

## 2012 Dialysis Facility Report

### Purpose of the Report

The *2012 Dialysis Facility Report (DFR)* 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 2013 survey and certification process.

Please note that the Dialysis Facility Compare (DFC) preview has been moved from the DFR into the new DFC Report.

This report has been prepared for this facility by the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) and Arbor Research Collaborative for Health 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 seventeenth in a series of annual reports. This is one of 6,052 reports that have been sent to the ESRD Networks for distribution to ESRD providers in the U.S.

### **This DFR includes data specific to CCN(s): 502536**

**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 2008 and December 2011. 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, race, ethnicity, 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 2012 Dialysis Facility Reports*. The *Guide* may be downloaded from the methodology section of the Dialysis Reports website at [www.DialysisReports.org](http://www.DialysisReports.org).

**What's New This Year:** As part of a continuing effort to improve the quality and relevance of this report, the following changes have been incorporated into the 2012 DFR. Confidence intervals and p-values for the standardized hospitalization measures are now reported in Table 2. Emergency department visit (Table 2) and comorbidity (Table 11) summaries are now calculated for the four-year period. In addition, the percent of patients with Metastatic or Tuberculosis infections based on Medicare claims at the end of the year were added to Table 11. Vocational rehabilitation and frequency of hemodialysis reported on the AFS are now reported in Table 13. Please note that there is no longer a supplemental report, and the following items that were previously included in the Supplement are now reported in the 2012 DFR: (1) Graphical displays of selected measures are included in the highlights section; (2) Dialysis access-related infection rates reported separately by modality using ICD-9 codes for eligible Medicare dialysis patients in your facility are reported in Table 8; (3) Vascular access type and dialysis adequacy measures reported in Medicare claims using V modifiers, value codes and occurrence codes collected beginning July 2010 are reported in Table 8 and Table 6, respectively; and (4) Selected patient characteristics and measures for patients under the age of 18 are included for facilities that treated five or more patients under the age of 18 over the four-year period (Table 16).

### How to Submit Comments

**Between July 15, 2012 and August 15, 2012**, facilities may submit comments to their state surveyor or UM-KECC by visiting [www.DialysisReports.org](http://www.DialysisReports.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 [Support@DialysisReports.org](mailto:Support@DialysisReports.org) or 1-877-665-1680.

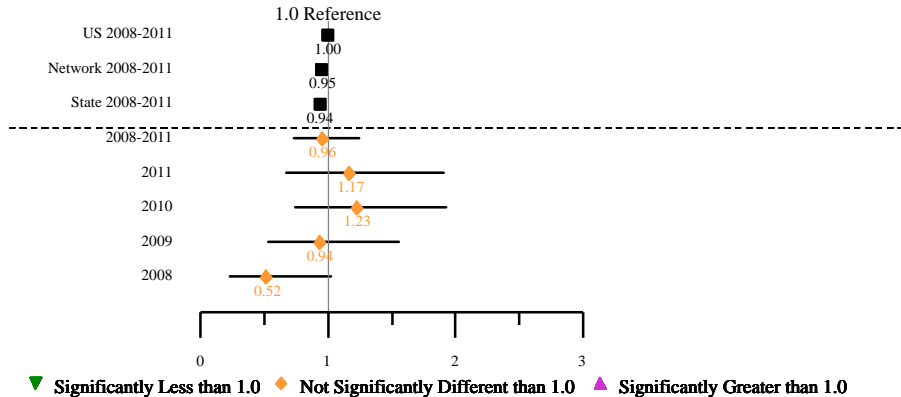
- (1) **State Surveyor:** Dialysis Facilities may submit comments on the DFR for their state's surveyors. State surveyor(s) will receive a copy of their DFR with the comments they submitted in September 2012.
- (2) **UM-KECC:** Submit questions or suggestions to improve the DFR to UM-KECC. These comments will not be shared with CMS or your state surveyor.

## Facility Highlights

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

- At this facility, 2008-2011 SMR is 0.96, which is 4% fewer deaths than expected at this facility. Among all U.S. facilities, 44% of facilities had a four-year SMR lower than 0.96. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The 2008-2011 SMR of observed to expected deaths is 0.94 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.

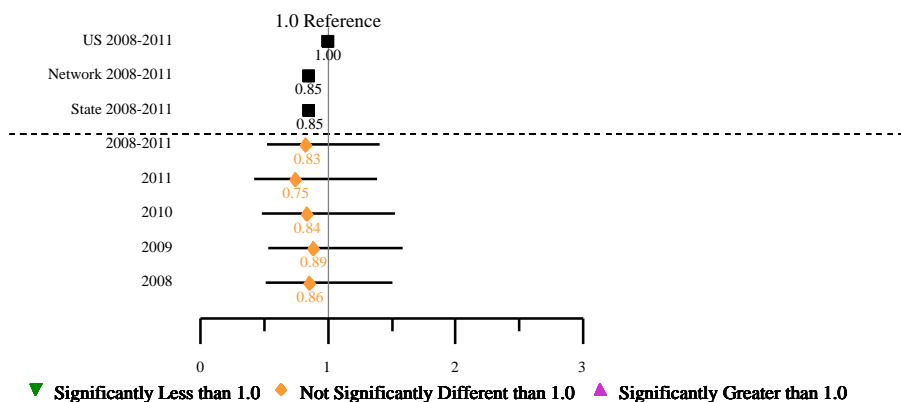


- At this facility, the first-year SMR of observed to expected deaths is 0.84, which is 16% fewer deaths than expected at this facility. Among all U.S. facilities, 37% of facilities had a first-year SMR lower than 0.84. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The first-year SMR (2008-2010) of observed to expected deaths is 0.89 and 0.88 for your State and Network, respectively.

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

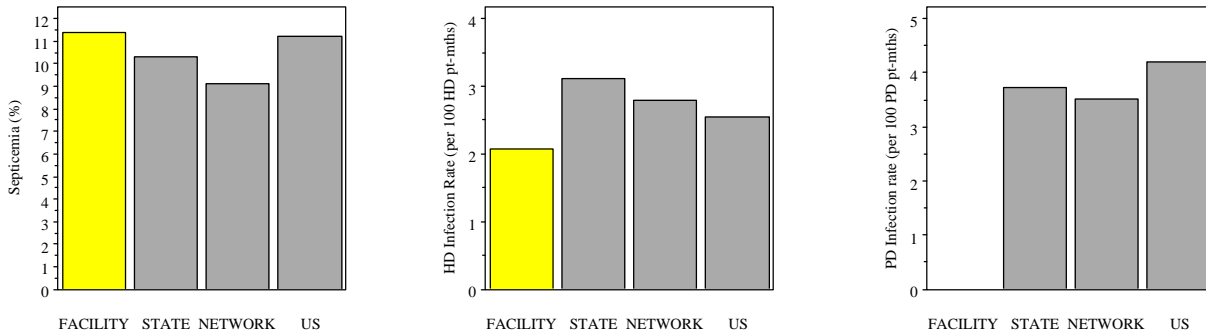
- The 2008-2011 SHR (ED) at this facility is 0.85, which is 15% fewer ED visits than expected. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower ED visit ratio could plausibly be just a chance occurrence. The 2008-2011 SHR (ED) for your State and Network is 0.96 and 0.94, respectively.
- The 2008-2011 SHR (Days) at this facility is 0.58, which is 42% 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 2008-2011 SHR (Days) for your State and Network is 0.66 and 0.66, respectively.
- The 2008-2011 SHR (Admissions) at this facility is 0.83, which is 17% fewer admissions 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 2008-2011 SHR (Admissions) for your State and Network is 0.85 and 0.85, 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 2008-2011 was 11.4%, compared to 10.3% in your State, 9.1% in your Network, and 11.2% nationally.
- The rate of Medicare HD patients at this facility with infection in 2011 was 2.1 per 100 HD patient-months, compared to 3.1 in your State, 2.8 in your Network, and 2.6 nationally.
- The rate of PD catheter-related infection was 0.0 per 100 PD patient-months, compared to 3.7 in your State, 3.5 in your Network, and 4.2 nationally.



**Transplantation (Table 3):**

- Of the patients under age 70 treated at this facility during 2008-2011 who had not previously received a transplant, 8% were transplanted annually, while a rate of 4% would be expected for these patients.
- The 2008-2011 Standardized 1<sup>st</sup> Transplantation Ratio (STR) of observed to expected number of patients transplanted for this facility is 1.81, which is 81% 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 2008-2011 STR for your State and Network is 1.35 and 1.30, respectively.

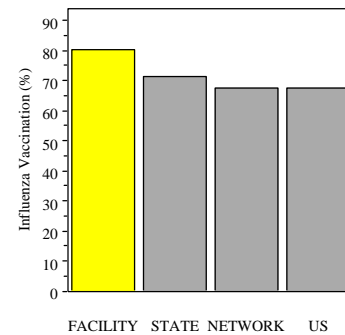
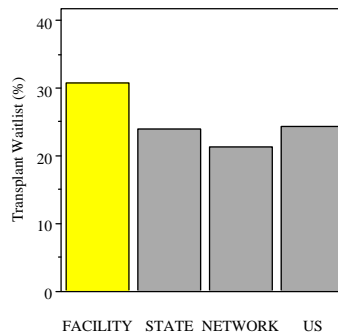
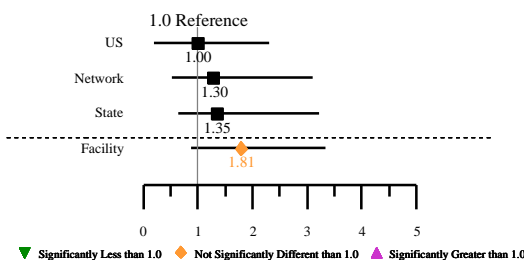
**Transplant Waitlist (Table 4):**

- The percentage of patients on the kidney transplant waitlist on December 31, 2011 in your State and Network is 24% and 21%, respectively. Among the 39 dialysis patients under age 70 treated at this facility on December 31, 2011, 31% 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.

**Influenza Vaccination (Table 5):**

- Among the 51 Medicare dialysis patients treated at this facility on December 31, 2010, 80% were vaccinated between September 1 and December 31, 2010 compared to 67% nation. This difference is statistically significant ( $p < 0.05$ ) and is unlikely to be due to random chance. The percentage of patients vaccinated in your State, Network, and nation is 71%, 68%, and 67%, respectively.

2008-2011 Standardized Transplantation Ratio (STR)  
 The markers show the values of the 2008-2011 STR for this facility, State, Network, and Nation.  
 The bolded horizontal line shows the range of uncertainty due to random variation (95% confidence interval; significant if it does not cross the 1.0 reference line). Regional and national STR are plotted above the dotted line to allow for comparisons to facility values.



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

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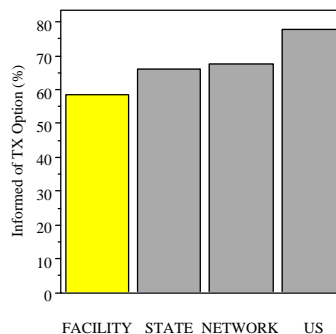
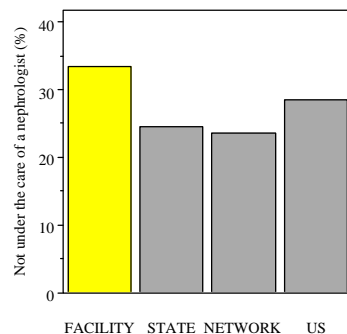
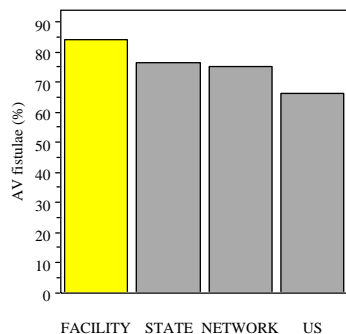
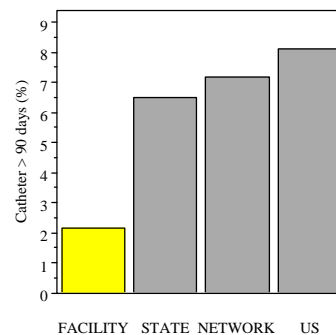
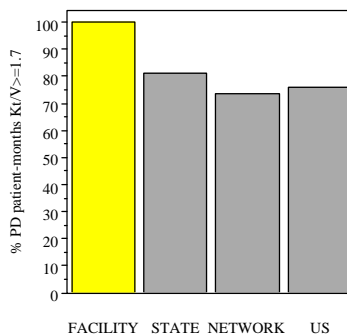
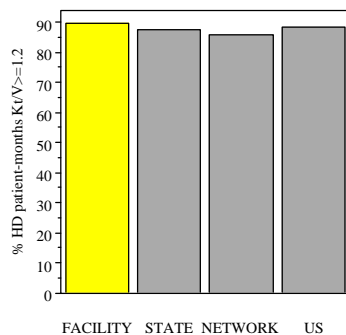
NKC LAKE CITY KIDNEY CENTER State: WA Network: 16 CCN: 502536

## Practice Patterns (Tables 6 and 7):

- Among the 52 ESA-treated dialysis patients included in the analysis in 2011, the average hemoglobin calculated is 11.1 g/dL, compared to 11.0g/dL nationally.
- Among the 52 HD patients in this facility included in the analysis in 2011, 98% had URR above the KDOQI minimum value for URR (65%), compared to 97% nationally.
- In 2011, 90% of eligible HD patient-months had a Kt/V  $\geq$ 1.2, compared to 87% in your State, 86% in your Network, and 89% nationally.
- In 2011, 100% of eligible PD patient-months had a Kt/V  $\geq$ 1.7, compared to 81% in your State, 74% in your Network, and 76% nationally.
- At this facility in 2011, an average of 50% of incident patients had arteriovenous (AV) fistulae in place, compared to 45% in your State, 43% in your Network, and 37% nationally.
- Of the prevalent patients receiving hemodialysis treatment at this facility in 2011, 2% had a catheter which had been in place for at least 90 days as their only vascular access, compared to 6% in your State, 7% in your Network, and 8% nationally.

## Patient Characteristics (Tables 9 and 10):

- Among the 12 patients with Medical Evidence Forms (CMS-2728) indicating treatment at this facility during 2011:
  - 33% of these patients were not under the care of a nephrologist before starting dialysis, compared to 25% in your State, 24% in your Network, and 29% nationally.
  - 58% of these patients were informed of their transplant options, compared to 66% in your State, 68% in your Network, and 78% nationally.
- Among the patients treated at this facility on December 31, 2011, 9% were treated in a nursing home during the year, compared to 8% 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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**TABLE 1: Mortality Summary for All Dialysis Patients (2008-11) & New Dialysis Patients (2008-10)\*1**

Measure Name	This Facility					Regional Averages*2, per Year, 2008-2011		
	2008	2009	2010	2011	2008-2011	State	Network	U.S.
<b>All Patients: Death Rates</b>								
1a Patients (n=number)	93	90	82	77	342 *8	100.0	79.6	93.1
1b Patient-years (PY) at risk (n)	67.2	65.4	56.9	54.9	244.5 *8	70.4	55.5	62.1
1c Deaths (n)	8	15	19	16	58 *8	13.7	11.0	11.9
1d Expected deaths (n)	15.4	15.9	15.4	13.6	60.4 *8	14.6	11.6	11.9
<b>All Patients: Categories of Death</b>								
1e Withdrawal from dialysis prior to death (% of 1c)	25.0	33.3	52.6	43.8	41.4	40.6	41.8	25.8
1f Death due to: Infections (% of 1c)	0.0	46.7	21.1	12.5	22.4	17.2	16.7	15.5
Cardiac causes (% of 1c)	62.5	20.0	52.6	68.8	50.0	41.9	44.3	46.9
1g Dialysis unrelated deaths*3 (n; excluded from SMR)	0	0	0	0	0 *8	0.2	0.1	0.1
<b>All Patients: Standardized Mortality Ratio (SMR)</b>								
1h SMR *4	0.52	0.94	1.23	1.17	0.96	0.94	0.95	1.00
1i P-value*5	0.061	0.944	0.426	0.590	0.822	n/a	n/a	n/a
1j Confidence interval for SMR*6								
High (97.5% limit)	1.03	1.55	1.92	1.91	1.24	n/a	n/a	n/a
Low (2.5% limit)	0.22	0.53	0.74	0.67	0.73	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	8	43	80	71	54	n/a	n/a	n/a
In this Network	9	47	77	72	51	n/a	n/a	n/a
In the U.S.	11	45	73	68	44	n/a	n/a	n/a
<b>Regional Averages Per Year, 2008-2010*2</b>								
<b>New Patients: First Year Death Rates</b>								
1l New Patients (n=number)	16	13	18		47 *8	22.3	18.8	18.9
1m Patient-years (PY) at risk (n)	13.4	10.4	15.1		38.9 *8	19.3	16.2	16.2
1n Deaths (n)	5	5	5		15 *8	4.6	3.9	4.2
1o Expected deaths (n)	4.8	5.6	7.5		17.8 *8	5.2	4.4	4.2
<b>New Patients: Categories of Deaths</b>								
1p Withdrawal from dialysis prior to death (% of 1n)	20.0	60.0	60.0		46.7	44.5	44.7	27.8
1q Death due to: Infections (% of 1n)	20.0	80.0	20.0		40.0	14.0	14.2	14.0
Cardiac causes (% of 1r)	20.0	20.0	40.0		26.7	38.3	40.1	42.6
<b>New Patients: First Year Standardized Mortality Ratio (SMR)</b>								
1r SMR *4	1.05	0.89	0.67		0.84	0.89	0.88	1.00
1s P-value*5	0.990	0.990	0.484		0.600	n/a	n/a	n/a
1t Confidence interval for SMR*6								
High (97.5% limit)	2.46	2.09	1.56		1.39	n/a	n/a	n/a
Low (2.5% limit)	0.34	0.29	0.22		0.47	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	59	52	32		46	n/a	n/a	n/a
In this Network	63	55	33		46	n/a	n/a	n/a
In the U.S.	57	46	31		37	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, 1p to 1q 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.

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NKC LAKE CITY KIDNEY CENTER State: WA Network: 16 CCN: 502536

**TABLE 2: Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2008-2011**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2008-2011		
	2008	2009	2010	2011	2008-2011	State	Network	U.S.
<b>Medicare Dialysis Patients</b>								
2a Medicare dialysis patients (n)	76	72	72	70	290 <sup>*8</sup>	80.8	63.6	73.6
2b Patient-years (PY) at risk (n)	52.5	52.5	48.8	48.4	202.2 <sup>*8</sup>	53.8	41.2	45.4
<b>Days Hospitalized Statistics</b>								
2c Total days hospitalized (n)	444	510	472	340	1766 <sup>*8</sup>	515.4	389.3	652.0
2d Expected total days hospitalized (n)	771.6	774.9	769.3	712.5	3028.3 <sup>*8</sup>	780.4	590.7	652.4
2e Standardized Hospitalization Ratio (Days) <sup>*3</sup>	0.58	0.66	0.61	0.48	0.58	0.66	0.66	1.00
2f P-value <sup>*4</sup>	0.244	0.348	0.270	0.141	0.160	n/a	n/a	n/a
2g Confidence Interval for SHR (Days) <sup>*5</sup>								
High (97.5% limit)	1.40	1.47	1.41	1.26	1.21	n/a	n/a	n/a
Low (2.5% limit)	0.26	0.33	0.29	0.20	0.31	n/a	n/a	n/a
2h Percentiles for this Facility (i.e. % of facilities with lower hospitalization rates [days]) <sup>*6</sup>								
In this State	42	56	41	16	31	n/a	n/a	n/a
In this Network	41	55	44	22	37	n/a	n/a	n/a
In the U.S.	13	20	16	7	9	n/a	n/a	n/a
<b>Admission Statistics</b>								
2i Total admissions (n)	90	94	87	75	346 <sup>*6</sup>	92.2	69.4	90.1
2j Expected total admissions (n)	104.8	106.2	103.5	100.4	414.9 <sup>*6</sup>	108.0	82.0	90.1
2k Standardized Hospitalization Ratio (Admissions) <sup>*3</sup>	0.86	0.89	0.84	0.75	0.83	0.85	0.85	1.00
2l P-value <sup>*4</sup>	0.632	0.749	0.597	0.372	0.524	n/a	n/a	n/a
2m Confidence Interval for SHR (Admissions) <sup>*5</sup>								
High (97.5% limit)	1.50	1.59	1.52	1.39	1.40	n/a	n/a	n/a
Low (2.5% limit)	0.51	0.53	0.48	0.42	0.52	n/a	n/a	n/a
2n Percentiles for this Facility (i.e. % of facilities with lower hospitalization rates [admissions]) <sup>*6</sup>								
In this State	57	64	45	26	45	n/a	n/a	n/a
In this Network	57	63	46	34	47	n/a	n/a	n/a
In the U.S.	35	39	31	19	27	n/a	n/a	n/a
2o Diagnoses Associated with Hospitalization (% of 2a) <sup>*7</sup>								
Septicemia	9.2	16.7	8.3	11.4	11.4	10.3	9.1	11.2
Acute myocardial infarction	3.9	9.7	5.6	8.6	6.9	4.1	3.9	4.2
Congestive heart failure	18.4	18.1	18.1	18.6	18.3	19.4	18.1	22.0
Cardiac dysrhythmia	17.1	25.0	20.8	18.6	20.3	13.6	12.6	12.9
Cardiac arrest	0.0	1.4	2.8	1.4	1.4	1.7	1.6	1.4
2p One day admissions (% of 2i)	23.3	21.3	23.0	22.7	22.5	18.9	18.3	13.5
2q Average length of stay (days per admission; 2c/2i)	4.9	5.4	5.4	4.5	5.1	5.6	5.6	7.2
2r Readmissions within 30 days (n) <sup>*9</sup>	23	30	24	19	96 <sup>*8</sup>	25.7	18.5	28.0
2s Admissions that result in readmission within 30 days (% of 2i) <sup>*9</sup>	25.6	31.9	27.6	25.3	27.7	27.9	26.6	31.1

(continued)

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**TABLE 2 (cont.): Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2008-2011**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2008-2011		
	2008	2009	2010	2011	2008-2011	State	Network	U.S.
<b>Emergency Department (ED) Statistics</b>								
2t Total ED visits (n)	135	141	112	132	520 <sup>*8</sup>	154.9	115.7	135.2
2u Expected total ED visits (n)	153	154	152	151	610 <sup>*8</sup>	161.6	123.1	135.2
2v Standardized Hospitalization Ratio (ED) <sup>*3</sup>	0.88	0.92	0.74	0.87	0.85	0.96	0.94	1.00
2w P-value <sup>*4</sup>	0.660	0.776	0.292	0.613	0.491	n/a	n/a	n/a
2x Confidence Interval for SHR (ED) <sup>*5</sup>								
High (97.5% limit)	1.51	1.56	1.29	1.46	1.34	n/a	n/a	n/a
Low (2.5% limit)	0.52	0.55	0.42	0.53	0.54	n/a	n/a	n/a
2y Percentiles for this Facility (i.e. % of facilities with lower hospitalization rates [ED]) <sup>*6</sup>								
In this State	40	43	19	36	39	n/a	n/a	n/a
In this Network	40	46	19	41	37	n/a	n/a	n/a
In the U.S.	35	41	17	34	27	n/a	n/a	n/a
2z Patients with ED visit (% of 2a)	60.5	65.3	55.6	62.9	61.0	62.2	61.1	60.5
2aa ED visits that result in hospitalization (% of 2t)	50.4	48.9	64.3	48.5	52.5	43.2	41.2	50.9
2bb Admissions that originate in the ED (% of 2i)	75.6	73.4	82.8	85.3	78.9	72.6	68.7	76.4

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 calculated as ratio of actual to expected events (2c/2d for days, 2i/2j for admissions, and 2t/2u for ED visits); not shown if there are too few patient years at risk.

[\*4] A p-value less than 0.05 indicates that the difference between the actual and expected hospitalization/ED 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.

[\*5] The confidence interval range represents uncertainty in the value of the SHR due to random variation.

[\*6] All facilities are included in ranking, regardless of the number of patient years at risk.

[\*7] Includes diagnoses present at admission and diagnoses added during the hospital stay.

[\*8] Sum of 4 years used for calculations; should not be compared to regional averages.

[\*9] This value may be an underestimate since readmissions discharged after December 31, 2011 are not included.

# 2012 Dialysis Facility Report

NKC LAKE CITY KIDNEY CENTER State: WA Network: 16 CCN: 502536

**TABLE 3: Transplantation Summary for Dialysis Patients under Age 70<sup>\*1</sup>, 2008-2011**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2008-2011		
	2008	2009	2010	2011	2008-2011	State	Network	U.S.
3a Eligible patients (n)	52	49	45	43	189 <sup>*11</sup>	67.4	53.6	63.8
3b Transplants (n)	7	3	2	0	12 <sup>*11</sup>	3.2	2.4	2.2
3c Donor type (sums to 3b <sup>*3</sup> )								
Living Donor (n)	0	1	1	0	2 <sup>*11</sup>	1.0	0.9	0.7
Deceased Donor (n)	7	2	1	0	10 <sup>*11</sup>	2.4	1.7	1.6
<b>Patients who have not Previously Received a Transplant</b>								
3d Eligible patients (n)	47	46	42	40	175 <sup>*11</sup>	60.2	47.8	57.4
3e Patient years (PY) at risk (n)	34.9	31.1	27.3	31.2	124.5 <sup>*11</sup>	42.5	33.5	38.9
3f First transplants <sup>*4</sup> (n)	5	3	2	0	10 <sup>*11</sup>	2.9	2.1	1.9
3g Expected First transplants (n)	1.8	1.4	1.1	1.2	5.5 <sup>*11</sup>	2.1	1.7	1.9
<b>Standardized 1st Transplantation Ratio (STR)<sup>*6</sup></b>								
3h STR <sup>*7</sup>	.	.	.	.	1.81	1.35	1.30	1.00
3i P-value <sup>*8</sup>	.	.	.	.	0.110	n/a	n/a	n/a
3j 95% Confidence interval for STR <sup>*9</sup>								
Upper limit	.	.	.	.	3.32	n/a	n/a	n/a
Lower limit	.	.	.	.	0.87	n/a	n/a	n/a
3k STR Percentiles for this Facility (i.e. percent of facilities with lower transplantation rates) <sup>*10</sup>								
In this State	.	.	.	.	78	n/a	n/a	n/a
In this Network	.	.	.	.	80	n/a	n/a	n/a
In the U.S.	.	.	.	.	82	n/a	n/a	n/a

**TABLE 4: Waitlist Summary for Dialysis Patients under Age 70 Treated on December 31st of Each Year<sup>\*1</sup>, 2008-2011**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	State	Network	U.S.
4a Eligible patients on 12/31 (n)	38	34	31	39	55.8	44.3	46.4
4b Patients on the waitlist (% of 4a)	36.8	26.5	22.6	30.8	24.0	21.3	24.4
4c P-value (compared to U.S. value) <sup>*12</sup>	0.052	0.445	0.499	0.226	n/a	n/a	n/a
4d Patients on the waitlist by subgroup (%) <sup>*13</sup>							
Age < 40	25.0	33.3	50.0	66.7	37.6	34.9	36.8
Age 40-69	38.2	25.8	20.7	27.8	21.7	19.0	22.6
Male	37.5	20.0	15.8	22.7	25.3	22.8	25.4
Female	35.7	35.7	33.3	41.2	22.3	19.3	23.1
African American	33.3	0.0	0.0	16.7	24.2	21.0	22.4
Asian/Pacific Islander	57.1	66.7	66.7	75.0	27.9	27.2	36.7
Native American	100	.	0.0	0.0	12.3	15.0	18.0
White, Hispanic	0.0	0.0	0.0	50.0	22.0	20.7	27.6
White, Non-Hispanic	30.4	21.7	16.7	28.0	23.9	21.0	23.8
Other/unknown race	.	.	.	.	29.7	24.6	26.6
Diabetes	33.3	23.5	14.3	26.3	17.3	15.3	19.6
Non-diabetes	40.0	29.4	29.4	35.0	29.6	26.2	28.3
Previous kidney transplant	66.7	50.0	50.0	66.7	41.1	38.5	45.8
No previous kidney transplant	34.3	25.0	20.7	27.8	21.9	19.3	22.3
< 2 years since start of ESRD	23.1	30.8	18.2	20.0	18.0	16.5	16.4
2-4 years since start of ESRD	46.2	25.0	20.0	44.4	27.9	23.9	28.5
5+ years since start of ESRD	41.7	23.1	30.0	33.3	27.5	24.8	29.6

n/a = not applicable [\*1] See *Guide, Section VI and VII*. [\*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 2008-2011, 3.9% of transplants in the U.S. were not included because the transplant occurred fewer than 90 days after the start of ESRD and 0.9% 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] This section is calculated for the 4-year period only and not reported if there are fewer than 3 expected transplants. [\*7] Standardized Transplantation Ratio calculated as ratio of actual (3f) to expected (3g) transplants. [\*8] 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. [\*9] The confidence interval range represents uncertainty in the value of the STR due to random variation. [\*10] All facilities are included in ranking, regardless of the number of expected transplants. [\*11] Sum of 4 years used for calculations; should not be compared to regional averages. [\*12] Facility waitlist percentage is compared to the U.S. waitlist percentage for that year: 24.0% (2008), 24.3% (2009), 24.5% (2010), 24.4% (2011). 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. [\*13] 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 September 2008-March 2011**

Measure Name	This Facility			Regional Averages, 2010-2011 <sup>*2</sup>		
	2008-09	2009-10	2010-11	State	Network	U.S.
5a Eligible patients on 12/31 (n)	51	51	51	58.0	45.7	49.5
5b Patients vaccinated between Sep. 1 and Dec. 31 (% of 5a)	70.6	86.3	80.4	71.4	67.5	67.4
5c P-value <sup>*3</sup> (for 5b compared to U.S. value <sup>*4</sup> )	0.219	<0.01	0.029	n/a	n/a	n/a
5d Patients vaccinated between Sep. 1 and Mar. 31 (% of 5a)	70.6	92.2	82.4	71.8	68.1	68.0
5e P-value <sup>*3</sup> (for 5d compared to U.S. value <sup>*5</sup> )	0.250	<0.01	0.016	n/a	n/a	n/a
5f Patients vaccinated between Sep. 1 and Dec. 31 by subgroup (%) <sup>*6</sup>						
Age < 18	.	.	.	28.6	50.0	48.8
Age 18-39	33.3	0.0	100	66.7	61.9	62.6
Age 40-64	64.7	94.7	84.2	70.6	67.3	67.0
Age 65-74	76.9	75.0	69.2	72.1	67.3	67.7
Age 75+	77.8	89.5	83.3	74.1	70.4	69.8
Male	57.1	80.8	77.4	70.2	67.4	67.6
Female	87.0	92.0	85.0	72.8	67.7	67.2
African American	50.0	50.0	75.0	67.8	63.1	64.7
Asian/Pacific Islander	75.0	100	81.8	80.3	71.2	68.4
Native American	.	.	100	69.6	59.5	73.0
White	73.0	86.5	80.0	70.6	68.1	69.1
Other/unknown race	.	.	.	59.3	60.0	60.8
Hispanic	0.0	100	66.7	77.9	76.3	68.1
< 1 year since start of ESRD	33.3	83.3	66.7	59.9	57.6	55.6
1-2 years since start of ESRD	75.0	84.6	71.4	72.3	68.3	67.5
3+ years since start of ESRD	71.4	87.5	87.5	74.7	70.6	71.2

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 (9/1-12/31): 64.4% (2008-09), 69.3% (2009-10), 67.4% (2010-11).

<sup>\*5</sup> Compared to the U.S. value for that year and time period (9/1-3/31): 65.1% (2008-09), 70.8% (2009-10), 68.0% (2010-11).

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

**TABLE 6: Facility Modality, Hemoglobin, and Dialysis Adequacy for Medicare Dialysis Patients<sup>\*1</sup>, 2008-2011**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	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)	105	111	108	111	103.3	78.4	75.3
6b Patient-months treated during year (n) <sup>*3</sup>	689	685	652	656	747.8	556.6	562.9
6c Modality (% of 6b; sums to 100%)							
Hemodialysis	99.4	98.8	99.5	99.8	84.8	85.1	92.0
CAPD/CCPD	0.0	0.0	0.3	0.2	6.9	9.8	7.0
Other dialysis <sup>*4</sup>	0.6	1.2	0.2	0.0	8.3	5.1	1.0
6d Percent of patient-months prescribed Iron by Modality <sup>*5</sup>							
Hemodialysis	73.3	65.0	63.6	44.7	61.4	63.5	67.6
CAPD/CCPD	.	.	100	100	20.8	18.7	22.7
<b>Hemoglobin (among ESA-treated dialysis patients with ESRD for 90+ days and 4+ Hemoglobin claims at this facility)</b>							
6e Eligible patients (n)	60	60	54	52	59.2	44.3	47.5
6f Average hemoglobin (g/dL)	11.7	11.7	11.5	11.1	11.1	11.1	11.0
6g Hemoglobin categories (% of 6e; sums to 100%)							
< 10 g/dL	1.7	1.7	1.9	1.9	3.7	3.8	4.6
10-<11 g/dL	6.7	3.3	3.7	32.7	32.6	31.2	35.8
11-<12 g/dL	73.3	66.7	79.6	57.7	59.9	61.4	57.2
> 12 g/dL	18.3	28.3	14.8	7.7	3.8	3.6	2.4

(continued)

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**TABLE 6 (cont.): Facility Modality, Hemoglobin, and Dialysis Adequacy for Medicare Dialysis Patients<sup>\*1</sup>, 2008-2011**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	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>	60	60	54	52	55.2	40.9	45.0
6i Hemoglobin categories among HD pts (% of 6h; sums to 100%)							
< 10 g/dL	1.7	1.7	1.9	1.9	3.5	3.8	4.7
10-<11 g/dL	6.7	3.3	3.7	32.7	32.0	30.4	35.3
11-12 g/dL	73.3	66.7	79.6	57.7	60.4	62.1	57.6
> 12 g/dL	18.3	28.3	14.8	7.7	4.0	3.7	2.5
6j Eligible peritoneal dialysis (PD) patients (n) <sup>*6</sup>	0	0	0	0	4.6	4.2	3.1
6k Hemoglobin categories among PD pts (% of 6j; sums to 100%)							
< 10 g/dL	.	.	.	.	10.2	10.7	11.1
10-<11 g/dL	.	.	.	.	38.0	37.5	40.4
11-12 g/dL	.	.	.	.	43.6	44.9	44.2
> 12 g/dL	.	.	.	.	8.2	6.8	4.3
<b>Urea Reduction Ratio (URR; among HD patients with ESRD for 183+ days and 4+ URR claims at this facility)<sup>*7</sup></b>							
6l Eligible patients (n)	63	56	54	52	53.3	40.0	44.2
6m URR categories (% of 6l; sums to 100%)							
< 60.0 %	3.2	1.8	0.0	1.9	0.7	0.8	1.0
60.0-64.9 %	0.0	3.6	3.7	0.0	1.5	1.6	1.5
65.0-69.9 %	12.7	3.6	11.1	5.8	6.8	8.6	10.4
70.0-74.9 %	28.6	32.1	22.2	23.1	27.5	30.7	35.0
75+ %	55.6	58.9	63.0	69.2	63.4	58.3	52.1
6n URR 65+ (% of 6l; meets a KDOQI guideline)	96.8	94.6	96.3	98.1	97.8	97.6	97.5
6o URR percentiles for this facility (i.e. % of facilities with a smaller percentage of patients with URR 65+)							
In this State	33	21	31	43	n/a	n/a	n/a
In this Network	38	18	29	41	n/a	n/a	n/a
In the U.S.	42	22	34	42	n/a	n/a	n/a
<b>Kt/V (K = dialyzer clearance of urea; t = dialysis time; V = patient's total body water)<sup>*8 *9</sup></b>							
6p Eligible HD patients (n)	.	.	76	109	89.7	68.3	69.7
6q Eligible HD patient-months (n) <sup>*3</sup>	.	.	302	634	610	455	502
6r HD: Average Kt/V <sup>*10</sup>	.	.	1.7	1.6	1.7	1.6	1.6
6s Kt/V categories among HD patients (% of 6q; sums to 100%)							
<1.2	.	.	3.0	4.6	3.8	4.4	3.4
1.2-<1.4	.	.	9.6	12.1	10.2	11.8	11.8
1.4-<1.6	.	.	25.8	25.4	23.6	24.4	26.2
1.6-<1.8	.	.	27.5	27.1	24.7	24.1	26.2
>= 1.8	.	.	24.8	25.1	28.9	25.7	24.3
Missing/Out of Range/Not Performed/Expired	.	.	9.3	5.7	8.8	9.6	8.1
6t HD: Kt/V >=1.2 (% of 6q)	.	.	87.7	89.7	87.4	86.0	88.5
6u Eligible peritoneal dialysis (PD) Patients (n)	.	.	0	1	8.2	8.2	5.3
6v Eligible PD patient-months (n) <sup>*3</sup>	.	.	0	1	59.2	58.3	39.5
6w PD: Average Kt/V <sup>*10</sup>	.	.	.	2.0	2.3	2.2	2.2
6x Kt/V categories among PD patients (% of 6v; sums to 100%)							
<1.7	.	.	.	0.0	8.9	14.1	10.2
1.7-<1.9	.	.	.	0.0	13.2	11.1	13.3
1.9-<2.2	.	.	.	100	26.5	23.4	23.5
2.2-<2.5	.	.	.	0.0	18.4	16.9	16.8
>=2.5	.	.	.	0.0	23.2	22.2	22.1
Missing/Out of Range/Not Performed/Expired	.	.	.	0.0	9.9	12.2	14.1
6y PD: Kt/V >=1.7 (% of 6v) <sup>*10</sup>	.	.	.	100	81.3	73.6	75.8

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 6e.

[\*7] Claims identified as having 4 or more dialysis sessions per week were excluded from the URR calculations. Among eligible claims in the US, 1.47% were excluded due to frequent dialysis in 2008-2011.

[\*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.

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**TABLE 7: Vascular Access Information (CMS Fistula First)<sup>\*1</sup>, 2008-2011**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	State	Network	U.S.
<b>Vascular Access</b>							
7a Prevalent hemodialysis patient-months <sup>*3</sup>	844	857	751	737	n/a	n/a	n/a
7b Vascular access type in use (% of 7a; sums to 100%)							
Arteriovenous fistula	68.2	66.3	75.6	75.6	68.0	67.3	58.9
Arteriovenous graft	15.5	15.9	13.6	11.4	12.6	12.9	19.9
Catheter	16.2	17.9	10.8	12.8	19.3	19.7	21.1
Other/Missing	0.0	0.0	0.0	0.3	0.1	0.1	0.1
7c Arteriovenous fistulae in place (% of 7a) <sup>*4</sup>	79.7	79.8	82.2	84.0	76.5	75.4	66.1
7d Catheter only >= 90 days (% of 7a) <sup>*5</sup>	3.8	2.7	1.6	2.2	6.5	7.2	8.1
<b>Vascular Access at First Treatment</b>							
7e Incident hemodialysis patients (n)	11	11	16	16	19.6	16.4	16.3
7f Vascular access type in use (% of 7e; sums to 100%)							
Arteriovenous fistula	27.3	9.1	43.8	31.3	26.3	24.9	18.2
Arteriovenous graft	0.0	0.0	6.3	6.3	3.6	5.1	8.1
Catheter	72.7	90.9	50.0	62.5	69.7	69.6	73.5
Other/Missing	0.0	0.0	0.0	0.0	0.5	0.3	0.2
7g Arteriovenous fistulae in place (% of 7e) <sup>*4</sup>	45.5	45.5	62.5	50.0	44.6	43.2	36.8

**TABLE 8: Dialysis Access Type and Access-Related Infection Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2008 - 2011**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	State	Network	U.S.
<b>Vascular Access<sup>*6 *7</sup></b>							
8a Eligible patient-months (n)	0	0	351	689	669.8	496.7	540.5
8b Hemodialysis vascular access type (% of 8a)							
Vascular Catheter	.	.	10.8	7.5	16.6	17.9	19.9
Arteriovenous Graft	.	.	3.7	4.2	10.6	11.7	21.4
Arteriovenous Fistula Only	.	.	69.8	69.5	66.5	66.3	57.6
Other (>1) <sup>*8</sup>	.	.	15.7	18.7	6.4	4.1	1.1
8c Vascular catheter reported >3 consecutive months	.	.	0.0	2.2	9.8	11.1	13.5
<b>Hemodialysis (HD)</b>							
8d Eligible HD patients (n)	85	84	94	93	94.1	72.8	75.7
8e Eligible HD patient-months <sup>*3</sup>	673	692	668	674	705.6	530.0	579.1
8f HD infection rate per 100 hemodialysis patient-months <sup>*9</sup>	1.19	2.75	2.54	2.08	3.11	2.79	2.55
8g P-value <sup>*10</sup> (compared to U.S. value) <sup>*11</sup>	<0.01	0.234	0.274	0.261	n/a	n/a	n/a
<b>Peritoneal Dialysis (PD)</b>							
8h Eligible PD patients (n)	2	0	1	1	9.6	9.5	6.3
8i Eligible PD patient-months <sup>*3</sup>	2	0	1	1	66.9	65.6	45.1
8j Peritonitis rate per 100 PD patient-months <sup>*9</sup>	0.00	.	0.00	0.00	0.15	0.16	0.25
8k P-value <sup>*10</sup> (compared to U.S. value) <sup>*12</sup>	0.994	.	0.997	0.997	n/a	n/a	n/a
8l PD catheter infection rate per 100 PD patient-months	0.00	.	100.0	0.00	3.74	3.51	4.21
8m P-value <sup>*10</sup> (compared to U.S. value) <sup>*13</sup>	0.892	.	0.045	0.957	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] 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.

[\*6] Based on V modifiers including V5, V6, and V7 for catheter, graft, and fistula, respectively. Collection began July 2010.

[\*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 infection codes for PD patients include 567.0 and 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 change.

[\*11] Compared to U.S. value for that year: 3.75 (2008), 3.32 (2009), 3.03 (2010), and 2.41 (2011).

[\*12] Compared to U.S. value for that year: 0.26 (2008), 0.27 (2009), 0.26 (2010), and 0.24 (2011).

[\*13] Compared to U.S. value for that year: 5.51 (2008), 5.55 (2009), 4.52 (2010), and 3.95 (2011).

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**TABLE 9: Characteristics of New Dialysis Patients\*<sup>1</sup>, 2008-2011 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages* <sup>2</sup> , 2011			
	2008	2009	2010	2011	State	Network	U.S.	
<b>Patient Characteristics</b>								
9a	Total number of patients with forms (n)	16	13	18	12	34.9	30.5	29.0
9b	Average age (years [0-95]) <sup>*3</sup>	64.3	67.8	71.2	61.0	62.9	63.1	63.5
9c	Female (% of 9a)	50.0	38.5	16.7	41.7	43.9	42.1	43.3
9d	Race (% of 9a; sums to 100%) <sup>*4</sup>							
	African-American	6.3	7.7	11.1	25.0	8.5	6.2	28.0
	Asian/Pacific Islander	6.3	15.4	0.0	0.0	11.7	8.5	4.8
	Native American	0.0	0.0	5.6	8.3	2.8	3.7	1.1
	White	87.5	76.9	83.3	66.7	76.4	80.9	65.7
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.7	0.7	0.4
9e	Hispanic (% of 9a)	6.3	7.7	0.0	0.0	7.8	7.4	14.6
9f	Primary cause of ESRD (% of 9a; sums to 100%)							
	Diabetes	31.3	30.8	44.4	58.3	47.1	44.3	45.7
	Hypertension	31.3	23.1	33.3	25.0	18.5	20.2	29.0
	Primary Glomerulonephritis	12.5	15.4	11.1	16.7	11.0	11.0	7.3
	Other/Missing	25.0	30.8	11.1	0.0	23.3	24.5	18.0
9g	Medical coverage (% of 9a; sums to 100%)							
	Employer group only	18.8	15.4	5.6	25.0	15.1	14.9	14.7
	Medicare only	25.0	30.8	22.2	8.3	22.1	24.1	24.2
	Medicaid only	12.5	15.4	11.1	8.3	10.7	9.6	11.8
	Medicare and Medicaid only	6.3	7.7	16.7	8.3	12.4	11.2	13.5
	Medicare and Other	18.8	30.8	44.4	33.3	25.1	25.0	20.7
	Other/Unknown	6.3	0.0	0.0	0.0	8.4	8.2	7.7
	None	12.5	0.0	0.0	16.7	6.2	6.9	7.4
9h	Body Mass Index <sup>*5</sup>							
	Male	26.1	23.6	29.0	34.7	27.7	27.8	27.6
	Female	27.6	20.6	23.0	39.7	29.2	29.2	28.9
9i	Employment <sup>*6</sup>							
	Six months prior to ESRD treatment	62.5	33.3	20.0	33.3	39.4	38.6	33.7
	At first ESRD treatment	37.5	33.3	20.0	33.3	29.6	27.3	20.3
9j	Primary modality (% of 9a; sums to 100%)							
	Hemodialysis	87.5	92.3	100	100	90.2	89.2	92.5
	CAPD/CCPD	12.5	7.7	0.0	0.0	9.7	10.7	7.5
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.2	0.1	0.0
9k	Number of incident hemodialysis patients (n)	14	12	18	12	30.5	26.7	26.7
9l	Access used at first outpatient dialysis (% of 9k; sums to 100%)							
	Arteriovenous fistula	28.6	8.3	38.9	33.3	24.8	23.5	15.8
	Arteriovenous graft	7.1	0.0	5.6	0.0	3.2	3.3	2.9
	Catheter	64.3	91.7	55.6	66.7	71.9	73.2	81.1
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.2
9m	Arteriovenous fistulae placed (% of 9k)	42.9	41.7	72.2	50.0	43.3	42.1	33.0
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>								
9n	Hemoglobin (g/dL [3-18])	9.6	10.5	10.1	9.7	9.9	10.0	9.7
9o	Serum Albumin (g/dL [0.8-6.0])	3.5	3.7	3.6	3.7	3.3	3.3	3.2

(continued)

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**TABLE 9 (cont.): Characteristics of New Dialysis Patients<sup>\*1</sup>, 2008-2011 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	State	Network	U.S.
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>							
9p Serum Creatinine (mg/dL [2-33])	6.3	6.6	6.3	7.3	6.2	6.0	6.2
9q GFR (mL/min [0-60])	9.2	10.6	9.5	9.8	10.8	11.1	11.2
<b>Care Prior to ESRD Therapy</b>							
9r Received ESA prior to ESRD (% of 9a)	68.8	46.2	61.1	25.0	31.0	28.5	19.8
9s Pre-ESRD nephrologist care (% of 9a; sums to 100%)							
No	12.5	7.7	5.6	33.3	24.6	23.7	28.6
Yes, < 6 months	6.3	15.4	33.3	16.7	14.9	14.2	16.3
Yes, 6-12 months	31.3	15.4	11.1	8.3	17.7	17.5	16.3
Yes, > 12 months	37.5	53.8	50.0	33.3	41.6	42.2	26.1
Unknown/missing	12.5	7.7	0.0	8.3	1.3	2.5	12.7
9t Informed of transplant options (% of 9a)	37.5	53.8	33.3	58.3	65.9	67.6	77.8
9u Patients not informed of transplant options (n)	10	6	12	5	13.4	11.1	6.4
9v Reason not informed (% of 9u; may not sum to 100%)							
Medically unfit	20.0	50.0	50.0	40.0	45.6	42.9	31.9
Unsuitable due to age	20.0	16.7	16.7	0.0	12.6	16.0	24.4
Psychologically unfit	20.0	16.7	8.3	0.0	2.2	1.8	3.1
Patient declined information	0.0	0.0	0.0	0.0	0.9	0.9	1.4
Patient has not been assessed	50.0	50.0	25.0	60.0	41.1	42.2	43.7
<b>Comorbid Conditions</b>							
9w Pre-existing Comorbidity (% yes of 9a)							
Congestive heart failure	43.8	38.5	61.1	50.0	31.7	31.3	31.8
Atherosclerotic heart disease <sup>**7</sup>	56.3	38.5	61.1	41.7	25.5	25.3	20.0
Other cardiac disorder <sup>**7</sup>	18.8	15.4	33.3	0.0	15.6	14.7	18.1
CVD, CVA, TIA	18.8	23.1	22.2	16.7	10.0	10.7	9.2
Peripheral vascular disease	31.3	7.7	22.2	16.7	14.8	15.2	13.1
History of hypertension	87.5	84.6	100	91.7	86.2	87.1	86.8
Diabetes <sup>**7</sup>	50.0	38.5	55.6	75.0	59.9	57.6	59.8
Diabetes on insulin	25.0	23.1	38.9	50.0	43.0	41.2	39.2
COPD	25.0	7.7	38.9	16.7	10.9	10.5	9.7
Current smoker	6.3	15.4	16.7	33.3	8.8	8.7	6.3
Cancer	12.5	7.7	22.2	0.0	9.2	9.0	7.8
Alcohol dependence	6.3	7.7	5.6	0.0	1.2	1.6	1.7
Drug dependence	6.3	0.0	11.1	0.0	1.6	1.2	1.2
Inability to ambulate	12.5	23.1	16.7	0.0	5.9	5.7	7.2
Inability to transfer	0.0	23.1	0.0	0.0	2.8	2.4	3.9
9x Average number of comorbid conditions	4.0	3.5	5.1	3.9	3.3	3.2	3.2

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.

[\*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.

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**TABLE 10: Summaries for All Dialysis Patients Treated as of December 31 of Each Year<sup>\*1</sup>, 2008-2011**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	State	Network	U.S.
10a Patients treated on 12/31 (n)	65	65	53	55	76.0	61.9	65.5
10b Average age (years)	65.1	66.1	67.4	64.8	61.2	61.2	61.3
10c Age (% of 10a; sums to 100%)							
< 18	0.0	0.0	0.0	0.0	0.6	0.5	0.4
18-64	43.1	41.5	39.6	45.5	55.0	55.1	56.1
65+	56.9	58.5	60.4	54.5	44.4	44.4	43.6
10d Female (% of 10a)	44.6	47.7	43.4	36.4	44.2	43.2	44.7
10e Race (% of 10a; sums to 100%) <sup>*3</sup>							
African American	9.2	7.7	5.7	9.1	12.0	9.3	37.3
Asian/Pacific Islander	18.5	21.5	18.9	14.5	13.9	10.1	5.2
Native American	1.5	0.0	1.9	3.6	2.5	3.9	1.4
White	70.8	70.8	73.6	72.7	70.9	76.2	55.0
Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.6	0.6	1.0
10f Ethnicity (% of 10a; sums to 100%)							
Hispanic	3.1	3.1	7.5	3.6	9.6	9.5	16.3
Non-Hispanic	95.4	93.8	88.7	94.5	89.4	89.6	82.2
Unknown	1.5	3.1	3.8	1.8	1.0	0.9	1.5
10g Cause of ESRD (% of 10a; sums to 100%)							
Diabetes	36.9	38.5	41.5	47.3	45.0	43.5	44.3
Hypertension	29.2	24.6	22.6	16.4	17.6	17.8	28.4
Glomerulonephritis	13.8	15.4	17.0	14.5	15.3	15.8	11.3
Other/Unknown	18.5	20.0	17.0	18.2	20.9	21.8	14.7
Missing	1.5	1.5	1.9	3.6	1.1	1.0	1.3
10h Average duration of ESRD (years)	4.4	4.3	4.9	4.6	4.7	4.6	4.6
10i Years since start of ESRD (% of 10a; sums to 100%)							
< 1	10.8	15.4	15.1	18.2	17.8	17.0	16.7
1-2	21.5	13.8	11.3	18.2	18.7	19.4	18.1
2-3	21.5	20.0	9.4	10.9	16.0	16.1	14.5
3-6	26.2	30.8	39.6	29.1	24.3	24.6	26.4
6+	20.0	20.0	24.5	23.6	23.3	22.9	24.4
10j Nursing home patients (% of 10a) <sup>*4</sup>	13.8	18.5	18.9	9.1	7.9	7.0	7.8
10k Modality (% of 10a; sums to 100%)							
In-center hemodialysis	100	96.9	100	100	85.7	83.9	89.2
Home hemodialysis	0.0	0.0	0.0	0.0	3.3	2.8	1.6
Continuous ambulatory peritoneal dialysis	0.0	0.0	0.0	0.0	1.7	2.6	2.3
Continuous cycling peritoneal dialysis	0.0	1.5	0.0	0.0	8.5	10.0	6.2
Other modality <sup>*5</sup>	0.0	1.5	0.0	0.0	0.8	0.7	0.8

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>, 2008-2011**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	State	Network	U.S.
11a Medicare dialysis patients on 12/31 (n)	50	53	48	50	61.0	48.6	51.7
11b Comorbidity (% yes of 11a)							
<b>Infections</b>							
AIDS/HIV positive	2.0	0.0	0.0	0.0	0.8	0.7	1.8
Dialysis access-related	4.0	18.9	8.3	12.0	16.4	16.5	17.2
Hepatitis B	2.0	0.0	0.0	2.0	1.3	1.0	3.0
Hepatitis other	4.0	5.7	4.2	6.0	5.8	5.4	6.8
Metastatic	8.0	5.7	2.1	2.0	5.4	4.7	4.5
Pneumonia	2.0	1.9	0.0	0.0	6.7	6.5	6.3
Tuberculosis	2.0	1.9	0.0	2.0	0.4	0.3	0.7
Other	56.0	50.9	39.6	40.0	43.5	41.3	46.7
<b>Cardiovascular</b>							
Cardiac arrest	0.0	0.0	0.0	2.0	1.8	1.5	1.6
Cardiac dysrhythmia	42.0	52.8	45.8	44.0	35.7	35.1	36.6
Cerebrovascular disease	24.0	20.8	16.7	28.0	23.5	21.1	26.9
Congestive heart failure	30.0	52.8	35.4	36.0	47.0	45.2	51.6
Ischemic heart disease	50.0	50.9	39.6	50.0	41.4	41.0	50.4
Myocardial infarction	10.0	9.4	6.3	14.0	7.3	7.3	8.6
Peripheral vascular disease <sup>*3</sup>	44.0	43.4	37.5	42.0	41.2	37.2	44.4
<b>Other</b>							
Alcohol dependence	4.0	0.0	0.0	8.0	3.1	3.3	2.9
Anemia	6.0	0.0	4.2	4.0	8.1	7.2	9.9
Cancer	12.0	13.2	8.3	12.0	10.3	9.7	11.0
Chronic obstructive pulmonary disease	20.0	18.9	8.3	18.0	28.8	28.1	31.6
Diabetes	42.0	52.8	52.1	60.0	61.4	60.1	64.9
Drug dependence	4.0	1.9	2.1	4.0	4.3	4.0	2.3
Gastrointestinal tract bleeding	0.0	1.9	0.0	2.0	3.6	3.3	3.5
Hyperparathyroidism	86.0	84.9	93.8	96.0	91.8	89.0	89.8
11c Average number of comorbid conditions	4.5	4.9	4.0	4.8	4.9	4.7	5.2

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 both 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>, 2008-2011**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	State	Network	U.S.
12a Number of patients placed in facility <sup>*1</sup> (n)	93	90	82	77	105.5	87.4	91.1
12b Initial patient placement for the year (% of 12a; sums to 100%)							
Continuing at facility on 01/01	75.3	72.2	78.0	67.5	69.7	68.7	70.1
Incident (new to ESRD)	11.8	17.8	15.9	18.2	19.2	18.8	18.5
Transferred into facility	12.9	10.0	6.1	14.3	11.1	12.5	11.4
12c Patient status at end of year (% of 12a; sums to 100%)							
Alive in this facility on 12/31	69.9	72.2	64.6	71.4	72.1	70.8	71.9
Alive in another facility on 12/31	12.9	5.6	9.8	5.2	7.9	9.3	8.3
Received a transplant	7.5	3.3	2.4	0.0	3.3	3.1	2.6
Died; death attributed to this facility	8.6	16.7	23.2	20.8	13.3	13.2	13.3
Died; death attributed to another facility	1.1	0.0	0.0	0.0	1.1	1.2	1.3
Other <sup>*3</sup>	0.0	2.2	0.0	2.6	2.3	2.4	2.5

[\*1] Patient assignment for Tables 1, 2, 3, 10, and 11 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>, 2008-2011**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2011		
	2008	2009	2010	2011	State	Network	U.S.
<b>Patients Treated During the Year</b>							
13a Patients treated during year (n)	107	103	102	89	122.6	101.2	103.3
13b Incident patients (% of 13a)	15.0	14.6	17.6	12.4	18.2	18.2	18.3
13c Transferred into facility (% of 13a)	15.0	14.6	16.7	20.2	16.1	15.6	13.4
13d Transferred out of facility (% of 13a)	17.8	19.4	24.5	15.7	15.5	15.4	14.0
<b>Patients Treated on 12/31</b>							
13e Patients treated on 12/31 (n)	73	66	59	57	84.1	68.8	71.4
13f Patient modality on 12/31 (n; sums to 13e)							
In-center HD	72	66	59	57	73.0	58.5	64.3
Frequency <= 4 times per week	72	66	59	57	72.9	58.5	64.4
Frequency > 4 times per week	0	0	0	0	0.0	0.0	0.2
In-center CAPD <sup>*3</sup>	1	0	0	0	0.0	0.0	0.0
In-center CCPD <sup>*3</sup>	0	0	0	0	0.1	0.0	0.0
In-center Other <sup>*3</sup>	0	0	0	0	0.0	0.0	0.0
Home HD	0	0	0	0	2.6	1.8	1.1
Frequency <= 4 times per week	0	0	0	0	0.3	0.2	0.7
Frequency > 4 times per week	0	0	0	0	2.3	1.5	0.4
Home CAPD	0	0	0	0	1.6	1.9	1.9
Home CCPD	0	0	0	0	6.8	6.5	4.2
Home Other <sup>*3</sup>	0	0	0	0	0.1	0.0	0.0
13g Vocational Rehabilitation: Patients aged 18-54 (n)	23	19	15	15	25.4	20.6	21.9
Employed (full or part-time) (% of 13g)	39.1	52.6	26.7	26.7	26.4	24.4	20.4
Attending School (full or part-time) (% of 13g)	0.0	10.5	6.7	0.0	3.5	3.8	3.1
13h Medicare eligibility status on 12/31 (% of 13e; sums to 100% <sup>*4</sup> )							
Medicare	83.6	86.4	94.9	93.0	87.4	89.0	86.4
Medicare application pending	6.8	9.1	1.7	5.3	7.0	5.9	9.2
Non-Medicare	9.6	4.5	3.4	1.8	5.6	5.1	4.4
<b>Facility Staffing on 12/31 <sup>*5</sup></b>							
13i Total full and part time staff positions (n)	17	19	21	19	20.1	16.1	14.2
13j Staff positions by type (n; sums to 13i)							
Full time nurse <sup>*6</sup>	2	3	3	3	5.4	4.8	4.8
Full time patient care technician	7	8	7	7	7.4	5.9	5.4
Full time renal dietitian	0	0	0	0	0.4	0.4	0.5
Full time social worker	0	1	1	0	0.5	0.4	0.5
Part time nurse <sup>*6</sup>	6	5	6	5	2.4	1.5	1.0
Part time patient care technician	0	1	3	2	2.2	1.5	0.8
Part time renal dietitian	1	1	1	1	0.9	0.8	0.6
Part time social worker	1	0	0	1	0.8	0.7	0.6

[\*1] See *Guide, Section XVI* (Table 13).

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

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

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

[\*4] Data as of March 31, 2012. 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 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, practice nurse degree.



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**TABLE 14: Survey and Certification Activity<sup>\*1</sup>**

Measure Name	This Facility	Regional Averages		
		State	Network	U.S.
14a Date of last survey	07/07/2009	n/a	n/a	n/a
14b Type of last survey	Recertification	n/a	n/a	n/a
14c Compliance condition after last survey	Meets requirements	n/a	n/a	n/a
14d Number of deficiencies cited at last survey				
Condition for coverage (CfC) deficiencies	0	0.2	0.2	0.4
Standard deficiencies	6	10.7	6.6	7.1
14e 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	2.8	2.4	5.2
V175 Water and Dialysate Quality	No, not cited	1.4	4.9	4.0
V300 Reuse of Hemodialysis and Bloodlines	No, not cited	0.0	0.6	0.4
V400 Physical Environment	No, not cited	5.6	3.7	2.7
V450 Patient Rights	No, not cited	0.0	0.0	0.4
V500 Patient Assessment	No, not cited	1.4	0.6	4.1
V540 Patient Plan of Care	No, not cited	1.4	2.4	4.7
V580 Care at Home	No, not cited	0.0	0.0	0.6
V625 Quality Assessment & Performance improvement	No, not cited	1.4	3.0	4.5
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	0.6	0.8
V710 Responsibilities of the Medical Director	No, not cited	1.4	1.8	4.8
V725 Medical Records	No, not cited	0.0	0.0	0.5
V750 Governance	No, not cited	4.2	3.7	4.5

n/a = not applicable

[\*1] See *Guide, Section XVII*. 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 15: Facility Information<sup>\*1</sup>, 2012**

Characteristic	This Facility
Ownership:	Nonprofit
Organization:	REGIONAL-NORTHWEST KIDNEY CENTERS
Initial Medicare certification date:	01/25/2002
Number of stations <sup>*2</sup> :	13
Services provided <sup>*2</sup> :	Hemodialysis and Peritoneal Dialysis
CMS Certification Number (CCN) included in this report:	502536
National Provider Identifier (NPI) <sup>*3</sup> :	1972696581

[\*1] Information based on SIMS data as of March 31, 2012. See *Guide, Section XVIII*.

[\*2] Information based on data available on DFC as of May 1, 2012.

[\*3] Information based on CROWNWeb data as of March 2012. If missing, data were not available.