

# 2014 Dialysis Facility Report

## (for CMS Survey use in FY 2015)

### Purpose of the Report

The *2014 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 2015 survey and certification process.

This report has been prepared for this facility by the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) with funding from the Centers for Medicare & Medicaid Services (CMS) and is based primarily on Medicare claims and data collected for CMS. It is the nineteenth in a series of annual reports. This is one of 6,371 reports that have been distributed to ESRD providers in the U.S.

### **This DFR includes data specific to CCN(s): 502507**

**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 2010 and December 2013. Mortality, hospitalization, and transplantation statistics are reported for a three- or four-year period. Regional and national averages are included to allow for comparisons. Several of the summaries of patient mortality, hospitalization, and transplantation are adjusted to account for the characteristics of the patient mix at this facility, such as age, sex and diabetes as a cause of ESRD. Unless otherwise specified, data refer to hemodialysis (HD) and peritoneal dialysis (PD) patients combined.

Selected highlights from this report are given on pages 2 through 4. For a complete description of the methods used to calculate the statistics in this report, please see the *Guide to the 2014 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 your 2014 DFR. The UM-KECC ESRD database now includes the new web-based data collection system, CROWNWeb. It was rolled out nationally in May 2012 and replaces the functionality of SIMS. Authorized users may now securely submit, update, and verify data provided to Medicare about people who have ESRD on a monthly basis. Table 14 presents descriptive statistics on a portion of the CROWNWeb clinical data. In addition, the Influenza Vaccination table (Table 5) has been amended to include a fourth year of vaccination statistics to assess the percentage of patients vaccinated by December 31<sup>st</sup>, 2013.

Table 6 now includes a transfusion summary for adult Medicare dialysis patients treated in your facility and the Standardized Transfusion Ratio (STrR) that allows for national comparison of transfusion activity.

### How to Submit Comments

**Between July 15, 2014 and August 15, 2014**, 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.

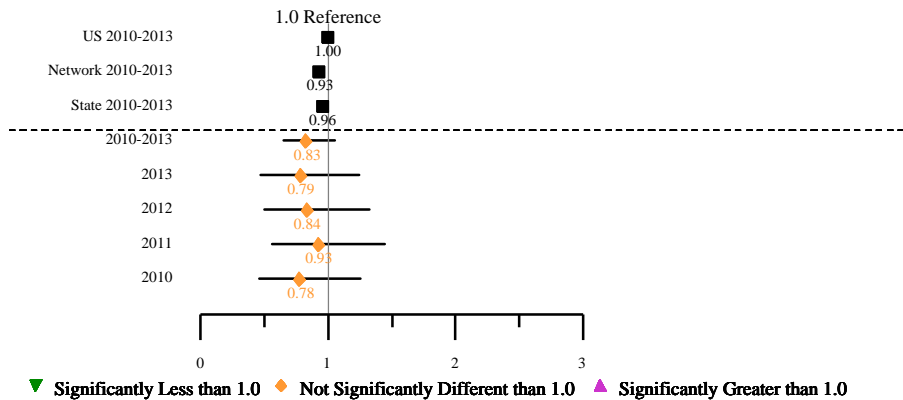
- (1) **State Surveyor:** Dialysis facilities may submit comments on the DFR for their state's surveyors. State surveyor(s) will receive a copy of their DFR with the comments they submitted in September 2014.
- (2) **UM-KECC:** Submit questions or suggestions to improve the DFR to UM-KECC. These comments will not be shared with CMS or your state surveyor.

## Facility Highlights

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

- At this facility, the 2010-2013 SMR is 0.83, which is 17% fewer deaths than expected at this facility. Among all U.S. facilities, 24% of facilities had a four-year SMR lower than 0.83. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The 2010-2013 SMR of observed to expected deaths is 0.96 and 0.93 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.

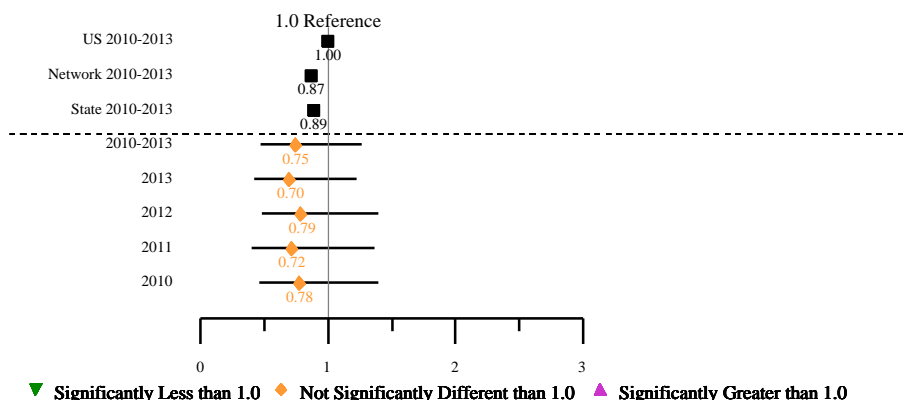


- At this facility, the 2010-2012 first-year SMR of observed to expected deaths is 0.55, which is 45% fewer deaths than expected at this facility. Among all U.S. facilities, 16% of facilities had a first-year SMR lower than 0.55. This difference is statistically significant ( $p < 0.05$ ), so this lower mortality is unlikely to be due to random chance and probably represents a real difference from the expected mortality in the nation. The first-year SMR (2010-2012) of observed to expected deaths is 0.86 and 0.84 for your State and Network, respectively.

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

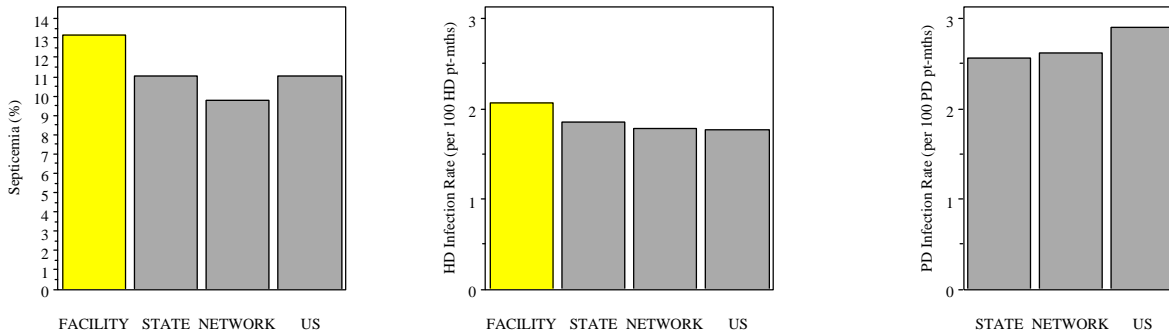
- The 2010-2013 SHR (ED) at this facility is 0.79, which is 21% fewer ED visits than expected. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower ED visit ratio could plausibly be just a chance occurrence. The 2010-2013 SHR (ED) for your State and Network is 0.97 and 0.95, respectively.
- The 2010-2013 SHR (Days) at this facility is 0.62, which is 38% 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 2010-2013 SHR (Days) for your State and Network is 0.69 and 0.68, respectively.
- The 2010-2013 SHR (Admissions) at this facility is 0.75, which is 25% 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 2010-2013 SHR (Admissions) for your State and Network is 0.89 and 0.87, respectively.

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



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

- The percentage of Medicare dialysis patients at this facility hospitalized with septicemia during 2010-2013 was 13.1%, compared to 11.1% in your State, 9.8% in your Network, and 11.0% nationally.
- The rate of HD infection among HD patients at this facility in 2013 was 2.1 per 100 HD patient-months, compared to 1.9 in your State, 1.8 in your Network, and 1.8 nationally.
- The rate of PD catheter-related infection is unavailable. The rates of PD catheter-related infection are 2.6, 2.6, and 2.9 for your State, Network and U.S., respectively.



**Transplantation (Table 3):**

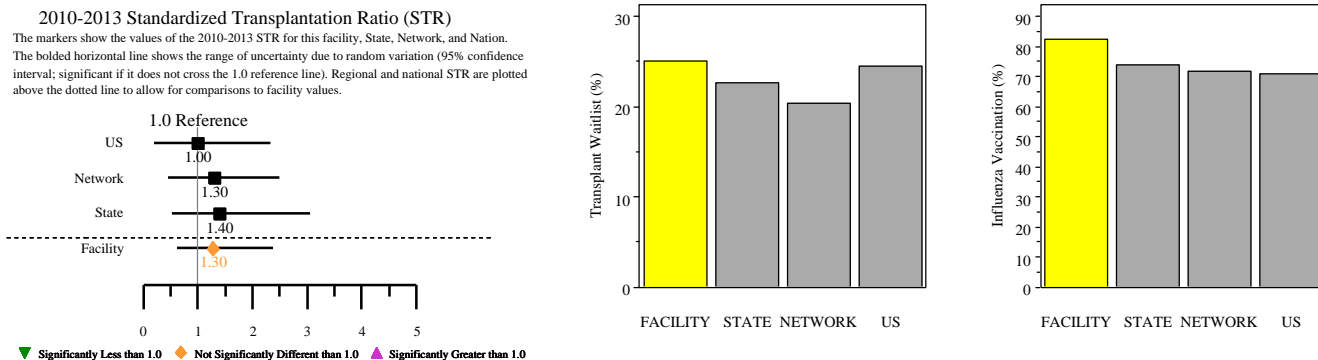
- Of the patients under age 70 treated at this facility during 2010-2013 who had not previously received a transplant, 5% were transplanted annually, while a rate of 4% would be expected for these patients.
- The 2010-2013 Standardized 1<sup>st</sup> Transplantation Ratio (STR) of observed to expected number of patients transplanted for this facility is 1.30, which is 30% 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 2010-2013 STR for your State and Network is 1.40 and 1.30, respectively.

**Transplant Waitlist (Table 4):**

- Among the 76 dialysis patients under age 70 treated at this facility on December 31, 2013, 25% were on the kidney transplant waitlist compared to 25% nationally. This difference is not statistically significant ( $p \geq 0.05$ ) and is plausibly due to random chance. The percentage of patients on the kidney transplant waitlist on December 31, 2013 in your State and Network is 23% and 20%, respectively.

**Influenza Vaccination (Table 5):**

- Among the 97 Medicare dialysis patients treated at this facility on December 31, 2013, 82% were vaccinated between August 1 and December 31, 2013 compared to 71% nationally. 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 74%, 72%, and 71%, respectively.

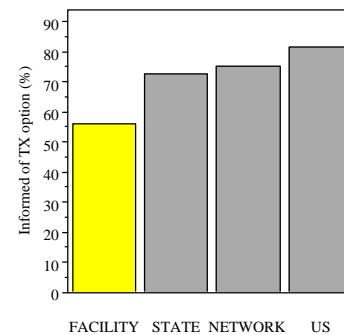
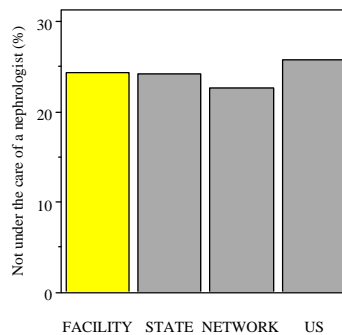
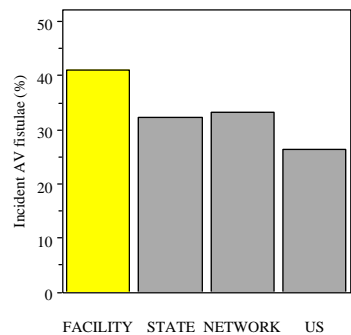
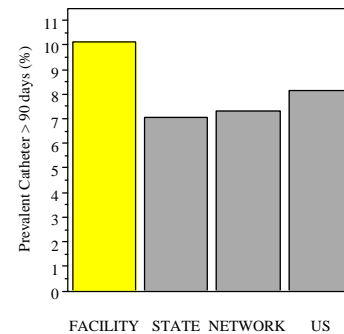
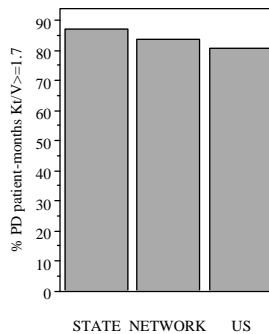
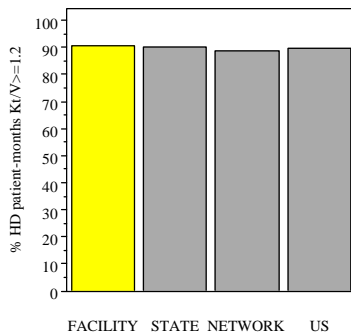


**Practice Patterns (Tables 6 and 7):**

- Among the 90 ESA-treated dialysis patients included in the analysis in 2013, the average hemoglobin calculated is 10.5 g/dL, compared to 10.5 g/dL in your State, 10.6 g/dL in your Network, and 10.5 g/dL nationally.
- Among the 88 HD patients in this facility included in the analysis in 2013, 98% had URR above the KDOQI minimum value for URR (65%), compared to 99% in your State, 99% in your Network, and 99% nationally.
- In 2013, 91% of eligible HD patient-months had a Kt/V  $\geq 1.2$ , compared to 90% in your State, 89% in your Network, and 90% nationally.
- In 2013, the percent of eligible PD patient-months that had a Kt/V  $\geq 1.7$  is unavailable. The percent of patients with Kt/V  $\geq 1.7$  in your State, Network, and US is 87%, 84%, and 81% respectively.
- At this facility in 2013, an average of 41% of incident patients had arteriovenous (AV) fistulae in place, compared to 32% in your State, 33% in your Network, and 26% nationally.
- Of the prevalent patients receiving hemodialysis treatment at this facility in 2013, 10% had a catheter which had been in place for at least 90 days as their only vascular access, compared to 7% in your State, 7% in your Network, and 8% nationally.

**Patient Characteristics (Tables 9 and 10):**

- Among the 41 patients with Medical Evidence Forms (CMS-2728) indicating treatment at this facility during 2013:
  - 24% of these patients were not under the care of a nephrologist before starting dialysis, compared to 24% in your State, 23% in your Network, and 26% nationally.
  - 56% of these patients were informed of their transplant options, compared to 72% in your State, 75% in your Network, and 82% nationally.
- Among the patients treated at this facility on December 31, 2013, 21% were treated in a nursing home during the year, compared to 15% nationally.



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

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 1: Mortality Summary for All Dialysis Patients (2010-13) & New Dialysis Patients (2010-12)\*1**

Measure Name	This Facility					Regional Averages*2, per Year, 2010-2013		
	2010	2011	2012	2013	2010-2013	State	Network	U.S.
<b>All Patients: Death Rates</b>								
1a Patients (n=number)	119	133	155	165	572 *9	101.0	82.0	93.7
1b Patient-years (PY) at risk (n)	88.4	86.0	99.5	105.8	379.7 *9	71.2	57.9	63.6
1c Deaths (n)	17	19	18	18	72 *9	13.2	10.6	11.5
1d Expected deaths (n)	21.7	20.5	21.5	22.9	86.6 *9	13.8	11.3	11.5
<b>All Patients: Categories of Death</b>								
1e Withdrawal from dialysis prior to death (% of 1c)	23.5	52.6	44.4	44.4	41.7	40.4	41.9	25.7
1f Death due to: Infections (% of 1c)	5.9	15.8	16.7	44.4	20.8	14.7	14.8	13.8
Cardiac causes (% of 1c)	88.2	42.1	44.4	27.8	50.0	39.1	42.0	46.0
1g Dialysis unrelated deaths*3 (n; excluded from SMR)	0	0	0	0	0 *9	0.1	0.1	0.1
<b>All Patients: Standardized Mortality Ratio (SMR)</b>								
1h SMR *5	0.78	0.93	0.84	0.79	0.83	0.96	0.93	1.00
1i P-value *6	0.373	0.850	0.530	0.360	0.123	n/a	n/a	n/a
1j Confidence interval for SMR *7								
High (97.5% limit)	1.26	1.45	1.32	1.24	1.05	n/a	n/a	n/a
Low (2.5% limit)	0.46	0.56	0.50	0.47	0.65	n/a	n/a	n/a
1k SMR percentiles for this facility (i.e., percent of facilities with lower mortality rates)*8								
In this State	29	47	36	33	25	n/a	n/a	n/a
In this Network	35	51	45	33	32	n/a	n/a	n/a
In the U.S.	28	43	35	29	24	n/a	n/a	n/a
<b>Regional Averages*2, per Year, 2010-2012</b>								
<b>New Patients: First Year Death Rates</b>								
1l New patients (n=number)	16	28	44		88 *9	21.2	17.9	18.0
1m Patient-years (PY) at risk (n)	14.7	25.3	39.0		79.0 *9	18.7	15.8	15.6
1n Deaths (n)	2	4	6		12 *9	4.0	3.3	3.8
1o Expected deaths (n)	5.4	6.1	10.1		21.6 *9	4.6	4.0	3.8
<b>New Patients: Categories of Deaths</b>								
1p Withdrawal from dialysis prior to death (% of 1n)	100	50.0	33.3		50.0	43.7	44.0	27.9
1q Death due to: Infections (% of 1n)	0.0	25.0	16.7		16.7	13.0	13.6	12.8
Cardiac causes (% of 1r)	50.0	0.0	50.0		33.3	36.4	39.6	41.6
<b>New Patients: First Year Standardized Mortality Ratio (SMR)</b>								
1r SMR *5	0.37	0.66	0.59		0.55	0.86	0.84	1.00
1s P-value *6	0.184	0.552	0.244		0.036	n/a	n/a	n/a
1t Confidence interval for SMR *7								
High (97.5% limit)	1.33	1.69	1.29		0.97	n/a	n/a	n/a
Low (2.5% limit)	0.04	0.18	0.22		0.29	n/a	n/a	n/a
1u First Year SMR percentiles for this facility (i.e., percent of facilities with lower mortality rates)*8								
In this State	12	47	31		21	n/a	n/a	n/a
In this Network	15	42	37		25	n/a	n/a	n/a
In the U.S.	16	32	28		16	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] Not shown if fewer than 3 expected deaths.

\*5] Calculated as a ratio of deaths to expected deaths (1c to 1d for all patients, 1n to 1o for new patients).

\*6] 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.

\*7] The confidence interval range represents uncertainty in the value of the SMR due to random variation.

\*8] All facilities are included in ranking, regardless of the number of expected deaths.

\*9] Sum of 4 years (all patients) or 3 years (new patients) used for calculations; should not be compared to regional averages.

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 2: Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2010-2013**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2010-2013		
	2010	2011	2012	2013	2010-2013	State	Network	U.S.
<b>Medicare Dialysis Patients</b>								
2a Medicare dialysis patients (n)	103	112	128	137	480 <sup>*3</sup>	81.7	65.1	73.7
2b Patient-years (PY) at risk (n)	75.1	73.9	78.9	86.1	314.0 <sup>*3</sup>	54.1	42.4	46.1
<b>Days Hospitalized Statistics</b>								
2c Total days hospitalized (n)	497	662	789	758	2706 <sup>*3</sup>	517.0	392.4	625.7
2d Expected total days hospitalized (n)	1078.4	1054.2	1077.8	1150.1	4360.5 <sup>*3</sup>	746.3	578.2	626.9
2e Standardized Hospitalization Ratio (Days) <sup>*4</sup>	0.46	0.63	0.73	0.66	0.62	0.69	0.68	1.00
2f P-value <sup>*5</sup>	0.122	0.275	0.426	0.253	0.183	n/a	n/a	n/a
2g Confidence interval for SHR (Days) <sup>*6</sup>								
High (97.5% limit)	1.22	1.42	1.51	1.32	1.24	n/a	n/a	n/a
Low (2.5% limit)	0.18	0.29	0.38	0.35	0.33	n/a	n/a	n/a
2h Percentiles for this facility (i.e., % of facilities with lower hospitalization rates [days]) <sup>*7</sup>								
In this State	19	47	55	43	34	n/a	n/a	n/a
In this Network	23	52	61	48	42	n/a	n/a	n/a
In the U.S.	7	17	28	19	12	n/a	n/a	n/a
<b>Admission Statistics</b>								
2i Total admissions (n)	117	106	120	115	458 <sup>*3</sup>	93.1	70.6	88.1
2j Expected total admissions (n)	150.8	148.1	151.4	164.2	614.6 <sup>*3</sup>	105.0	81.6	88.2
2k Standardized Hospitalization Ratio (Admissions) <sup>*4</sup>	0.78	0.72	0.79	0.70	0.75	0.89	0.87	1.00
2l P-value <sup>*5</sup>	0.429	0.330	0.451	0.228	0.292	n/a	n/a	n/a
2m Confidence interval for SHR (Admissions) <sup>*6</sup>								
High (97.5% limit)	1.40	1.36	1.39	1.23	1.26	n/a	n/a	n/a
Low (2.5% limit)	0.46	0.40	0.48	0.42	0.47	n/a	n/a	n/a
2n Percentiles for this facility (i.e., % of facilities with lower hospitalization rates [admissions]) <sup>*7</sup>								
In this State	31	23	26	25	24	n/a	n/a	n/a
In this Network	37	30	38	32	33	n/a	n/a	n/a
In the U.S.	24	17	26	15	16	n/a	n/a	n/a
2o Diagnoses associated with hospitalization (% of 2a) <sup>*8</sup>								
Septicemia	11.7	12.5	15.6	12.4	13.1	11.1	9.8	11.0
Acute myocardial infarction	1.9	4.5	4.7	2.2	3.3	4.4	4.3	4.2
Congestive heart failure	11.7	18.8	19.5	16.1	16.7	21.7	20.3	23.3
Cardiac dysrhythmia	11.7	16.1	17.2	13.1	14.6	16.6	15.2	15.3
Cardiac arrest	2.9	0.9	0.8	1.5	1.5	1.9	1.7	1.8
2p One day admissions (% of 2i)	23.9	23.6	18.3	15.7	20.3	17.5	17.2	13.2
2q Average length of stay (days per admission; 2c/2i)	4.2	6.2	6.6	6.6	5.9	5.6	5.6	7.1
2r Readmissions within 30 days (n) <sup>*9</sup>	36	21	36	24	117 <sup>*3</sup>	26.7	19.1	27.1
2s Admissions that result in readmission within 30 days (% of 2i) <sup>*9</sup>	30.8	19.8	30.0	20.9	25.5	28.7	27.0	30.7

(continued)

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 2 (cont.): Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2010-2013**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2010-2013		
	2010	2011	2012	2013	2010-2013	State	Network	U.S.
<b>Emergency Department (ED) Statistics</b>								
2t Total ED visits (n)	160	183	205	205	753 <sup>*3</sup>	160.0	122.5	138.8
2u Expected total ED visits (n)	224	226	237	263	951 <sup>*3</sup>	165.0	128.8	139.2
2v Standardized Hospitalization Ratio (ED) <sup>*4</sup>	0.71	0.81	0.86	0.78	0.79	0.97	0.95	1.00
2w P-value <sup>*5</sup>	0.313	0.531	0.674	0.363	0.386	n/a	n/a	n/a
2x Confidence interval for SHR (ED) <sup>*6</sup>								
High (97.5% limit)	1.32	1.45	1.49	1.28	1.29	n/a	n/a	n/a
Low (2.5% limit)	0.42	0.49	0.54	0.51	0.52	n/a	n/a	n/a
2y Percentiles for this facility (i.e., % of facilities with lower hospitalization rates [ED]) <sup>*7</sup>								
In this State	15	24	36	26	20	n/a	n/a	n/a
In this Network	18	30	36	27	22	n/a	n/a	n/a
In the U.S.	15	26	33	21	19	n/a	n/a	n/a
2z Patients with ED visit (% of 2a)	55.3	68.8	58.6	62.8	61.5	62.7	61.9	61.2
2aa ED visits that result in hospitalization (% of 2t)	49.4	39.9	48.8	43.9	45.4	43.8	41.2	49.2
2ab Admissions that originate in the ED (% of 2i)	67.5	68.9	83.3	78.3	74.7	75.2	71.5	77.6

n/a = not applicable.

[\*1] Based on patients with Medicare as primary insurer; see *Guide, Section V*.

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

[\*3] Sum of 4 years used for calculations; should not be compared to regional averages.

[\*4] Standardized 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 less than 5 patient years at risk.

[\*5] 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.

[\*6] The confidence interval range represents uncertainty in the value of the Standardized Hospitalization Ratio (SHR) due to random variation.

[\*7] All facilities are included in ranking, regardless of the number of patient years at risk.

[\*8] Includes diagnoses present at admission and diagnoses added during the hospital stay.

[\*9] This value may be an underestimate since readmissions discharged after December 31, 2013 are not included.

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 3: Transplantation Summary for Dialysis Patients under Age 70<sup>\*1</sup>, 2010-2013**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2010-2013		
	2010	2011	2012	2013	2010-2013	State	Network	U.S.
3a Eligible patients (n)	67	83	108	107	365 <sup>*10</sup>	68.8	56.2	64.4
3b Transplants (n)	2	3	5	4	14 <sup>*10</sup>	3.1	2.4	2.1
3c Donor type (sums to 3b <sup>*3</sup> )								
Living donor (n)	1	1	2	0	4 <sup>*10</sup>	0.9	0.8	0.6
Deceased donor (n)	1	2	3	4	10 <sup>*10</sup>	2.3	1.7	1.5
<b>Patients who have not Previously Received a Transplant</b>								
3d Eligible patients (n)	56	67	88	92	303 <sup>*10</sup>	62.4	50.7	58.0
3e Patient years (PY) at risk (n)	42.4	40.7	50.8	57.8	191.6 <sup>*10</sup>	44.0	35.9	39.9
3f First transplants <sup>*4</sup> (n)	2	3	3	2	10 <sup>*10</sup>	2.8	2.1	1.8
3g Expected first transplants (n)	1.8	1.6	2.0	2.4	7.7 <sup>*10</sup>	2.0	1.6	1.8
<b>Standardized 1st Transplantation Ratio (STR)<sup>*5</sup></b>								
3h STR <sup>*6</sup>	.	.	.	.	1.30	1.40	1.30	1.00
3i P-value <sup>*7</sup>	.	.	.	.	0.497	n/a	n/a	n/a
3j Confidence interval for STR <sup>*8</sup>								
High (97.5% limit)	.	.	.	.	2.38	n/a	n/a	n/a
Low (2.5% limit)	.	.	.	.	0.62	n/a	n/a	n/a
3k STR percentiles for this facility (i.e., % of facilities with lower transplantation rates) <sup>*9</sup>								
In this State	.	.	.	.	53	n/a	n/a	n/a
In this Network	.	.	.	.	58	n/a	n/a	n/a
In the U.S.	.	.	.	.	67	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>, 2010-2013**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2013		
	2010	2011	2012	2013	State	Network	U.S.
4a Eligible patients on 12/31 (n)	54	63	71	76	54.6	46.1	47.6
4b Patients on the waitlist (% of 4a)	29.6	23.8	21.1	25.0	22.7	20.4	24.5
4c P-value (compared to U.S. value) <sup>*11</sup>	0.227	0.531	0.312	0.507	n/a	n/a	n/a
4d Patients on the waitlist by subgroup (%) <sup>*12</sup>							
Age < 40	25.0	44.4	25.0	41.7	37.9	30.9	36.7
Age 40-69	30.0	20.4	20.6	21.9	20.2	18.7	22.9
Male	31.4	21.6	23.8	32.5	22.4	20.6	25.6
Female	26.3	26.9	17.2	16.7	23.1	20.2	23.1
African American	55.6	57.1	20.0	10.0	23.3	20.8	22.8
Asian/Pacific Islander	23.1	20.0	28.6	29.4	27.7	26.9	36.9
Native American	0.0	0.0	0.0	0.0	13.5	16.4	19.2
White, Hispanic	.	0.0	0.0	40.0	22.1	19.4	27.9
White, non-Hispanic	23.3	18.4	22.0	26.2	21.9	19.9	23.3
Other/unknown race	100	100	.	.	28.6	20.0	29.4
Diabetes	33.3	9.5	10.7	22.6	16.3	14.7	19.9
Non-diabetes	27.3	31.0	27.9	26.7	28.0	25.1	28.2
Previous kidney transplant	36.4	53.3	45.5	27.3	42.2	36.6	45.1
No previous kidney transplant	27.9	14.6	16.7	24.6	20.6	18.7	22.6
< 2 years since start of ESRD	31.6	10.0	22.2	24.3	16.5	15.3	16.6
2-4 years since start of ESRD	28.6	21.1	14.3	38.9	26.8	24.2	29.0
5+ years since start of ESRD	28.6	37.5	23.8	14.3	25.9	23.0	28.8

n/a = not applicable [\*1] See *Guide, Sections 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 2010-2013, 3.8% of transplants in the U.S. were not included because the transplant occurred fewer than 90 days after the start of ESRD and 1.3% were not included because the patient was not assigned to a facility at time of transplant. [\*5] This section is calculated for the 4-year period only and not reported if there are fewer than 3 expected transplants. [\*6] Standardized 1st Transplantation Ratio calculated as ratio of actual (3f) to expected (3g) transplants. [\*7] A p-value less than 0.05 indicates that the difference between the actual and expected transplants is probably real and is not due to random chance, while a p-value greater than or equal to 0.05 indicates that the difference is plausibly due to random chance. [\*8] The confidence interval range represents uncertainty in the value of the STR due to random variation. [\*9] All facilities are included in ranking, regardless of the number of expected transplants. [\*10] Sum of 4 years used for calculations; should not be compared to regional averages. [\*11] Facility waitlist percentage is compared to the U.S. waitlist percentage for that year: 24.4% (2010), 24.3% (2011), 24.4% (2012), 24.5% (2013). A p-value greater than 0.05 indicates that the difference between percent of patients waitlisted at the facility and national percentage is plausibly due to random chance. [\*12] A missing value indicates that there were no eligible patients in the subgroup.



# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 5: Influenza Vaccination Summary for Medicare Dialysis Patients Treated on December 31st of Each Year<sup>\*1</sup>, Flu Seasons August 2010-December 2013**

Measure Name	This Facility				Regional Averages		
	2010	2011	2012	2013	State	Network	U.S.
<b>2013</b>							
5a Eligible patients on 12/31 (n)	77	75	82	97	56.8	46.4	48.5
5b Patients vaccinated between Aug. 1 and Dec. 31 (% of 5a)	84.4	76.0	82.9	82.5	73.8	71.6	71.0
5c P-value <sup>*3</sup> (for 5b compared to U.S. value <sup>*4</sup> )	<0.01	0.122	<0.01	<0.01	n/a	n/a	n/a
<b>2012</b>							
5d Patients vaccinated between Aug 1 and Mar 31 of following year (% of 5a)	85.7	77.3	82.9	n/a	74.6	71.4	71.1
5e P-value <sup>*3</sup> (for 5d compared to U.S. value <sup>*5</sup> )	<0.01	0.094	<0.01	n/a	n/a	n/a	n/a
<b>2013</b>							
5f Patients vaccinated between Aug 1 and Dec 31 by subgroup (%) <sup>*6</sup>							
Age < 18	.	.	.	.	50.0	50.0	51.1
Age 18-39	75.0	57.1	66.7	83.3	69.9	68.9	67.8
Age 40-64	82.9	69.0	86.7	81.8	74.0	72.2	71.0
Age 65-74	92.3	83.3	76.2	77.3	73.1	70.5	70.9
Age 75+	84.0	85.7	85.7	86.1	75.7	73.2	72.3
Male	84.4	73.8	85.7	80.8	73.4	71.1	71.0
Female	84.4	78.8	80.0	84.4	74.2	72.4	71.1
African American	60.0	75.0	72.7	83.3	67.9	67.7	68.4
Asian/Pacific Islander	92.3	72.2	80.0	88.2	80.4	80.0	75.6
Native American	100	100	50.0	100	71.4	61.5	75.6
White	86.8	76.6	87.0	80.6	73.5	71.5	72.2
Other/unknown race	.	100	.	.	83.3	76.5	71.2
Hispanic	.	.	33.3	0.0	83.4	82.3	74.1
< 1 year since start of ESRD	100	50.0	72.7	74.1	61.2	59.5	57.8
1-2 years since start of ESRD	88.0	78.9	88.2	83.3	74.7	71.8	70.6
3+ years since start of ESRD	79.5	81.8	86.0	87.5	76.9	75.1	74.7

n/a = not applicable

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

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

[\*3] A p-value greater than or equal to 0.05 indicates that the difference between percent of patients vaccinated at the facility and national percentage is plausibly due to random chance.

[\*4] Compared to the U.S. value for that year and time period (8/1-12/31): 68.1% (2010), 69.2% (2011), 70.1% (2012), 71.0% (2013).

[\*5] Compared to the U.S. value for that year and time period (8/1-3/31): 68.7% (2010), 69.8% (2011), 71.1% (2012).

[\*6] 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>, 2010-2013**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2013		
	2010	2011	2012	2013	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)	165	187	184	159	99.1	77.2	74.8
6b Patient-months treated during year (n) <sup>*3</sup>	1022	1019	1040	1091	729.8	561.2	562.5
6c Modality (% of 6b; sums to 100%)							
Hemodialysis	99.9	100	99.9	100	83.9	84.4	90.9
CAPD/CCPD	0.0	0.0	0.0	0.0	8.3	10.9	8.0
Other dialysis <sup>*4</sup>	0.1	0.0	0.1	0.0	7.8	4.7	1.1
6d Percent of patient-months prescribed iron by modality <sup>*5</sup>							
Hemodialysis	68.3	48.5	49.1	50.1	55.7	56.8	60.7
CAPD/CCPD	.	.	.	.	22.0	19.4	24.2
<b>Hemoglobin (among ESA-treated dialysis patients with ESRD for 90+ days and 4+ hemoglobin claims at this facility)</b>							
6e Eligible patients (n)	82	77	86	90	52.8	40.5	44.2
6f Average hemoglobin (g/dL)	11.4	11.0	10.7	10.5	10.5	10.6	10.5
6g Hemoglobin categories (% of 6e; sums to 100%)							
< 10 g/dL	3.7	2.6	4.7	11.1	11.7	10.5	12.3
10-<11 g/dL	12.2	41.6	70.9	66.7	70.7	69.2	67.9
11-<12 g/dL	72.0	54.5	24.4	22.2	17.3	19.9	19.5
> 12 g/dL	12.2	1.3	0.0	0.0	0.3	0.3	0.3

(continued)

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 6 (cont.): Facility Modality, Hemoglobin, and Dialysis Adequacy for Medicare Dialysis Patients<sup>\*1</sup>, 2010-2013**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2013		
	2010	2011	2012	2013	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>	82	77	86	90	49.2	37.4	41.6
6i Hemoglobin categories among HD pts (% of 6h; sums to 100%)							
< 10 g/dL	3.7	2.6	4.7	11.1	11.9	10.4	12.0
10-<11 g/dL	12.2	41.6	70.9	66.7	70.9	69.4	68.0
11-12 g/dL	72.0	54.5	24.4	22.2	16.9	19.9	19.6
> 12 g/dL	12.2	1.3	0.0	0.0	0.3	0.3	0.3
6j Eligible peritoneal dialysis (PD) patients (n) <sup>*6</sup>	0	0	0	0	4.4	4.0	3.2
6k Hemoglobin categories among PD pts (% of 6j; sums to 100%)							
< 10 g/dL	.	.	.	.	18.1	20.2	23.6
10-<11 g/dL	.	.	.	.	59.3	58.6	57.0
11-12 g/dL	.	.	.	.	21.8	20.6	18.5
> 12 g/dL	.	.	.	.	0.8	0.7	0.9
<b>Standardized Transfusion Ratio (STrR)</b>							
6l Adult Medicare patients (n)	99	92	99	110	72.7	61.9	62.5
6m Patient years (PY) at risk (n)	66	56	60	67	44.9	37.9	38.6
6n Total transfusions (n)	23	25	17	22	15.1	13.0	16.7
6o Expected total transfusions (n)	30.0	26.6	28.9	31.3	19.8	16.6	16.9
6p Standardized Transfusion Ratio <sup>*11</sup>	0.77	0.94	0.59	0.70	0.76	0.78	1.00
Upper Confidence Limit (97.5%)	1.67	2.04	1.48	1.54	n/a	n/a	n/a
Lower Confidence Limit (2.5%)	0.39	0.47	0.26	0.35	n/a	n/a	n/a
6q P-value <sup>*12</sup>	0.564	0.962	0.281	0.414	n/a	n/a	n/a
<b>Urea Reduction Ratio (URR; among HD patients with ESRD for 183+ days and 4+ URR claims at this facility)<sup>*7</sup></b>							
6r Eligible patients (n)	85	77	86	88	50.7	39.2	43.3
6s URR 65+ (% of 6r; meets a KDOQI guideline)	98.8	100	100	97.7	98.7	98.6	98.7
<b>Adult Kt/V (K = dialyzer clearance of urea; t = dialysis time; V = patient's total body water)<sup>*8,*9</sup></b>							
6t Eligible adult HD patients (n)	112	182	176	150	83.4	66.0	68.2
6u Eligible adult HD patient-months (n) <sup>*3</sup>	478	954	958	1002	578.7	450.4	494.0
6v Adult HD: Average Kt/V <sup>*10</sup>	1.7	1.7	1.7	1.7	1.7	1.7	1.6
6w Kt/V categories among adult HD patients (% of 6u; sums to 100%)							
<1.2	0.8	2.3	1.9	4.0	2.5	2.6	2.4
1.2-<1.4	6.5	8.5	7.3	11.7	9.9	10.5	13.2
1.4-<1.6	23.2	26.8	25.1	25.0	23.5	24.5	26.9
1.6-<1.8	32.2	25.7	28.0	26.1	25.8	26.1	25.9
>= 1.8	31.4	29.1	30.0	27.8	30.8	27.7	23.8
Missing/Out of range/Not performed/Expired	5.9	7.5	7.8	5.3	7.6	8.6	7.9
6x Adult HD: Kt/V >=1.2 (% of 6u) <sup>*10</sup>	93.3	90.1	90.3	90.7	90.0	88.8	89.7
6y Eligible adult peritoneal dialysis (PD) patients (n)	0	0	0	0	8.4	8.2	5.9
6z Eligible adult PD patient-months (n) <sup>*3</sup>	0	0	0	0	62.0	62.1	45.0
6aa Adult PD: Average Kt/V <sup>*10</sup>	.	.	.	.	2.3	2.3	2.2
6ab Kt/V categories among adult PD patients (% of 6z; sums to 100%)							
<1.7	.	.	.	.	5.6	6.2	7.9
1.7-<1.9	.	.	.	.	12.1	12.1	16.5
1.9-<2.2	.	.	.	.	27.4	25.0	25.2
2.2-<2.5	.	.	.	.	20.8	19.3	16.8
>=2.5	.	.	.	.	27.0	27.5	22.2
Missing/Out of range/Not performed/Expired	.	.	.	.	7.2	10.0	11.3
6ac Adult PD: Kt/V >=1.7 (% of 6z) <sup>*10</sup>	.	.	.	.	87.2	83.8	80.8

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, less than 2% were excluded due to frequent dialysis in 2010-2013.

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

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

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

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

[\*12] A p-value less than 0.05 indicates that the difference between the actual and expected transfusion is probably real and is not due to random chance alone, while a p-value greater than or equal to 0.05 indicates that the difference could plausibly be due to random chance.

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 7: Vascular Access Information <sup>\*1</sup>, CMS Fistula First (Jan. 2010 - Apr. 2012) and CROWNWeb (May 2012 - Dec. 2013)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2013			
	2010	2011	2012	2013	State	Network	U.S.	
<b>Vascular Access</b>								
7a	Prevalent hemodialysis patient-months <sup>*3</sup>	1144	1149	1346	1409	834.9	698.8	734.5
7b	Vascular access type in use (% of 7a; sums to 100%)							
	Arteriovenous fistula	68.3	66.8	73.2	69.6	70.2	68.9	61.8
	Arteriovenous graft	16.4	15.1	12.0	7.3	12.8	12.8	19.0
	Catheter	15.3	18.0	14.8	23.1	16.8	18.2	19.1
	Other/Missing	0.0	0.0	0.0	0.0	0.2	0.1	0.1
7c	Arteriovenous fistulae in place (% of 7a) <sup>*4</sup>	76.0	74.5	74.5	70.0	72.9	72.5	65.2
7d	Catheter only >= 90 days (% of 7a) <sup>*5</sup>	5.2	6.3	7.2	10.1	7.0	7.3	8.1
<b>Vascular Access at First Treatment</b>								
7e	Incident hemodialysis patients (n)	12	23	42	34	14.1	12.3	10.7
7f	Vascular access type in use (% of 7e; sums to 100%)							
	Arteriovenous fistula	41.7	21.7	45.2	41.2	28.1	26.7	19.3
	Arteriovenous graft	0.0	8.7	4.8	2.9	4.6	4.0	3.4
	Catheter	58.3	69.6	50.0	55.9	67.3	69.2	77.2
	Other/Missing	0.0	0.0	0.0	0.0	0.1	0.0	0.1
7g	Arteriovenous fistulae in place (% of 7e) <sup>*4</sup>	75.0	34.8	54.8	41.2	32.3	33.3	26.3

**TABLE 8: Dialysis Access Type and Access-Related Infection Summary for Medicare Dialysis Patients <sup>\*1</sup>, 2010 - 2013**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2013			
	2010	2011	2012	2013	State	Network	U.S.	
<b>Vascular Access <sup>*7</sup></b>								
8a	Eligible hemodialysis patient-months (n)	515	1063	1125	1173	660.8	528.9	559.7
8b	Hemodialysis vascular access type (% of 8a)							
	Vascular catheter	8.7	13.2	13.7	24.0	14.4	15.5	16.6
	Arteriovenous graft	1.7	2.3	6.1	8.4	13.6	13.1	20.5
	Arteriovenous fistula only	65.6	61.3	71.6	67.7	71.9	71.3	62.8
	Other (>1) <sup>*8</sup>	23.9	23.2	8.5	0.0	0.0	0.1	0.1
8c	Vascular catheter reported >3 consecutive months	4.3	5.2	6.4	14.0	8.9	9.8	10.8
<b>Hemodialysis (HD)</b>								
8d	Eligible HD patients (n)	114	128	157	150	85.7	68.4	72.6
8e	Eligible HD patient-months <sup>*3</sup>	987	978	1087	1160	657.1	516.6	566.2
8f	HD infection rate per 100 hemodialysis patient-months <sup>*9</sup>	2.74	2.56	2.48	2.07	1.86	1.79	1.77
8g	P-value <sup>*10</sup> of 8f (compared to U.S. value) <sup>*11</sup>	0.339	0.534	0.302	0.249	n/a	n/a	n/a
<b>Peritoneal Dialysis (PD)</b>								
8h	Eligible PD patients (n)	2	1	0	0	9.5	9.3	6.9
8i	Eligible PD patient-months <sup>*3</sup>	6	1	0	0	67.2	68.3	50.5
8j	PD catheter infection rate per 100 PD patient-months <sup>*9</sup>	0.00	0.00	.	.	2.56	2.62	2.90
8k	P-value <sup>*10</sup> of 8j (compared to U.S. value) <sup>*12</sup>	0.819	0.968	.	.	n/a	n/a	n/a

n/a = not applicable

<sup>\*1</sup> See *Guide, Section X* (Table 7) and *Section XI* (Table 8).

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

<sup>\*3</sup> Patients may be counted up to 12 times per year.

<sup>\*4</sup> Includes all patients with fistulae, regardless of whether or not they received their hemodialysis treatments using their fistulae.

<sup>\*5</sup> 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.

<sup>\*6</sup> Based on V modifiers including V5, V6, and V7 for catheter, graft, and fistula, respectively. Collection began July 2010.

<sup>\*7</sup> Vascular access section includes adult patients only. Pediatric vascular access data can be found in the pediatric table.

<sup>\*8</sup> Other includes patients with >1 access type; it does not include missing access type.

<sup>\*9</sup> The ICD-9 infection code for HD patients is 996.62. The ICD-9 PD catheter infection code for PD patients is 996.68.

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

<sup>\*11</sup> Compared to U.S. value for that year: 3.02 (2010), 2.58 (2011), 2.22 (2012), and 1.77 (2013).

<sup>\*12</sup> Compared to U.S. value for that year: 3.27 (2010), 3.13 (2011), 3.09 (2012), and 2.90 (2013).

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 9: Characteristics of New Dialysis Patients\*<sup>1</sup>, 2010-2013 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages* <sup>2</sup> , 2013			
	2010	2011	2012	2013	State	Network	U.S.	
<b>Patient Characteristics</b>								
9a	Total number of patients with forms (n)	16	28	44	41	20.5	18.2	17.9
9b	Average age (years [0-95]) <sup>*3</sup>	64.8	62.8	64.4	63.1	62.7	62.7	63.4
9c	Female (% of 9a)	43.8	46.4	38.6	43.9	42.1	41.5	42.8
9d	Race (% of 9a; sums to 100%) <sup>*4</sup>							
	African-American	0.0	7.1	4.5	14.6	9.4	5.9	26.8
	Asian/Pacific Islander	12.5	14.3	22.7	4.9	10.3	7.1	4.8
	Native American	0.0	0.0	2.3	4.9	1.4	3.3	0.9
	White	87.5	78.6	70.5	75.6	78.5	83.5	67.4
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.3	0.2	0.1
9e	Hispanic (% of 9a)	0.0	0.0	4.5	4.9	7.2	7.3	14.2
9f	Primary cause of ESRD (% of 9a; sums to 100%)							
	Diabetes	56.3	46.4	45.5	24.4	45.7	46.1	46.6
	Hypertension	12.5	14.3	18.2	24.4	20.6	19.8	30.6
	Primary glomerulonephritis	12.5	3.6	15.9	14.6	9.7	9.7	6.9
	Other/Missing	18.8	35.7	20.5	36.6	24.0	24.4	16.0
9g	Medical coverage (% of 9a; sums to 100%)							
	Employer group only	12.5	21.4	13.6	9.8	11.2	12.2	12.5
	Medicare only	18.8	17.9	25.0	39.0	29.8	28.8	28.6
	Medicaid only	12.5	17.9	13.6	19.5	10.5	9.5	10.7
	Medicare and Medicaid only	18.8	3.6	9.1	9.8	11.2	10.8	14.0
	Medicare and other	31.3	32.1	18.2	9.8	19.9	22.4	20.9
	Other/Unknown	0.0	7.1	11.4	7.3	11.9	10.0	6.3
	None	6.3	0.0	9.1	4.9	5.6	6.3	7.0
9h	Body Mass Index <sup>*5</sup>							
	Male	25.7	24.6	26.8	27.1	27.2	27.8	27.7
	Female	25.2	24.0	25.9	27.7	29.0	29.3	29.0
9i	Employment <sup>*6</sup>							
	Six months prior to ESRD treatment	28.6	44.4	30.8	17.6	26.4	24.8	21.1
	At first ESRD treatment	42.9	55.6	76.9	29.4	35.3	33.7	30.5
9j	Primary modality (% of 9a; sums to 100%)							
	Hemodialysis	100	100	100	100	90.0	87.7	90.5
	CAPD/CCPD	0.0	0.0	0.0	0.0	10.0	12.3	9.5
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0
9k	Number of incident hemodialysis patients (n)	16	28	44	41	18.4	15.9	16.2
9l	Access used at first outpatient dialysis (% of 9k; sums to 100%)							
	Arteriovenous fistula	31.3	14.3	36.4	34.1	24.5	24.7	16.9
	Arteriovenous graft	0.0	7.1	4.5	2.4	3.7	3.2	2.8
	Catheter	68.8	78.6	59.1	63.4	71.7	71.9	80.0
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.1	0.2	0.3
9m	Arteriovenous fistula placed (% of 9k)	37.5	32.1	65.9	56.1	46.1	45.6	35.2
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>								
9n	Hemoglobin (g/dL [3-18])	10.1	9.4	9.4	9.3	9.4	9.6	9.5
9o	Serum albumin (g/dL [0.8-6.0])	3.5	3.3	3.7	3.8	3.3	3.3	3.2

(continued)

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 9 (cont.): Characteristics of New Dialysis Patients<sup>\*1</sup>, 2010-2013 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2013		
	2010	2011	2012	2013	State	Network	U.S.
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>							
9p Serum creatinine (mg/dL [2-33])	6.4	5.7	7.0	6.5	6.6	6.3	6.4
9q GFR (mL/min [0-60])	10.1	10.9	9.7	10.9	10.1	10.6	10.9
<b>Care Prior to ESRD Therapy</b>							
9r Received ESA prior to ESRD (% of 9a)	43.8	35.7	54.5	24.4	22.2	21.1	15.0
9s Pre-ESRD nephrologist care (% of 9a; sums to 100%)							
No	12.5	25.0	13.6	24.4	24.2	22.7	25.8
Yes, < 6 months	12.5	17.9	15.9	2.4	16.5	15.9	13.5
Yes, 6-12 months	6.3	17.9	18.2	19.5	15.8	17.9	18.7
Yes, > 12 months	56.3	35.7	52.3	53.7	40.9	39.7	29.1
Unknown/Missing	12.5	3.6	0.0	0.0	2.6	3.8	12.9
9t Informed of transplant options (% of 9a)	37.5	42.9	65.9	56.1	72.4	75.2	81.7
9u Patients not informed of transplant options (n)	10	16	15	16	5.2	4.1	2.7
9v Reason not informed (% of 9u; may not sum to 100%)							
Medically unfit	60.0	50.0	40.0	56.3	46.3	45.9	37.8
Unsuitable due to age	0.0	12.5	26.7	12.5	12.2	16.5	26.2
Psychologically unfit	10.0	0.0	6.7	31.3	5.6	3.9	3.7
Patient declined information	10.0	0.0	0.0	0.0	1.3	1.5	1.8
Patient has not been assessed	20.0	43.8	33.3	31.3	37.7	37.2	38.1
<b>Comorbid Conditions</b>							
9w Pre-existing comorbidity (% yes of 9a)							
Congestive heart failure	50.0	42.9	36.4	31.7	32.6	30.4	29.5
Atherosclerotic heart disease <sup>*7</sup>	43.8	39.3	31.8	26.8	20.6	22.2	16.1
Other cardiac disorder <sup>*7</sup>	31.3	3.6	20.5	19.5	18.0	17.4	19.5
CVD, CVA, TIA	12.5	7.1	4.5	9.8	9.0	9.0	8.7
Peripheral vascular disease	18.8	10.7	13.6	12.2	12.1	13.6	11.5
History of hypertension	81.3	78.6	86.4	87.8	87.7	86.4	87.6
Diabetes <sup>*7</sup>	62.5	57.1	52.3	34.1	57.4	58.5	61.3
Diabetes on insulin	50.0	42.9	40.9	31.7	43.0	42.4	40.4
COPD	25.0	21.4	13.6	14.6	9.9	10.5	9.6
Current smoker	12.5	17.9	9.1	24.4	9.4	9.1	6.3
Cancer	31.3	7.1	11.4	17.1	8.6	8.2	7.1
Alcohol dependence	0.0	0.0	4.5	0.0	1.3	1.6	1.5
Drug dependence	6.3	10.7	4.5	9.8	3.4	2.4	1.2
Inability to ambulate	6.3	7.1	0.0	7.3	4.4	4.6	6.9
Inability to transfer	0.0	0.0	0.0	2.4	1.7	1.6	3.8
9x Average number of comorbid conditions	4.3	3.5	3.3	3.3	3.2	3.2	3.1

n/a= not applicable

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

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

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

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

[\*5] The median BMI is computed for adult patients at least 20 years old.

[\*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.

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 10: Summaries for All Dialysis Patients Treated as of December 31st of Each Year<sup>\*1</sup>, 2010-2013**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2013		
	2010	2011	2012	2013	State	Network	U.S.
10a Patients treated on 12/31 (n)	89	96	103	115	76.4	65.8	66.6
10b Average age (years)	66.1	64.1	64.1	63.4	61.3	61.3	61.6
10c Age (% of 10a; sums to 100%)							
< 18	0.0	0.0	0.0	0.0	0.4	0.3	0.3
18-64	48.3	47.9	47.6	49.6	54.6	54.3	55.1
65+	51.7	52.1	52.4	50.4	45.0	45.4	44.6
10d Female (% of 10a)	42.7	45.8	45.6	45.2	44.2	43.5	44.2
10e Race (% of 10a; sums to 100%) <sup>*3</sup>							
African American	11.2	11.5	10.7	13.0	12.1	8.7	36.7
Asian/Pacific Islander	19.1	19.8	20.4	19.1	13.5	9.7	5.4
Native American	1.1	2.1	1.9	0.9	1.8	3.6	1.3
White	67.4	65.6	67.0	67.0	72.2	77.7	55.8
Other/Unknown/Missing	1.1	1.0	0.0	0.0	0.3	0.3	0.7
10f Ethnicity (% of 10a; sums to 100%)							
Hispanic	0.0	0.0	3.9	4.3	10.1	9.9	16.7
Non-Hispanic	97.8	97.9	95.1	95.7	88.9	89.3	81.6
Unknown	2.2	2.1	1.0	0.0	1.0	0.8	1.8
10g Cause of ESRD (% of 10a; sums to 100%)							
Diabetes	38.2	39.6	42.7	42.6	44.8	43.9	44.5
Hypertension	22.5	19.8	23.3	20.0	18.4	18.2	28.9
Glomerulonephritis	15.7	15.6	14.6	16.5	14.7	15.3	10.8
Other/Unknown	22.5	24.0	19.4	20.9	21.0	21.6	14.0
Missing	1.1	1.0	0.0	0.0	1.1	1.1	1.7
10h Average duration of ESRD (years)	5.9	6.1	5.5	4.9	4.8	4.8	4.8
10i Years since start of ESRD (% of 10a; sums to 100%)							
< 1	10.1	24.0	27.2	22.6	16.6	17.1	16.2
1-2	21.3	9.4	15.5	24.3	18.0	18.3	17.0
2-3	13.5	14.6	7.8	14.8	15.1	14.1	13.8
3-6	23.6	22.9	24.3	15.7	25.6	26.2	27.0
6+	31.5	29.2	25.2	22.6	24.7	24.3	26.0
10j Nursing home patients (% of 10a) <sup>*4</sup>	15.7	9.4	4.9	20.9	15.0	13.8	14.7
10k Modality (% of 10a; sums to 100%)							
In-center hemodialysis	100	99.0	99.0	99.1	85.6	83.8	88.2
Home hemodialysis	0.0	0.0	0.0	0.0	3.5	2.8	1.9
Continuous ambulatory peritoneal dialysis	0.0	0.0	0.0	0.0	1.4	2.4	1.7
Continuous cycling peritoneal dialysis	0.0	1.0	1.0	0.0	9.2	10.5	7.8
Other modality <sup>*5</sup>	0.0	0.0	0.0	0.9	0.3	0.4	0.4

n/a = not applicable

[\*1] See Guide, Section XIII.

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

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

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

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

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 11: Comorbidities Reported on Medicare Claims for Medicare Dialysis Patients Treated as of December 31st of Each Year<sup>\*1</sup>, 2010-2013**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2013		
	2010	2011	2012	2013	State	Network	U.S.
11a Medicare dialysis patients on 12/31 (n)	80	77	84	94	59.9	50.6	51.8
11b Comorbidity (% yes of 11a)							
<b>Infections</b>							
AIDS/HIV positive	3.8	2.6	1.2	1.1	0.7	0.5	1.8
Dialysis access-related	16.3	15.6	13.1	13.8	14.4	14.5	14.6
Hepatitis B	2.5	0.0	1.2	1.1	1.0	0.9	2.9
Hepatitis other	2.5	6.5	4.8	4.3	6.2	5.4	6.3
Metastatic	0.0	1.3	7.1	6.4	4.6	4.2	4.0
Pneumonia	3.8	3.9	6.0	8.5	6.1	5.9	5.8
Tuberculosis	0.0	1.3	3.6	2.1	0.6	0.5	0.6
Other	51.3	42.9	40.5	42.6	40.8	40.4	45.3
<b>Cardiovascular</b>							
Cardiac arrest	2.5	0.0	0.0	0.0	1.7	1.6	1.6
Cardiac dysrhythmia	35.0	28.6	34.5	28.7	34.7	34.7	36.8
Cerebrovascular disease	21.3	20.8	14.3	20.2	23.2	20.9	26.2
Congestive heart failure	35.0	37.7	41.7	39.4	46.0	45.6	51.0
Ischemic heart disease	38.8	40.3	36.9	34.0	41.1	42.0	49.2
Myocardial infarction	1.3	5.2	4.8	4.3	8.1	8.0	8.6
Peripheral vascular disease <sup>*3</sup>	40.0	42.9	41.7	43.6	37.9	36.3	42.9
<b>Other</b>							
Alcohol dependence	2.5	3.9	1.2	3.2	3.6	3.4	2.9
Anemia	3.8	5.2	1.2	9.6	4.6	4.9	8.8
Cancer	12.5	11.7	3.6	12.8	10.2	10.3	10.7
Chronic obstructive pulmonary disease	20.0	22.1	20.2	19.1	30.2	30.5	31.8
Diabetes	56.3	50.6	57.1	56.4	60.1	59.2	64.9
Drug dependence	1.3	3.9	1.2	6.4	4.8	4.6	2.4
Gastrointestinal tract bleeding	3.8	3.9	4.8	2.1	2.8	2.8	3.2
Hyperparathyroidism	97.5	100	94.0	97.9	91.1	88.1	89.0
11c Average number of comorbid conditions	4.5	4.5	4.3	4.6	4.7	4.7	5.1

n/a = not applicable

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

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

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

**TABLE 12: How Patients Were Assigned to This Facility and End of Year Patient Status<sup>\*1</sup>, 2010-2013**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2013		
	2010	2011	2012	2013	State	Network	U.S.
12a Number of patients placed in facility <sup>*1</sup> (n)	119	133	155	165	106.1	90.4	91.2
12b Initial patient placement for the year (% of 12a; sums to 100%)							
Continuing at facility on 01/01	71.4	66.9	61.9	62.4	69.6	69.7	70.6
Incident (new to ESRD)	15.1	21.8	23.2	24.2	18.4	18.7	18.1
Transferred into facility	13.4	11.3	14.8	13.3	12.0	11.6	11.4
12c Patient status at end of year (% of 12a; sums to 100%)							
Alive in this facility on 12/31	74.8	72.2	66.5	69.7	72.0	72.8	73.0
Alive in another facility on 12/31	9.2	7.5	12.9	13.9	9.1	8.5	8.4
Received a transplant	1.7	3.0	3.9	2.4	3.5	3.2	2.4
Died; death attributed to this facility	14.3	14.3	11.6	10.9	12.6	12.5	12.6
Died; death attributed to another facility	0.0	1.5	3.9	1.2	1.1	1.1	1.3
Other <sup>*3</sup>	0.0	1.5	1.3	1.8	1.7	2.0	2.2

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

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

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

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 13: Patient and Staff Counts from the Annual Facility Survey (Form CMS-2744) \*<sup>1</sup>, 2010-2013**

Measure Name	This Facility				Regional Averages * <sup>2</sup> , 2013		
	2010	2011	2012	2013	State	Network	U.S.
<b>Patients Treated During the Year</b>							
13a Patients treated during year (n)	137	151	192	194	121.7	104.9	105.1
13b Incident patients (% of 13a)	11.7	19.2	24.0	21.1	16.3	16.8	16.7
13c Transferred into facility (% of 13a)	15.3	17.2	18.8	18.0	17.6	17.2	16.1
13d Transferred out of facility (% of 13a)	16.8	16.6	24.5	20.1	16.4	16.4	15.9
<b>Patients Treated on 12/31</b>							
13e Patients treated (n)	94	102	115	124	82.8	71.0	71.7
13f Patient modality (n; sums to 13e)							
In-center HD	94	102	115	124	71.1	59.9	63.5
Frequency <= 4 times per week	94	102	115	124	71.1	59.8	63.5
Frequency > 4 times per week	0	0	0	0	0.1	0.0	0.0
In-center CAPD * <sup>3</sup>	0	0	0	0	0.0	0.0	0.0
In-center CCPD * <sup>3</sup>	0	0	0	0	0.0	0.0	0.0
In-center Other * <sup>3</sup>	0	0	0	0	0.0	0.0	0.0
Home HD	0	0	0	0	2.7	1.9	1.3
Frequency <= 4 times per week	0	0	0	0	0.3	0.3	0.5
Frequency > 4 times per week	0	0	0	0	2.4	1.7	0.8
Home CAPD	0	0	0	0	1.3	1.9	1.4
Home CCPD	0	0	0	0	7.6	7.4	5.5
Home Other * <sup>3</sup>	0	0	0	0	0.0	0.0	0.0
13g Vocational rehabilitation: Patients aged 18-54 (n)	23	28	31	36	25.0	21.3	21.4
Employed (full or part-time) (% of 13g)	17.4	32.1	32.3	33.3	24.3	23.3	13.1
Attending school (full or part-time) (% of 13g)	13.0	14.3	0.0	0.0	3.3	3.5	1.0
13h Medicare eligibility status (% of 13e; sums to 100% * <sup>4</sup> )							
Medicare	94.7	86.3	78.3	85.5	86.3	88.4	83.1
Medicare application pending	4.3	11.8	2.6	0.0	1.4	1.4	2.0
Non-Medicare	1.1	2.0	19.1	14.5	12.3	10.2	14.9
<b>Facility Staffing on 12/31 *<sup>5</sup></b>							
13i Total full and part time staff positions (n)	26	25	29	28	19.1	16.3	14.5
13j Staff positions by type (n; sums to 13i)							
Full time nurse * <sup>6</sup>	6	7	3	4	4.9	4.8	5.0
Full time patient care technician	10	10	10	9	7.1	6.3	5.6
Full time renal dietician	0	0	0	0	0.5	0.5	0.6
Full time social worker	1	1	1	1	0.5	0.5	0.6
Part time nurse * <sup>6</sup>	7	3	7	6	2.3	1.4	0.9
Part time patient care technician	1	3	7	7	2.4	1.4	0.7
Part time renal dietician	1	1	1	1	0.7	0.7	0.6
Part time social worker	0	0	0	0	0.7	0.7	0.5

\*<sup>1</sup> See Guide, Section XVI

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

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

\*<sup>4</sup> Values may not sum to exactly 100% because of unknown Medicare status.

\*<sup>5</sup> Data as of June 24, 2014. A *full time position* is defined as a position with at least 32 hours of employment per week, and a *part time position* is defined as a position with less than 32 hours of employment per week (includes positions that were opened but not filled on this date).

\*<sup>6</sup> Nursing staff includes registered nurse, licensed practical nurse, vocational nurse, or advanced practice nurse degree.



# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 14: CROWNWeb Clinical Data <sup>\*1</sup>, May 2012-2013**

Measure Name	This Facility				Regional Averages <sup>*2</sup>		
	2010	2011	2012	2013	State	Network	U.S.
							<b>2013</b>
14a Eligible patients (n) <sup>*3</sup>	.	.	127	147	100.1	85.3	85.9
14b Eligible patient-months (n) <sup>*4</sup>	.	.	752	1202	873.4	743.4	755.5
14c Eligible HD patients (n) <sup>*5</sup>	.	.	127	147	89.8	74.8	79.3
14d Eligible HD patient-months (n) <sup>*4</sup>	.	.	752	1202	781.1	646.7	696.8
14e Eligible PD patients (n) <sup>*5</sup>	.	.	0	0	23.6	21.9	20.4
14f Eligible PD patient-months (n) <sup>*4</sup>	.	.	0	0	182.9	171.4	160.0
<b>Hemodialysis Adequacy</b>							
14g Eligible HD Kt/V patients (n) <sup>*7</sup>	.	.	117	142	77.1	61.4	61.7
14h Eligible HD Kt/V patient-months (n) <sup>*7</sup>	.	.	694	1088	552.3	428.1	456.7
14i Average Kt/V <sup>*6</sup> (average of 14h) <sup>*7</sup>	.	.	1.7	1.7	1.7	1.7	1.6
14j Kt/V categories (% of 14h; sums to 100%) <sup>*7</sup>							
<1.2	.	.	1.9	4.5	2.4	2.4	2.2
1.2-<1.8	.	.	64.0	67.0	62.3	63.4	67.6
>=1.8	.	.	33.0	27.7	33.6	32.6	28.9
Missing/Out of range	.	.	1.2	0.8	1.7	1.5	1.2
14k Average normalized protein catabolic rate (nPCR) <sup>*6</sup> (average of 14d)	.	.	1.1	1.1	1.0	1.0	0.9
14l nPCR Missing/Out of range (% of 14d)	.	.	6.0	1.6	28.0	29.1	32.7
<b>Peritoneal Dialysis Adequacy <sup>*8</sup></b>							
14m Average weekly Kt/V <sup>*6</sup> (average of 14f)	.	.	.	.	2.3	2.3	2.3
14n Weekly Kt/V categories (% of 14f; sums to 100%)							
<1.7	.	.	.	.	3.3	3.7	4.8
1.7-<2.5	.	.	.	.	40.4	45.2	48.9
>=2.5	.	.	.	.	19.8	22.7	20.2
Missing/Out of range	.	.	.	.	36.6	28.4	26.2
14o Average normalized protein catabolic rate (nPCR) <sup>*6</sup> (average of 14f)	.	.	.	.	0.9	0.9	0.9
14p nPCR Missing/Out of range (% of 14f)	.	.	.	.	69.6	59.1	56.5
<b>Anemia</b>							
14q Average hemoglobin <sup>*6</sup> (average of 14b)	.	.	10.8	10.8	10.8	10.9	10.8
14r Hemoglobin categories (% of 14b; sums to 100%)							
<10 g/dL	.	.	16.6	21.0	19.1	17.2	18.3
10-<11 g/dL	.	.	36.4	34.1	34.7	33.5	33.4
11-12 g/dL	.	.	32.2	35.2	28.5	29.0	27.4
>12 g/dL	.	.	9.7	9.0	12.1	13.3	11.2
Missing/Out of range	.	.	5.1	0.7	5.6	7.0	9.7
14s ESA prescribed (% of 14b)	.	.	87.6	90.6	69.5	59.9	64.8

(continued)

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

**TABLE 14 (cont.): CROWNWeb Clinical Data <sup>\*1</sup>, May 2012-2013**

Measure Name	This Facility				Regional Averages <sup>*2</sup>		
	2010	2011	2012	2013	State	Network	U.S.
<b>Iron</b>							
<b>2013</b>							
14t Average reticulocyte hemoglobin content (CHr) <sup>*6</sup> (average of 14b)	.	.	.	.	33.1	33.4	30.7
14u CHr categories (% of 14b; sums to 100%)							
<29 pg	.	.	0.0	0.0	0.0	0.0	0.3
>=29 pg	.	.	0.0	0.0	0.6	1.7	1.5
Missing/Out of range	.	.	100	100	99.4	98.3	98.2
14v Average transferrin saturation (TSAT) <sup>*6</sup> (average of 14b)	.	.	32.9	32.9	31.2	31.5	32.3
14w TSAT categories (% of 14b; sums to 100%)							
<20%	.	.	6.5	8.0	10.4	10.8	10.3
>=20%	.	.	35.0	33.8	50.3	56.7	64.2
Missing/Out of range	.	.	58.5	58.2	39.4	32.5	25.5
14x Average ferritin <sup>*6</sup> (average of 14b)	.	.	1205	1150	889	861	854
14y Ferritin categories (% of 14b; sums to 100%)							
<200 ng/ml	.	.	0.3	0.3	2.1	2.6	2.4
>=200 ng/ml	.	.	41.4	41.9	46.7	46.0	46.0
Missing/Out of range	.	.	58.4	57.7	51.2	51.5	51.6
14z Intravenous iron prescribed (% of 14b)	.	.	78.5	90.2	54.8	46.3	46.6
14aa Oral iron prescribed (% of 14b)	.	.	1.3	1.3	2.2	2.0	1.2
<b>Mineral Metabolism</b>							
14ab Average phosphorous <sup>*6</sup> (average of 14b)	.	.	5.5	5.4	5.3	5.2	5.1
14ac Phosphorous categories (% of 14b; sums to 100%)							
<3.5 mg/dL	.	.	8.0	8.2	8.7	8.4	9.3
3.5-4.5 mg/dL	.	.	21.4	27.0	25.0	24.9	25.2
4.6-5.5 mg/dL	.	.	29.0	27.2	27.9	27.8	28.3
5.6-7.0 mg/dL	.	.	21.1	22.5	20.2	19.5	17.4
>7.0 mg/dL	.	.	14.9	14.3	12.0	11.3	9.5
Missing/Out of range	.	.	5.6	0.7	6.2	8.0	10.4
14ad Average calcium uncorrected <sup>*6</sup> (average of 14b)	.	.	9.3	9.2	9.0	9.0	9.0
14ae Calcium uncorrected categories (% of 14b; sums to 100%)							
<8.4 mg/dL	.	.	5.6	10.0	14.6	13.9	14.2
8.4-10.2 mg/dL	.	.	84.2	83.4	73.6	72.6	70.5
>10.2 mg/dL	.	.	4.7	6.0	4.7	4.6	4.1
Missing/Out of range	.	.	5.6	0.7	7.0	9.0	11.1

n/a = not applicable.

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

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

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

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

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

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

[\*7] Kt/V summaries are restricted to patients who dialyze thrice weekly and whose Kt/V calculation method is Daugirdas II or UKM.

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

# 2014 Dialysis Facility Report

NKC SCRIBNER KIDNEY CENTER State: WA Network: 16 CCN: 502507

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

Measure Name	This Facility	Regional Averages		
		State	Network	U.S.
15a Date of last survey	06/15/2010	n/a	n/a	n/a
15b Type of last survey	Recertification	n/a	n/a	n/a
15c Compliance condition after last survey	Acceptable plan of correction	n/a	n/a	n/a
15d Number of deficiencies cited at last survey				
Condition for coverage (CfC) deficiencies	0	0.3	0.3	0.3
Standard deficiencies	7	10.2	6.2	6.3
15e CfC deficiencies cited at last survey <sup>*2</sup>				
V100 Compliance with Fed., State, and Local Laws	No, not cited	0.0	0.0	0.0
V110 Infection Control	No, not cited	2.5	2.1	5.5
V175 Water and Dialysate Quality	No, not cited	5.0	5.9	3.7
V300 Reuse of Hemodialysis and Bloodlines	No, not cited	0.0	0.0	0.5
V400 Physical Environment	No, not cited	2.5	1.1	2.5
V450 Patient Rights	No, not cited	0.0	0.0	0.4
V500 Patient Assessment	No, not cited	1.3	1.6	2.6
V540 Patient Plan of Care	No, not cited	1.3	2.7	3.1
V580 Care at Home	No, not cited	0.0	0.5	0.5
V625 Quality Assessment & Performance Improvement	No, not cited	2.5	3.7	4.4
V660 Special Purpose Renal Dialysis Facilities	No, not cited	0.0	0.0	0.0
V675 Laboratory Services	No, not cited	0.0	0.0	0.0
V680 Personnel Qualifications	No, not cited	0.0	1.1	0.7
V710 Responsibilities of the Medical Director	No, not cited	2.5	3.2	4.0
V725 Medical Records	No, not cited	0.0	0.0	0.3
V750 Governance	No, not cited	8.8	5.9	3.6

n/a = not applicable

<sup>[\*1]</sup> See *Guide, Section XVIII*. Data on this table are from the facility's latest survey since January 2009. If your facility has not been surveyed since January 2009, facility-level data on this table will be missing.

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

**TABLE 16: Facility Information<sup>\*1</sup>, 2014**

Characteristic	This Facility
Ownership	Nonprofit
Organization	NORTHWEST KIDNEY CENTERS
Initial Medicare certification date	08/01/1983
Number of stations <sup>*2</sup>	22
Services provided <sup>*2</sup>	Hemodialysis
CMS Certification Number (CCN) included in this report	502507
National Provider Identifier (NPI) <sup>*3</sup>	1821173659

<sup>[\*1]</sup> Information based on SIMS data as of March 31, 2014. See *Guide, Section XIX*.

<sup>[\*2]</sup> Information based on data available on DFC as of May 2014.

<sup>[\*3]</sup> Information based on CROWNWeb data as of December 2013. If missing, data were not available.