardiac related deaths are also reported to facilitate the interpretation of the mortality outcomes.

**There was a 23% annual observed first year death rate among the patients starting dialysis at this facility during 2006-2008, while a rate of 28% would be expected after adjustment for the factors listed above. The first year SMR of observed to expected deaths is 0.79, which is 21% fewer deaths than expected at this facility. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence.**

**Hospitalization:** Hospitalization summaries are reported for Medicare patients in Table 2. The table includes information on the number of days hospitalized, the number of hospital admissions, and the diagnoses present at admission for patients at this facility. The Standardized Hospitalization Ratio (SHR) for Days compares the observed number of days hospitalized to the number of days that would be expected based on national hospitalization rates for patients with the characteristics of the patients at this facility. Similarly, the SHR for Admissions compares the observed number of admissions to the number of admissions that would be expected. Both measures are adjusted for age, race, ethnicity, sex, diabetes, duration of ESRD, nursing home status, BMI, and comorbidities at incidence. Additionally, each year's estimate is compared to the US hospitalization rates for the

same year. As in the mortality calculation, time at risk and hospitalizations within 60 days after transfer out of this facility are attributed to this facility. Time at risk and hospitalizations starting 3 days before transplantation are excluded from the analysis.

**The SHR (days) of observed to expected number of days hospitalized at this facility during 2006-2008 is 0.64, which is 36% lower than expected. The SHR (admissions) of observed to expected number of admissions for patients at this facility during 2006-2008 is 0.80, which is close to the national reference value.**

**Infection:** Information on hospitalizations for septicemia is reported on Table 2. The information in Table 2 is based on Medicare patient claims.

**The percentage of Medicare dialysis patients at this facility hospitalized with septicemia during 2006-2008 was 7%, compared to 12% nationally.**

**Transplantation:** Transplantation summaries are reported in Table 3. The Standardized Transplantation Ratio (STR) represents relative first transplantation rates (observed/expected) for patients at this facility adjusting for patient age. Additionally, each year's estimate is compared to the US transplantation rates for the same year. Patients who are 70 or older as well as those with a prior kidney transplant are excluded. As in the mortality and hospitalization calculations, time at risk and transplants within 60 days after transfer out of this facility are attributed to this facility.

**Of the patients under age 70 treated at this facility during 2006-2009 who had not previously received a transplant, 12% were transplanted annually, while a rate of 5% would be expected for these patients. The STR of observed to expected number of patients transplanted for this facility is 2.12, which is 112% higher than expected for this facility. This difference is statistically significant ( $p < 0.05$ ) and is unlikely to be due to random chance.**

**Transplant Waitlist:** Table 4 summarizes waitlist information for patients under age 70 being treated at this facility at the end of each year. Unlike the mortality, hospitalization, and transplantation statistics, the waitlist statistics do not include patients who transferred out of the facility.

**Among the 47 dialysis patients under age 70 treated at this facility on December 31, 2009, 43% were on the kidney transplant waitlist compared to 24% nationally. This difference is statistically significant ( $p < 0.05$ ) and is unlikely to be due to random chance.**

**Practice Patterns:** Table 5 summarizes the dialytic modality, hemoglobin, and URR for patients treated at this facility during each year. These data are derived from CMS Medicare paid dialysis claim data. Vascular access data for prevalent and incident patients as reported by the CMS Fistula First project are summarized in Table 6.

**Among the 54 ESA-treated dialysis patients included in the analysis of Medicare claims data of hemoglobin for 2009 at this facility, 76% had hemoglobin between 10-12 g/dL compared to 81% nationally. Among the 50 hemodialysis patients in this facility included in the analysis of Medicare claims data of URR in 2009, 100% had URR above the KDOQI minimum value for URR ( $URR \geq 65\%$ ), compared to 96% nationally.**

**At this facility in 2009, an average of 32% of incident patients had AV fistulae in place, compared to 32% nationally. Also at this facility in 2009, an average of 76% of prevalent patients had AV fistulae in place, compared to 61% nationally. Of the prevalent patients receiving hemodialysis treatment at this facility in 2009, 7% had a catheter which had been in place for more than 90 days as their only vascular access, compared to 10% nationally. See Tables 5 and 6 for more information about practice patterns.**

**Patient Characteristics:** Characteristics of patients starting dialysis during 2006-2009 are reported in Table 7. Table 8 gives summaries for all dialysis patients being treated at the end of each year, 2006-2009. Comorbidities are reported in Table 9 for Medicare dialysis patients being treated at the end of each year, 2006-2008.

**There were 31 patients with Medical Evidence Forms (CMS-2728) which indicated that they started treatment at this facility during 2009. The average number of comorbidities reported for new patients is 3.5, which is higher than the average of 3.1 reported nationally. Also, 35% of these patients were not under the care of a nephrologist before starting dialysis, compared to 31% nationally. Furthermore, 23% of these patients were informed of their transplant options, compared to 75% nationally. The average serum albumin calculated for these patients (before first dialysis) is 3.7 g/dl, which is higher than the national average value of 3.1 g/dl. The average residual renal function (GFR) calculated for these patients from serum creatinine (before first dialysis) and other parameters was 10.1 ml/min, which is lower than the national average value of 11.2 ml/min.**

**Among patients treated at this facility on December 31, 2009, 14% were treated in a nursing home during the year, which is higher than the national average value of 14%. The average number of comorbidities reported on Medicare claims in 2008 for Medicare patients in this facility on December 31, 2008 is 4.1, which is lower than the national average value of 4.3.**

**Facility Information:** General information about this facility is provided in Tables 11, 12, and 13. Table 11 provides counts of patients treated, Medicare eligibility, treatment modality, and staffing from the Annual Facility Survey (Form CMS-2744). Table 12 reports survey and certification activity. Table 13 includes services provided by this facility as well as information on ownership.

**This facility reported having 19 staff members to care for 79 patients at the end of 2009. This facility reported having 15 stations available as of March 31, 2010. This facility offers both hemodialysis and peritoneal dialysis services. Additional information regarding patient counts, patient modality, and facility staffing is available in Table 11.**

**Sources of Patient Data:** This report is based primarily on Medicare claims and data collected for CMS. Patients were assigned to this facility based on the Standard Information Management System (SIMS) database, Medicare claims, and Medical Evidence Forms (Form CMS-2728). Network 16 has a list of the patients included in the mortality analyses for this facility. Table 9 reports comorbidities reported on Medicare claims. Table 10 reports the number of patients placed in this facility for analyses in Tables 1, 2, 3, 8, and 9 of this report. Table 10 also provides information on patient status at the end of the year, both for patients who remain in this facility until the end of each year, and for those who transfer out of this facility, receive a transplant, or die during the year.

These are just a few highlights of the statistics you will find in this report based on the data for this facility. We hope that this report is of interest to you and that you will discuss it with your staff. We welcome any questions or comments you might have about the content of the current report or any suggestions you might have for future reports. Comments or suggestions can be submitted via the secure site [www.DialysisReports.org](http://www.DialysisReports.org) until August 18, 2010. If you have questions after the comment period is over, please contact us directly at [keccdf@umich.edu](mailto:keccdf@umich.edu) or (734) 998-9823.

For a complete description of the methods used to calculate the statistics in this report, please see the *Guide to the 2010 Dialysis Facility Reports*. The *Guide* is available from ESRD Network 16, and is also on the Dialysis Reports web site at [www.DialysisReports.org](http://www.DialysisReports.org).

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

# 2010 Dialysis Facility Report

NKC TOTEM LAKE KIDNEY CENTER State: WA Network: 16 CMS Provider#: 502516

**TABLE 1: Mortality Summary for All Dialysis Patients (2006-09) & New Dialysis Patients (2006-08)<sup>1</sup>**

Measure Name	This Facility					Regional Averages <sup>2</sup> , per Year, 2006-2009		
	2006	2007	2008	2009	2006-2009	State	Network	U.S.
<b>All Patients: Death Rates</b>								
1a Patients (n=number)	97	97	90	95	379 <sup>7</sup>	104.9	80.2	92.2
1b Patient years (PY) at risk (n)	63.0	60.9	62.3	68.9	255.1 <sup>7</sup>	73.1	55.4	60.8
1c Deaths (n)	18	14	12	8	52 <sup>7</sup>	15.1	11.8	12.4
1d Expected deaths (n)	14.5	12.5	13.0	14.4	54.4 <sup>7</sup>	16.3	12.4	12.4
1e Death rate per 100 PY (% of 1b)	28.6	23.0	19.3	11.6	20.4	20.7	21.4	20.3
1f Expected death rate per 100 PY (% of 1b)	23.1	20.5	20.9	20.9	21.3	22.3	22.4	20.3
<b>All Patients: Categories of Death</b>								
1g Withdrawal from dialysis prior to death (% of 1c)	44.4	50.0	58.3	75.0	53.8	39.7	40.6	24.3
1h Death due to: Infections (% of 1c)	44.4	7.1	41.7	37.5	32.7	18.1	18.2	16.7
Cardiac causes (% of 1c)	16.7	21.4	33.3	37.5	25.0	30.1	30.7	26.3
1i Dialysis unrelated deaths <sup>3</sup> (n; excluded from SMR)	0	0	0	0	0 <sup>7</sup>	0.2	0.1	0.1
<b>All Patients: Standardized Mortality Ratio (SMR)</b>								
1j SMR <sup>4</sup>	1.24	1.12	0.92	0.56	0.96	0.93	0.95	1.00
1k P-value <sup>5</sup>	0.43	0.74	0.93	0.10	0.81	n/a	n/a	n/a
1l Confidence interval for SMR <sup>6</sup>								
High (95% limit)	1.96	1.88	1.61	1.09	1.25	n/a	n/a	n/a
Low (5% limit)	0.73	0.61	0.48	0.24	0.71	n/a	n/a	n/a
<b>All Patients: SMR Percentiles for this Facility (i.e. percent of facilities with lower mortality rates)</b>								
1m In this State	83	78	55	4	57			
1n In this Network	84	71	43	4	51			
1o In the U.S.	74	65	43	9	43			
						<b>Regional Averages</b>		
						<b>Per Year, 2006-2008<sup>2</sup></b>		
<b>New Patients: First Year Death Rates</b>								
1p New Patients (n=number)	16	31	22		69 <sup>7</sup>	26.3	20.5	19.7
1q Patient years (PY) at risk (n)	11.7	28.4	17.7		57.7 <sup>7</sup>	22.5	17.5	16.7
1r Deaths (n)	3	5	5		13 <sup>7</sup>	5.8	4.6	4.6
1s Expected deaths (n)	3.6	7.1	5.7		16.4 <sup>7</sup>	6.5	5.0	4.6
1t Death rate per 100 PY	25.7	17.6	28.3		22.5	25.9	26.3	27.4
1u Expected death rate per 100 PY	30.8	25.1	32.0		28.4	28.8	28.7	27.4
<b>New Patients: Categories of Deaths</b>								
1v Withdrawal from dialysis prior to death (% of 1r)	33.3	40.0	40.0		38.5	43.1	48.2	33.2
1w Death due to: Infections (% of 1r)	0.0	40.0	40.0		30.8	22.6	23.8	23.1
Cardiac causes (% of 1r)	0.0	20.0	20.0		15.4	33.5	36.0	33.2
<b>New Patients: First Year Standardized Mortality Ratio (SMR)</b>								
1x SMR <sup>4</sup>	0.83	0.70	0.88		0.79	0.90	0.92	1.00
1y P-value <sup>5</sup>	0.99	0.57	0.99		0.49	n/a	n/a	n/a
1z Confidence interval for SMR <sup>6</sup>								
High (95% limit)	2.44	1.64	2.06		1.36	n/a	n/a	n/a
Low (5% limit)	0.17	0.23	0.29		0.42	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 (1c to 1d for all patients, 1r to 1s for new patients) to expected deaths; not shown if there are too few 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] Sum of 4 years (all patients), or 3 years (new patients), used for calculations; should not be compared to regional averages.

**TABLE 2: Hospitalization Summary for Medicare Dialysis Patients<sup>1</sup>, 2006-2008**

Measure Name	This Facility				Regional Averages <sup>2</sup> , per Year, 2006-2008		
	2006	2007	2008	2006-2008	State	Network	U.S.
<b>Medicare Dialysis Patients</b>							
2a Medicare dialysis patients (n)	71	73	64	208 <sup>6</sup>	83.8	62.2	68.4
2b Patient years (PY) at risk (n)	46.7	46.0	45.1	137.8 <sup>6</sup>	58.3	42.7	44.0
<b>Days Hospitalized Statistics</b>							
2c Total days hospitalized (n)	454	341	399	1194 <sup>6</sup>	543	388	640
2d Expected total days hospitalized (n)	658.7	601.1	609.5	1869.3 <sup>6</sup>	870.4	631.9	640.5
2e Days hospitalized per PY	9.7	7.4	8.9	8.7	9.32	9.10	14.5
2f Expected days hospitalized per PY	14.1	13.1	13.5	13.6	14.9	14.8	14.5
2g Standardized Hospitalization Ratio (Days) <sup>3</sup>	0.69	0.57	0.65	0.64	0.62	0.61	1.00
<b>Admission Statistics</b>							
2h Total admissions (n)	85	66	49	200 <sup>6</sup>	91	65	83
2i Expected total admissions (n)	86.8	81.3	81.0	249.0 <sup>6</sup>	111.7	81.5	82.8
2j Admissions per PY	1.8	1.4	1.1	1.5	1.6	1.5	1.9
2k Expected admissions per PY	1.9	1.8	1.8	1.8	1.9	1.9	1.9
2l Standardized Hospitalization Ratio (Admissions) <sup>4</sup>	0.98	0.81	0.60	0.80	0.82	0.80	1.00
<b>Diagnoses Associated with Hospitalization<sup>5</sup> (% of 2a)</b>							
2m Sepsis	5.6	8.2	7.8	7.2	9.7	8.7	12.0
2n Acute myocardial infarction	5.6	8.2	6.3	6.7	4.2	4.0	4.2
2o Congestive heart failure	21.1	12.3	20.3	17.8	19.4	18.4	23.7
2p Cardiac dysrhythmia	18.3	15.1	14.1	15.9	14.0	13.3	13.5
2q Cardiac arrest	1.4	1.4	1.6	1.4	1.7	1.7	1.5
<b>Length of Stay</b>							
2r One day admissions (% of 2h)	28.2	24.2	22.4	25.5	19.5	18.7	13.4
2s Average length of stay (days per admission; 2c/2h)	5.3	5.2	8.1	6.0	6.0	6.0	7.7

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] Standardized Hospitalization Ratio (Days) calculated as ratio of actual (2c) to expected (2d) hospitalized days.

[4] Standardized Hospitalization Ratio (Admissions) calculated as ratio of actual (2h) to expected (2i) total admissions.

[5] Diagnoses Associated with Hospitalization include diagnoses present at admission and diagnoses added during the hospital stay.

[6] Sum of 3 years used for calculations; should not be compared to regional averages.

**TABLE 3: Transplantation Summary for Dialysis Patients under Age 70, 2006-2009**

Measure Name	This Facility					Regional Averages <sup>2</sup> , per Year, 2006-2009		
	2006	2007	2008	2009	2006-2009	State	Network	U.S.
3a Eligible patients <sup>1</sup> (n)	63	64	60	63	250 <sup>9</sup>	70.0	53.3	63.1
3b Transplants (n)	7	5	3	3	18 <sup>9</sup>	3.4	2.7	2.4
3c Donor type (sums to 3b <sup>3</sup> )								
Living Donor (n)	2	2	1	1	6 <sup>9</sup>	1.0	0.9	0.8
Deceased Donor (n)	5	3	2	2	12 <sup>9</sup>	2.5	1.8	1.7
<b>Patients who have not Previously Received a Transplant</b>								
3d Eligible patients <sup>1</sup> (n)	50	50	51	51	202 <sup>9</sup>	62.1	47.3	56.6
3e Patient years (PY) at risk (n)	32.5	31.5	36.9	37.4	138.3 <sup>9</sup>	43.6	33.0	38.0
3f 1 <sup>st</sup> transplants <sup>4</sup> (n)	6	5	3	2	16 <sup>9</sup>	3.1	2.3	2.0
3g Expected 1 <sup>st</sup> transplants (n)	2.1	1.8	1.9	1.7	7.5 <sup>9</sup>	2.4	1.8	2.0
3h 1 <sup>st</sup> transplant rate per 100 PY	18.5	15.9	8.1	5.3	11.6	7.0	7.1	5.3
3i Expected 1 <sup>st</sup> transplant rate per 100 PY	6.4	5.8	5.1	4.7	5.4	5.4	5.4	5.3
3j Donor type (sums to 3f <sup>5</sup> )								
Living Donor (n)	2	2	1	1	6 <sup>9</sup>	0.8	0.8	0.6
Deceased Donor (n)	4	3	2	1	10 <sup>9</sup>	2.2	1.6	1.4
<b>Standardized 1st Transplantation Ratio (STR)</b>								
3k STR <sup>6</sup>	2.88	2.73	1.60	1.15	2.12	1.30	1.32	1.00
3l P-value <sup>7</sup>	0.04	0.08	0.58	0.99	<.01	n/a	n/a	n/a
3m 95% Confidence interval for STR <sup>8</sup>								
Upper limit	6.27	6.36	4.66	4.15	3.45	n/a	n/a	n/a
Lower limit	1.06	0.89	0.33	0.14	1.21	n/a	n/a	n/a
<b>STR Percentiles for this Facility (i.e. percent of facilities with lower transplantation rates)</b>								
3n In this State	95	93	62	44	86			
3o In this Network	94	92	68	50	90			
3p In the U.S.	94	93	78	63	92			

n/a = not applicable

[1] See *Guide, Section VI*.

[2] Values are shown for the average facility, annualized.

[3] Values may not sum to 3b due to unknown donor type.

[4] Among first transplants that occurred after the start of dialysis from 2006-2009, 4.0% of transplants in the U.S. were not included because the transplant occurred less than 90 days after the start of ESRD and 0.6% were not included because the patient was not assigned to a facility at time of transplant.

[5] Values may not sum to 3f due to unknown donor type.

[6] Standardized Transplantation Ratio calculated as ratio of actual (3f) to expected (3g). Not shown if 3g is too small.

[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] Sum of 4 years used for calculations; should not be compared to regional averages.



## 2010 Dialysis Facility Report

NKC TOTEM LAKE KIDNEY CENTER State: WA Network: 16 CMS Provider#: 502516

**TABLE 4: Waitlist Summary for Dialysis Patients under Age 70 Treated as of December 31<sup>st</sup> of Each Year<sup>1</sup>, 2006-2009**

Measure Name	This Facility				Regional Averages <sup>2</sup> , 2009		
	2006	2007	2008	2009	State	Network	U.S.
4a Eligible patients on 12/31 <sup>1</sup> (n)	44	45	50	47	53.9	42.7	46.4
4b Patients on the waitlist (% of 4a)	29.5	33.3	40.0	42.6	22.8	19.6	24.2
4c P-value <sup>3</sup> (compared to U.S. value)	0.2	0.09	<.01	<.01	n/a	n/a	n/a
4d Patients on the waitlist by subgroup (% of corresponding value in 4e)							
Age < 40	45.5	66.7	83.3	83.3	34.5	28.5	36.6
Age 40-69	24.2	25.0	34.1	36.6	20.7	18.0	22.3
Male	25.8	36.7	40.0	46.9	24.0	20.6	25.1
Female	38.5	26.7	40.0	33.3	21.1	18.3	23.2
African American	0.0	0.0	0.0	50.0	23.5	20.8	22.3
Asian/Pacific Islander	50.0	37.5	55.6	75.0	25.2	23.3	36.8
Native American	.	.	.	.	17.6	16.4	18.5
White, Hispanic	0.0	0.0	0.0	0.0	21.4	19.3	27.6
White, Non-Hispanic	29.7	35.3	38.5	36.1	22.4	19.2	23.6
Other/unknown race	.	.	.	.	27.6	23.8	26.8
Diabetes	45.5	31.3	33.3	36.8	16.5	14.4	19.0
Non-diabetes	24.2	34.5	44.8	46.4	27.6	23.8	28.4
Previous kidney transplant	41.7	71.4	66.7	60.0	43.8	38.9	46.7
No previous kidney transplant	25.0	26.3	34.1	37.8	20.1	17.2	22.0
< 2 years since start of ESRD	14.3	25.0	30.0	15.4	15.7	13.6	16.1
2-4 years since start of ESRD	41.2	33.3	47.1	58.8	26.5	23.1	28.5
5+ years since start of ESRD	30.8	50.0	46.2	47.1	28.5	24.6	30.2
4e Eligible patients in 4a by subgroup (n)							
Age < 40	11	9	6	6	8.1	6.5	6.2
Age 40-69	33	36	44	41	45.8	36.1	40.2
Male	31	30	35	32	30.8	24.6	26.2
Female	13	15	15	15	23.1	18.1	20.2
African American	1	2	1	2	7.8	4.6	19.3
Asian/Pacific Islander	4	8	9	8	7.2	4.1	2.2
Native American	0	0	0	0	1.6	2.0	0.8
White, Hispanic	2	1	1	1	5.8	4.6	7.2
White, Non-Hispanic	37	34	39	36	31.1	27.1	16.3
Other/unknown race	0	0	0	0	0.4	0.3	0.6
Diabetes	11	16	21	19	23.6	18.8	20.5
Non-diabetes	33	29	29	28	30.3	23.9	25.8
Previous kidney transplant	12	7	9	10	5.9	4.8	4.2
No previous kidney transplant	32	38	41	37	48.0	37.9	42.2
< 2 years since start of ESRD	14	20	20	13	21.7	17.5	17.8
2-4 years since start of ESRD	17	15	17	17	15.8	12.5	14.4
5+ years since start of ESRD	13	10	13	17	16.4	12.7	14.1

n/a = not applicable

[1] See *Guide, Section VII*.

[2] Values are shown for the average facility.

[3] Facility waitlist percentage is compared to the U.S. waitlist percentage for that year: 23.1% (2006), 23.8% (2007), 24.0% (2008), 24.2% (2009).

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.

## 2010 Dialysis Facility Report

NKC TOTEM LAKE KIDNEY CENTER State: WA Network: 16 CMS Provider#: 502516

**TABLE 5: Facility Modality, Hemoglobin, and Urea Reduction Ratio for Medicare Dialysis Patients<sup>1</sup>, 2006-2009**

Measure Name	This Facility				Regional Averages <sup>2</sup> , 2009		
	2006	2007	2008	2009	State	Network	U.S.
<b>Modality (among all dialysis patients with ESRD for 90+ days and 1+ claim at this facility)</b>							
5a Patients treated during year <sup>1</sup> (n)	110	108	87	79	105.9	76.7	75.1
5b Modality (% of 5a; sums to 100%)							
Hemodialysis	100	100	100	100	83.2	83.0	89.5
CAPD/CCPD	0.0	0.0	0.0	0.0	6.2	8.1	5.5
Other dialysis <sup>3</sup>	0.0	0.0	0.0	0.0	10.6	8.9	5.0
<b>Hemoglobin (among ESA-treated dialysis patients with ESRD for 90+ days and 4+ Hemoglobin claims at this facility)</b>							
5c Eligible patients <sup>1</sup> (n)	53	56	51	54	63.1	45.0	49.1
5d Average hemoglobin (g/dL)	12.6	12.1	11.7	11.6	11.5	11.5	11.5
5e Hemoglobin categories (% of 5c; sums to 100%)							
< 10 g/dL	0.0	0.0	0.0	1.9	3.3	2.9	2.8
10-12 g/dL	18.9	37.5	76.5	75.9	78.6	80.5	81.0
> 12 g/dL	81.1	62.5	23.5	22.2	18.2	16.6	16.2
5f Hemoglobin 10-12 g/dL (% of HD pts)	18.9	37.5	76.5	75.9	78.5	80.7	80.9
Hemoglobin 10-12 g/dL (% of PD pts)	.	.	.	.	73.7	73.0	75.0
5g Hemoglobin percentiles for this facility <sup>4</sup>							
In this State	10	15	57	35			
In this Network	8	17	55	27			
In the U.S.	4	23	58	30			
<b>Urea Reduction Ratio (URR; among HD patients with ESRD for 183+ days and 4+ URR claims at this facility)<sup>6</sup></b>							
5h Eligible patients <sup>1</sup> (n)	49	49	47	50	56.3	39.9	45.0
5i URR categories (% of 5h; sums to 100%)							
< 60.0 %	2.0	2.0	0.0	0.0	1.2	1.0	1.6
60.0-64.9 %	2.0	0.0	0.0	0.0	1.9	2.3	2.3
65.0-69.9 %	14.3	6.1	4.3	18.0	6.0	7.8	10.0
70.0-74.9 %	30.6	26.5	40.4	24.0	25.9	28.8	34.3
75+ %	51.0	65.3	55.3	58.0	65.0	60.0	51.7
5j URR 65+ (% of 5h; meets a KDOQI guideline)	95.9	98.0	100	100	96.9	96.7	96.1
5k URR percentiles for this facility <sup>5</sup>							
In this State	28	50	98	98			
In this Network	37	53	99	99			
In the U.S.	40	57	99	99			

n/a = not applicable

[1] See *Guide, Section VIII*.

[2] Counts are shown for the average facility.

[3] Other dialysis includes patients who switch between HD and PD during the year and patients for whom modality is unknown.

[4] Percent of facilities with a smaller percentage of patients with hemoglobin 10-12 g/dl.

[5] Percent of facilities with a smaller percentage of patients with URR 65+.

[6] Patient's identified in the Standard Information Management System (SIMS) as having dialyzed five or more times per week were excluded from the URR calculations. Among eligible patients in the US, 0.43% were excluded due to frequent dialysis in 2009.

**TABLE 6: Vascular Access Information<sup>1</sup> (CMS Fistula First), 2006-2009**

Measure Name	This Facility				Regional Averages <sup>2</sup> , 2009		
	2006	2007	2008	2009	State	Network	U.S.
<b>Vascular Access</b>							
6a	Prevalent hemodialysis patient months <sup>3</sup>	753	800	812	914		
6b	Vascular access type in use (% of 6a; sums to 100%)						
	Arteriovenous fistula	71.2	66.3	67.4	68.8	65.3	64.0 53.1
	Arteriovenous graft	14.9	11.0	10.6	10.4	12.3	12.7 21.3
	Catheter	13.9	22.8	22.0	20.8	22.3	23.0 25.4
	Other/Missing	0.0	0.0	0.0	0.0	0.2	0.2 0.2
6c	Arteriovenous fistulae in place <sup>4</sup> (% of 6a)	78.1	76.4	78.1	76.3	73.8	72.4 61.0
6d	Catheter only ≥ 90 days <sup>5</sup> (% of 6a)	3.1	6.4	5.4	6.6	8.0	8.5 10.4
<b>Vascular Access at First Treatment</b>							
6e	Incident hemodialysis patients (n)	13	20	15	19	21.3	18.0 17.7
6f	Vascular access type in use <sup>6</sup> (% of 6e; sums to 100%)						
	Arteriovenous fistula	38.5	35.0	20.0	26.3	23.9	23.4 16.1
	Arteriovenous graft	7.7	15.0	6.7	5.3	2.5	3.3 7.5
	Catheter	53.8	50.0	73.3	68.4	73.5	73.2 75.6
	Other/Missing	0.0	0.0	0.0	0.0	0.1	0.1 0.8
6g	Arteriovenous fistulae in place <sup>4</sup> (% of 6e)	46.2	40.0	26.7	31.6	38.4	38.1 32.5

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] 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.

## 2010 Dialysis Facility Report

NKC TOTEM LAKE KIDNEY CENTER State: WA Network: 16 CMS Provider#: 502516

**TABLE 7: Characteristics of New Dialysis Patients<sup>1</sup>, 2006-2009 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>2</sup> , 2009			
	2006	2007	2008	2009	State	Network	U.S.	
<b>Patient Characteristics<sup>3</sup></b>								
7a	Total number of patients with forms (n)	16	31	22	31	41.2	34.4	31.0
7b	Average age (years [0-95])	59.8	58.6	64.5	68.8	62.8	63.1	63.3
7c	Female (% of 7a)	12.5	41.9	45.5	48.4	42.1	41.9	43.9
7d	Race <sup>4</sup> (% of 7a; sums to 100%)							
	African-American	0.0	6.5	4.5	6.5	8.7	6.1	28.2
	Asian/Pacific Islander	6.3	35.5	4.5	6.5	10.5	7.3	4.4
	Native American	0.0	3.2	0.0	0.0	1.5	2.7	1.1
	White	93.8	54.8	86.4	87.1	79.1	83.5	65.9
	Other/Unknown/Missing	0.0	0.0	4.5	0.0	0.3	0.3	0.4
7e	Hispanic (% of 7a)	6.3	6.5	0.0	3.2	6.3	6.6	13.6
7f	Primary cause of ESRD (% of 7a; sums to 100%)							
	Diabetes	37.5	58.1	50.0	32.3	43.0	42.0	45.2
	Hypertension	18.8	12.9	13.6	25.8	19.5	20.3	28.9
	Primary Glomerulonephritis	6.3	19.4	9.1	0.0	10.7	10.4	6.3
	Other/Missing	37.5	9.7	27.3	41.9	26.8	27.3	19.7
7g	Medical coverage (% of 7a; sums to 100%)							
	Employer group only	18.8	38.7	31.8	22.6	14.6	15.1	15.8
	Medicare only	6.3	12.9	13.6	12.9	17.5	21.3	22.2
	Medicaid only	6.3	6.5	4.5	6.5	11.7	9.5	11.6
	Medicare and Medicaid only	0.0	3.2	13.6	6.5	11.8	10.0	12.6
	Medicare and Other	56.3	25.8	31.8	45.2	28.6	28.0	22.4
	Other/Unknown	6.3	3.2	4.5	6.5	11.7	9.9	8.2
	None	6.3	9.7	0.0	0.0	4.2	6.2	7.2
7h	Body Mass Index <sup>5</sup>							
	Male	23.8	27.6	29.4	26.6	27.2	27.5	27.3
	Female	29.7	28.7	29.7	26.5	28.6	28.5	28.7
7i	Employment <sup>6</sup>							
	Six months prior to ESRD treatment	20.0	73.3	66.7	55.6	41.2	41.5	35.4
	At first ESRD treatment	20.0	53.3	33.3	44.4	27.8	27.7	21.4
7j	Primary modality (% of 7a; sums to 100%)							
	Hemodialysis	100	100	95.5	100	92.0	89.5	93.6
	CAPD/CCPD	0.0	0.0	4.5	0.0	7.9	10.4	6.4
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.2	0.1	0.0
7k	Number of incident hemodialysis patients (n)	15	31	21	31	37.2	30.5	28.9
7l	Access used at first outpatient dialysis (% of 7k; sums to 100%)							
	Arteriovenous fistula	26.7	29.0	14.3	16.1	23.3	23.2	14.2
	Arteriovenous graft	6.7	3.2	4.8	3.2	2.3	2.6	3.1
	Catheter	66.7	67.7	81.0	80.6	74.4	74.2	82.0
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.7
7m	Arteriovenous fistulae placed (% of 7k)	33.3	32.3	28.6	22.6	40.3	40.7	30.1
<b>Average Lab Values Prior to Dialysis<sup>3</sup></b>								
7n	Hemoglobin (g/dL [3-18])	11.4	10.3	10.8	10.8	10.1	10.2	9.9
7o	Serum Albumin (g/dL [0.8-6.0])	4.6	3.5	3.7	3.7	3.3	3.2	3.1

## 2010 Dialysis Facility Report

NKC TOTEM LAKE KIDNEY CENTER State: WA Network: 16 CMS Provider#: 502516

**TABLE 7 (cont): Characteristics of New Dialysis Patients<sup>1</sup>, 2006-2009 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>2</sup> , 2009		
	2006	2007	2008	2009	State	Network	U.S.
<b>Average Lab Values Prior to Dialysis<sup>3</sup></b>							
7p Serum Creatinine (mg/dL [2-33])	6.8	7.5	6.8	6.4	6.3	5.9	6.2
7q GFR (mL/min [0-60])	9.7	9.3	9.8	10.1	10.4	11.1	11.2
<b>Care Prior to ESRD Therapy</b>							
7r Received ESA prior to ESRD (% of 7a)	75.0	58.1	59.1	54.8	35.8	33.1	24.1
7s Pre-ESRD nephrologist care (% of 7a; sums to 100%)							
No	6.3	25.8	18.2	35.5	25.6	27.0	30.7
Yes, < 6 months	18.8	12.9	9.1	25.8	9.7	7.6	12.7
Yes, 6-12 months	18.8	6.5	27.3	9.7	22.1	23.8	20.0
Yes, > 12 months	56.3	51.6	45.5	29.0	39.7	38.7	24.3
Unknown/missing	0.0	3.2	0.0	0.0	2.9	3.0	12.3
7t Informed of transplant options (% of 7a)	43.8	41.9	40.9	22.6	67.3	66.9	75.3
7u Patients not informed of transplant options (n)	8	18	13	24	14.6	12.1	8.0
7v Reason not informed (% of 7u; may not sum to 100%)							
Medically unfit	37.5	16.7	23.1	66.7	44.7	41.9	31.0
Unsuitable due to age	0.0	0.0	7.7	16.7	11.3	15.0	23.8
Psychologically unfit	0.0	0.0	0.0	0.0	4.2	3.2	2.9
Patient declined information	0.0	5.6	0.0	4.2	1.1	1.5	1.3
Patient has not been assessed	62.5	77.8	69.2	25.0	42.6	42.5	45.6
<b>Comorbid Conditions</b>							
7w Pre-existing Comorbidity (% yes of 7a)							
Congestive heart failure	43.8	48.4	54.5	45.2	35.0	32.6	32.4
Atherosclerotic heart disease <sup>7</sup>	37.5	45.2	45.5	35.5	27.1	27.0	21.2
Other cardiac disorder <sup>7</sup>	6.3	6.5	18.2	16.1	20.0	16.6	17.7
CVD, CVA, TIA	6.3	9.7	9.1	9.7	10.3	9.6	9.4
Peripheral vascular disease	18.8	19.4	22.7	32.3	16.4	17.3	13.7
History of hypertension	100	87.1	86.4	74.2	85.3	85.4	85.5
Diabetes <sup>7</sup>	56.3	61.3	59.1	51.6	54.7	54.5	58.6
Diabetes on insulin	37.5	38.7	50.0	32.3	38.8	37.6	37.1
COPD	6.3	9.7	9.1	12.9	10.9	10.7	9.3
Current smoker	0.0	0.0	4.5	6.5	8.1	8.0	6.4
Cancer	12.5	6.5	18.2	16.1	8.0	8.5	7.6
Alcohol dependence	0.0	0.0	9.1	3.2	1.5	1.8	1.6
Drug dependence	0.0	3.2	0.0	0.0	1.5	1.4	1.3
Inability to ambulate	0.0	6.5	0.0	9.7	6.2	5.5	7.2
Inability to transfer	0.0	0.0	0.0	3.2	2.3	2.1	3.7
7x Average number of comorbid conditions	3.3	3.4	3.9	3.5	3.3	3.2	3.1

n/a= not applicable

[1] See *Guide, Section X*.

[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.

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

[7] 'AHD' 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.

## 2010 Dialysis Facility Report

NKC TOTEM LAKE KIDNEY CENTER State: WA Network: 16 CMS Provider#: 502516

**TABLE 8: Summaries for All Dialysis Patients Treated as of December 31 of Each Year<sup>1</sup>, 2006-2009**

Measure Name	This Facility				Regional Averages <sup>2</sup> , 2009		
	2006	2007	2008	2009	State	Network	U.S.
8a Patients treated on 12/31 (n)	62	64	65	72	77.7	60.6	64.4
8b Average age (years)	58.7	61.4	61.9	63.4	61.0	61.1	61.1
8c Age (% of 8a; sums to 100%)							
< 18	0.0	0.0	0.0	0.0	0.5	0.4	0.4
18-64	62.9	50.0	52.3	45.8	56.0	56.1	56.3
65+	37.1	50.0	47.7	54.2	43.5	43.5	43.3
8d Female (% of 8a)	25.8	28.1	38.5	40.3	43.9	43.5	45.2
8e Race (% of 8a; sums to 100%)							
African American	3.2	4.7	4.6	8.3	12.0	8.9	37.4
Asian/Pacific Islander	12.9	17.2	16.9	13.9	12.7	9.1	4.9
Native American	1.6	1.6	0.0	0.0	2.5	4.2	1.5
White	82.3	76.6	78.5	77.8	72.3	77.4	55.1
Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.5	0.5	1.2
8f Ethnicity (% of 8a; sums to 100%)							
Hispanic	1.6	3.1	1.5	1.4	9.4	9.2	15.6
Non-Hispanic	96.8	95.3	96.9	97.2	89.2	89.5	82.5
Unknown	1.6	1.6	1.5	1.4	1.4	1.2	1.9
8g Cause of ESRD (% of 8a; sums to 100%)							
Diabetes	22.6	34.4	40.0	40.3	42.8	42.1	43.8
Hypertension	27.4	18.8	13.8	18.1	18.6	18.9	27.9
Glomerulonephritis	11.3	15.6	16.9	12.5	14.2	14.2	9.9
Other/Unknown	38.7	31.3	29.2	27.8	23.3	23.8	17.1
Missing	0.0	0.0	0.0	1.4	1.0	1.0	1.3
8h Average duration of ESRD (years)	5.8	4.4	4.6	5.5	4.6	4.5	4.4
8i Years since start of ESRD (% of 8a; sums to 100%)							
< 1	16.1	28.1	16.9	16.7	19.1	20.0	18.0
1-2	17.7	15.6	21.5	16.7	18.2	18.6	18.3
2-3	16.1	20.3	10.8	13.9	14.3	14.7	14.4
3-6	24.2	18.8	30.8	30.6	25.2	24.2	26.2
6+	25.8	17.2	20.0	22.2	23.3	22.5	23.1
8j Nursing home patients <sup>3</sup> (% of 8a)	11.3	17.2	12.3	13.9	14.4	13.7	13.6
8k Modality (% of 8a; sums to 100%)							
In-center hemodialysis	98.4	100	100	100	86.2	85.1	90.4
Home hemodialysis	0.0	0.0	0.0	0.0	3.4	2.4	1.3
Continuous ambulatory peritoneal dialysis	0.0	0.0	0.0	0.0	2.3	3.1	2.3
Continuous cycling peritoneal dialysis	0.0	0.0	0.0	0.0	7.2	8.7	5.2
Other modality <sup>4</sup>	1.6	0.0	0.0	0.0	0.8	0.7	0.7

n/a = not applicable

[1] See *Guide, Section XI*.

[2] Values are shown for the average facility.

[3] 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.

[4] 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 9: Comorbidities Reported on Medicare Claims for Medicare Dialysis Patients Treated as of December 31 of Each Year<sup>1</sup>, 2006-2008**

Measure Name	This Facility			Regional Averages <sup>2</sup> , 2008		
	2006	2007	2008	State	Network	U.S.
9a Medicare dialysis patients on 12/31 (n)	44	49	47	61.3	45.4	46.3
9b Comorbidity (% yes of 9a)						
AIDS/HIV positive	0.0	0.0	2.1	0.9	0.6	1.9
Alcohol dependence	4.5	0.0	0.0	2.3	2.3	2.0
Anemia	81.8	2.0	0.0	5.7	5.0	6.8
Cancer	11.4	14.3	10.6	10.5	10.3	11.0
Cardiac arrest	0.0	2.0	4.3	1.7	1.7	1.6
Cardiac dysrhythmia	38.6	34.7	36.2	32.4	33.0	35.2
Cerebrovascular disease	20.5	16.3	27.7	22.5	20.6	27.6
Chronic obstructive pulmonary disease	18.2	14.3	17.0	26.4	25.7	29.8
Congestive heart failure	52.3	40.8	46.8	44.2	43.0	51.8
Diabetes	36.4	53.1	55.3	57.5	56.6	62.8
Drug dependence	4.5	4.1	6.4	3.6	3.3	1.9
Gastrointestinal tract bleeding	2.3	0.0	2.1	2.4	2.3	2.8
Hepatitis B	0.0	0.0	0.0	1.2	0.9	1.2
Hepatitis other	2.3	0.0	0.0	4.0	3.8	3.7
Hyperparathyroidism	2.3	4.1	10.6	6.4	6.2	9.0
Infection: dialysis access-related	9.1	18.4	17.0	17.1	17.5	20.4
Infection: not related to dialysis access	45.5	55.1	42.6	46.0	44.0	51.5
Ischemic heart disease	50.0	57.1	53.2	41.0	40.7	51.4
Myocardial infarction	9.1	10.2	14.9	6.6	6.9	8.7
Peripheral vascular disease <sup>3</sup>	40.9	49.0	48.9	39.6	37.6	46.4
Pneumonia	4.5	14.3	10.6	6.7	5.5	5.5
9c Average number of comorbid conditions	4.3	3.9	4.1	3.8	3.7	4.3

n/a = not applicable

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

[2] Values are shown for the average facility.

[3] Peripheral vascular disease includes both venous and arterial diseases.

## 2010 Dialysis Facility Report

NKC TOTEM LAKE KIDNEY CENTER State: WA Network: 16 CMS Provider#: 502516

**TABLE 10: How Patients Were Assigned to This Facility and End of Year Patient Status<sup>1</sup>, 2006-2009**

Measure Name	This Facility				Regional Averages <sup>2</sup> , 2009		
	2006	2007	2008	2009	State	Network	U.S.
10a Number of patients placed in facility <sup>1</sup> (n)	97	97	90	95	110.9	86.4	90.3
10b Initial patient placement for the year in this facility (% of 10a; sums to 100%)							
Continuing at facility on 01/01	66.0	63.9	71.1	68.4	68.4	67.1	68.9
Incident (new to ESRD)	19.6	21.6	21.1	23.2	20.0	21.1	19.7
Transferred into facility	14.4	14.4	7.8	8.4	11.6	11.9	11.4
10c Patient status at end of year (% of 10a; sums to 100%)							
Alive in this facility on 12/31	63.9	66.0	72.2	75.8	70.0	70.1	71.3
Alive in another facility on 12/31	7.2	11.3	7.8	8.4	8.5	8.5	8.3
Received a transplant	8.2	6.2	4.4	3.2	3.4	3.5	2.8
Died; death attributed to this facility	18.6	14.4	13.3	8.4	14.4	14.4	13.9
Died; death attributed to another facility	1.0	1.0	1.1	0.0	1.4	1.3	1.4
Other <sup>3</sup>	1.0	1.0	1.1	4.2	2.3	2.2	2.3

[1] Patient assignment for Tables 1,2,3,8, and 9 only. See *Guide, Section XIII*.

[2] Values are shown for the average facility.

[3] Includes patients who recovered renal function, discontinued dialysis, or were lost to follow-up. Also includes dialysis unrelated deaths. Dialysis unrelated deaths are not attributed to any facility for the purposes of the mortality calculations in this report.



## 2010 Dialysis Facility Report

NKC TOTEM LAKE KIDNEY CENTER State: WA Network: 16 CMS Provider#: 502516

**TABLE 11: Patient and Staff Counts from the Annual Facility Survey (Form CMS-2744)<sup>1</sup>, 2006-2009**

Measure Name	This Facility				Regional Averages <sup>2</sup> , 2009			
	2006	2007	2008	2009	State	Network	U.S.	
<b>Patients Treated During the Year</b>								
11a	Patients treated during year (n)	107	110	104	120	121.1	96.8	103.1
11b	Incident patients (% of 11a)	15.9	28.2	22.1	25.0	19.7	20.6	19.7
11c	Transferred into facility (% of 11a)	16.8	11.8	11.5	11.7	15.5	15.6	13.5
11d	Transferred out of facility (% of 11a)	16.8	20.0	14.4	17.5	15.7	15.4	14.0
<b>Patients Treated as of 12/31</b>								
11e	Patients treated as of 12/31 (n)	64	68	70	79	80.5	64.1	70.2
11f	Patient modality as of 12/31 (n; sums to 11e)							
	In-center HD	64	68	70	79	70.4	55.1	64.0
	In-center CAPD	0	0	0	0	0.0	0.0	0.0
	In-center CCPD	0	0	0	0	0.0	0.0	0.0
	In-center Other	0	0	0	0	0.0	0.0	0.0
	Home HD	0	0	0	0	2.5	1.4	0.9
	Home CAPD	0	0	0	0	2.0	2.1	1.8
	Home CCPD	0	0	0	0	5.6	5.3	3.5
	Home Other	0	0	0	0	0.1	0.0	0.0
11g	Medicare eligibility status as of 12/31 (% of 11e; sums to 100% <sup>3</sup> )							
	Medicare	82.8	80.9	74.3	78.5	86.9	89.2	86.4
	Medicare application pending	3.1	13.2	18.6	15.2	7.3	6.0	9.3
	Non-Medicare	14.1	5.9	7.1	6.3	5.8	4.9	4.3
<b>Facility Staffing as of 12/31<sup>4</sup></b>								
11h	Total full and part time staff positions (n)	21	20	20	19	20.0	15.7	13.8
11i	Staff positions by type (n; sums to 11h)							
	Full time nurse <sup>5</sup>	5	4	5	4	4.8	4.4	4.5
	Full time patient care technician	4	4	4	4	7.2	5.6	5.2
	Full time renal dietician	0	0	0	0	0.4	0.3	0.4
	Full time social worker	0	0	0	0	0.6	0.4	0.5
	Part time nurse <sup>5</sup>	2	4	2	2	2.8	1.7	1.0
	Part time patient care technician	8	6	6	7	2.6	1.7	0.9
	Part time renal dietician	1	1	1	1	0.9	0.8	0.6
	Part time social worker	1	1	2	1	0.7	0.7	0.6

[1] See *Guide, Section XIV*.

[2] Values are shown for the average facility.

[3] Values may not sum to 100% because of unknown Medicare status.

[4] Staffing data as of March 31, 2010. A *full time position* is defined as a position with at least 32 hours of employment a week and a *part time position* is defined as a position with less than 32 hours of employment a week (includes positions that were opened but not filled on this date).

[5] Nursing staff includes registered nurse, licensed practical nurse, vocational nurse, or advanced practical nurse degree.

**TABLE 12: Survey and Certification Activity<sup>1</sup>, January 2006-October 2008**

Measure Name	This Facility Survey	Regional Averages <sup>2</sup> , Jan 2006-Oct 2008		
		State	Network	U.S.
12a Date of last survey	06/18/2007	n/a	n/a	n/a
12b Type of last survey	RECERTIFICATION	n/a	n/a	n/a
12c Compliance condition after last survey	Acceptable plan of correction	n/a	n/a	n/a
12d Number of deficiencies cited at last survey <sup>3</sup>				
Condition for coverage (CfC) deficiencies	0	0.0	0.3	0.2
Standard deficiencies	2	4.8	3.8	4.5
12e CfC deficiencies cited at last survey <sup>3</sup>				
V100 Compliance with Fed., State, and local	No, not cited	0.0	0.0	0.1
V110 Governing body and management	No, not cited	2.0	9.9	7.9
V185 Long term program and care plan	No, not cited	0.0	1.7	2.2
V215 Patient rights and responsibilities	No, not cited	0.0	0.0	0.3
V230 Medical records	No, not cited	0.0	1.7	1.1
V255 Physical environment	No, not cited	2.0	7.4	4.9
V300 Reuse	No, not cited	0.0	0.0	1.0
V410 Affiliation agreement-arrangement	No, not cited	0.0	0.0	0.1
V420 Director of a renal dialysis facility	No, not cited	0.0	3.3	2.5
V430 Staff of a renal dialysis facility	No, not cited	0.0	0.8	1.5
V440 Minimal service requirements	No, not cited	0.0	0.8	1.0

n/a = not applicable

[1] See *Guide, Section XV*.

[2] Average values are shown for the latest survey at each facility during the period January 2006 through October 2008.

[3] Values are shown for the latest survey at each facility during the period January 2006 through October 2008.

**TABLE 13: Facility Information<sup>1</sup>, 2010**

Ownership:	Non-profit
Organization:	REGIONAL-NORTHWEST KIDNEY CENTERS
Initial Medicare certification date:	04/29/1996
Number of stations:	15
Services provided:	Hemodialysis and Peritoneal Dialysis
Provider numbers included in this report:	502516
National Provider Identifier (NPI) <sup>2</sup> :	1912090531

[1] Information based on SIMS data as of March 31, 2010. See *Guide, Section XVI*.

[2] Information based on CROWNWEB data as of April, 2010. If missing, data was not available.