

Dialysis Facility Report for Fiscal Year (FY) 2018

Purpose of the Report

The *Dialysis Facility Report (DFR) for FY 2018* 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 2018 survey and certification process.

This report has been prepared for this facility by the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) with funding from the Centers for Medicare & Medicaid Services (CMS) and is based primarily on data reported in CROWNWeb, Medicare claims and data collected for CMS. It is the twenty-second in a series of annual reports. This is one of 7,063 reports that have been distributed to ESRD providers in the U.S.

This DFR includes data specific to CCN(s): 502510

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 2013 and December 2016. 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 and 3. For a complete description of the methods used to calculate the statistics in this report, please see the *Guide to the Dialysis Facility Reports for FY 2018*. The *Guide* may be downloaded from the methodology section of the Dialysis Data website at www.DialysisData.org.

What's New This Year: As part of a continuing effort to improve the quality and relevance of this report for your facility, the following changes have been incorporated into the DFR for FY 2018: Liver disease as a cause of death has been added to Table 3; Tables 9 and 14 now include serum albumin summaries from CROWNWeb and Table 10 reports the percentage of patients with hypercalcemia as defined by an average uncorrected serum or plasma calcium value greater than 10.2 mg/dL.

How to Submit Comments

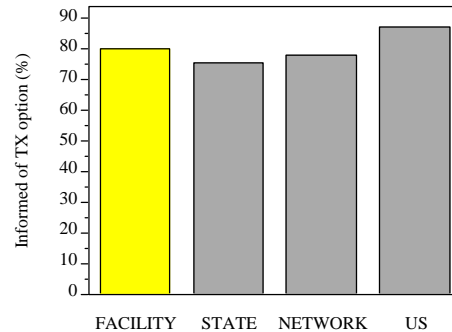
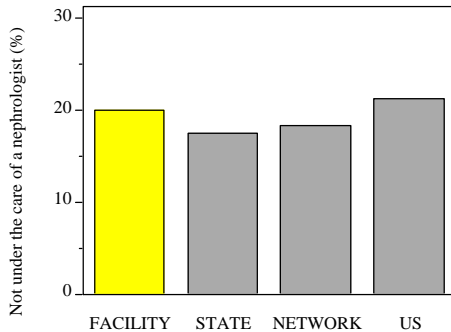
Between August 28, 2017 and September 01, 2017, facilities may submit comments to their state surveyor or UM-KECC by visiting www.DialysisData.org, logging on to view their report, and clicking on the **Comments & Inquiries** tab. Questions or comments after the comment period is over may be submitted to us directly at DialysisData@umich.edu or 1-855-764-2885.

- (1) **State Surveyor:** 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 2017.
- (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

Patient Characteristics (Tables 1 and 2):

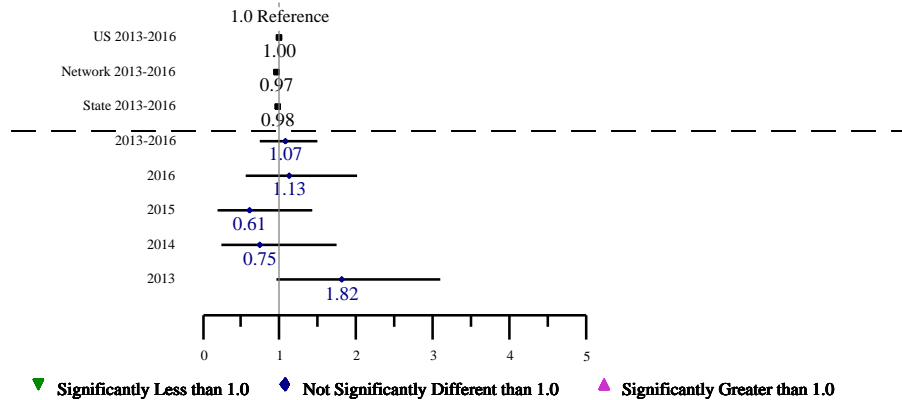
- Among the 5 incident patients with Medical Evidence Forms (CMS-2728) indicating treatment at this facility during 2016:
 - 20% of these patients were not under the care of a nephrologist before starting dialysis, compared to 18% in your State, 18% in your Network, and 21% nationally.
 - 80% of these patients were informed of their transplant options, compared to 76% in your State, 78% in your Network, and 87% nationally.
- Among the patients treated at this facility on December 31, 2016, 21% were treated in a nursing home during the year, compared to 15% nationally.



Standardized Mortality Ratio (SMR) (Table 3):

- At this facility, the 2013-2016 SMR is 1.07, which is 7% more deaths than expected. Among all U.S. facilities, 64% of facilities had a four-year SMR (2013-2016) lower than 1.07. This difference is not statistically significant ($p \geq 0.05$), so this higher mortality could plausibly be just a chance occurrence. The 2013-2016 SMR of observed to expected deaths is 0.98 and 0.97 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.

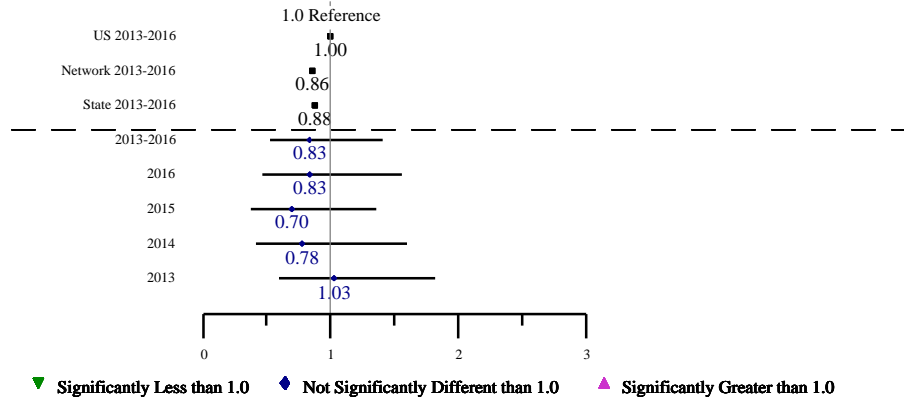


- At this facility, the 2013-2015 first-year SMR of observed to expected deaths is 0.80, which is 20% fewer deaths than expected at this facility. Among all U.S. facilities, 37% of facilities had a first-year SMR lower than 0.80. This difference is not statistically significant ($p \geq 0.05$), so this lower mortality could plausibly be just a chance occurrence. The first-year SMR (2013-2015) of observed to expected deaths is 0.87 and 0.88 for your State and Network, respectively.

Hospitalizations and Readmissions (Table 4):

- The 2013-2016 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 2013-2016 SHR (Admissions) for your State and Network is 0.88 and 0.86, respectively.

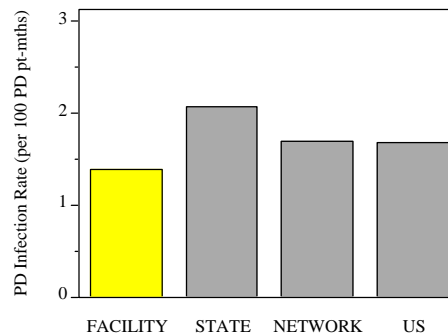
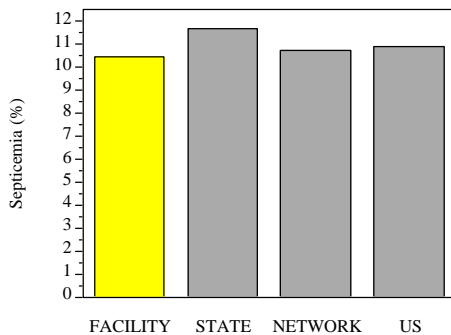
The markers show the values of the SHR (Admissions) for this facility, State, Network, and Nation. The bolded horizontal line shows the range of uncertainty due to random variation (95% confidence interval; significant if it does not cross the 1.0 reference line). Regional and national SHR (Admissions)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



- The 2016 SRR at this facility is 0.68, which is 32% fewer readmissions than expected. This difference is not statistically significant ($p \geq 0.05$), so the lower number of readmissions could plausibly be just a chance occurrence. The 2016 SRR for your State and Network is 0.94 and 0.90, respectively.

Infection (Tables 4 and 11):

- The percentage of Medicare dialysis patients at this facility hospitalized with septicemia during 2013-2016 is 10.5%, compared to 11.7% in your State, 10.8% in your Network, and 10.9% nationally.
- The rate of PD catheter-related infection was 1.4 per 100 PD patient-months, compared to 2.1 in your State, 1.7 in your Network, and 1.7 nationally.



Transplantation (Table 5):

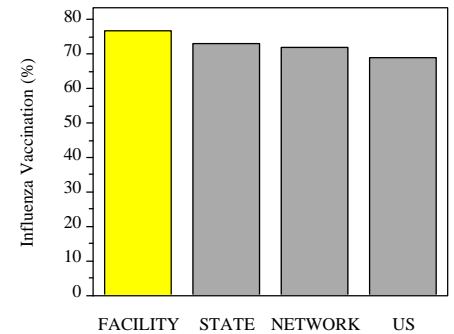
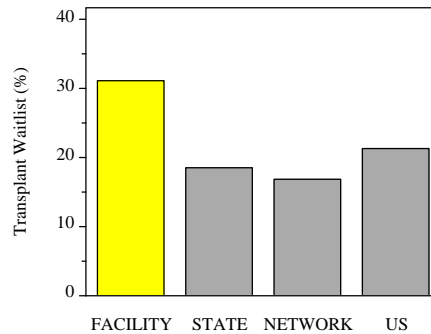
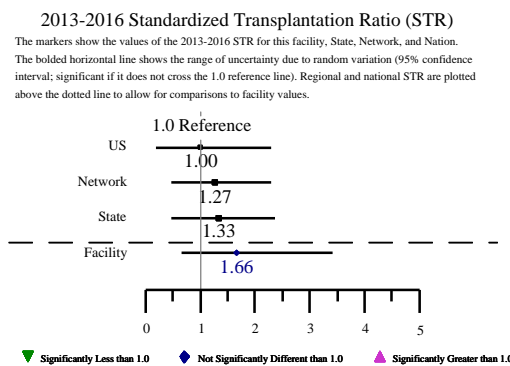
- Of the patients under age 70 treated at this facility during 2013-2016 who had not previously received a transplant, 7% were transplanted annually, while a rate of 4% would be expected for these patients.
- The 2013-2016 Standardized 1st Transplantation Ratio (STR) of observed to expected number of patients transplanted for this facility is 1.66, which is 66% 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 2013-2016 STR for your State and Network is 1.33 and 1.27, respectively.

Transplant Waitlist (Table 6):

- Among the 32 dialysis patients under age 70 treated at this facility on December 31, 2016, 31% were on the kidney transplant waitlist, compared to 21% 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, 2016, in your State and Network is 19% and 17%, respectively.

Influenza Vaccination (Table 7):

- Among the 43 Medicare dialysis patients treated at this facility on December 31, 2016, 77% were vaccinated between August 1 and December 31, 2016 compared to 69% nationally. This difference is not statistically significant ($p \geq 0.05$) and is plausibly due to random chance. The percentage of patients vaccinated in your State, Network, and US is 73%, 72%, and 69%, respectively.

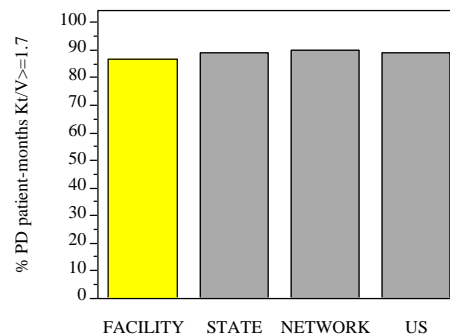
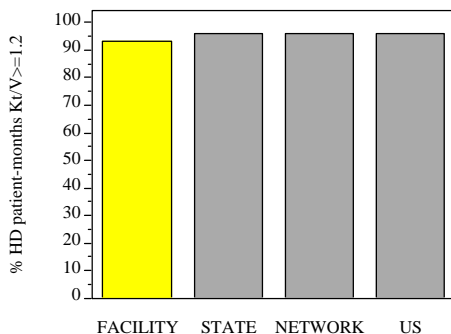


Anemia Management (Table 8):

- Among the 36 HD patients in this facility included in the analysis in 2016, 25% had a hemoglobin value below 10 g/dL, compared to 12% in your State, 12% in your Network, and 17% nationally.
- Among the 15 PD patients in this facility included in the analysis in 2016, 13% had a hemoglobin value below 10 g/dL, compared to 18% in your State, 22% in your Network, and 27% nationally.

Dialysis Adequacy (Table 9):

- In 2016, 93% of eligible HD patient-months had a Kt/V ≥ 1.2 reported in Medicare dialysis claims, compared to 96% in your State, 96% in your Network, and 96% nationally.
- In 2016, 87% of eligible PD patient-months had a Kt/V ≥ 1.7 reported in Medicare dialysis claims, compared to 89% in your State, 90% in your Network, and 89% nationally.

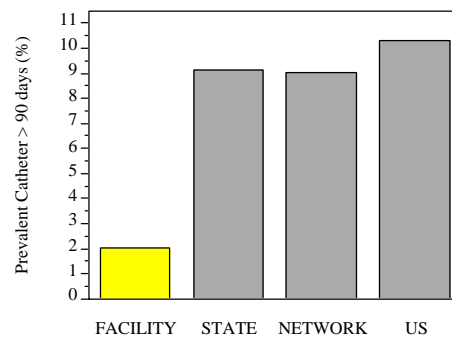
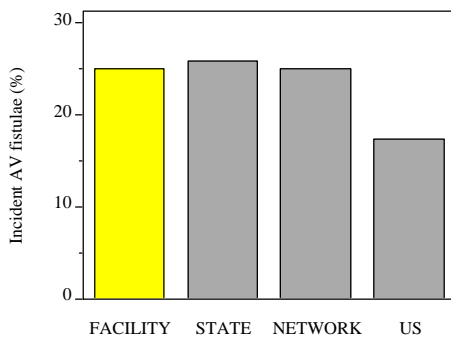


Mineral Metabolism (Table 10):

- In 2016, 22% of eligible patient-months had a serum phosphorus value >7.0 mg/dL, compared to 15% in your State, 14% in your Network, and 12% nationally.
- In 2016, 2% of eligible patient-months had calcium uncorrected value >10.2 mg/dL, compared to 1% in your State, 2% in your Network, and 2% nationally.

Vascular Access (Table 11):

- At this facility in 2016, an average of 25% of incident patients had arteriovenous (AV) fistulae in place, compared to 26% in your State, 25% in your Network, and 17% nationally.
- Of the prevalent patients receiving hemodialysis treatment at this facility in 2016, 2% had a catheter which had been in place for at least 90 days as their only vascular access, compared to 9% in your State, 9% in your Network, and 10% nationally.



Dialysis Facility Report for Fiscal Year (FY) 2018

NKC PORT ANGELES KIDNEY CENTER State: WA Network: 16 CCN: 502510

TABLE 1: Summaries for All Dialysis Patients Treated as of December 31st of Each Year^{*1}, 2013-2016

Measure Name	This Facility				Regional Averages ^{*2} , 2016		
	2013	2014	2015	2016	State	Network	U.S.
1a Patients treated on 12/31 (n)	37	40	48	48	71.8	62.7	66.3
1b Average age (years)	58.3	62.4	61.5	63.5	61.5	61.5	61.9
1c Age (% of 1a; sums to 100%)							
< 18	0.0	0.0	0.0	0.0	0.4	0.3	0.3
18-64	64.9	52.5	54.2	47.9	54.0	53.6	53.8
65+	35.1	47.5	45.8	52.1	45.6	46.0	46.0
1d Female (% of 1a)	48.6	45.0	41.7	37.5	43.3	42.5	43.2
1e Race (% of 1a; sums to 100%) ^{*3}							
African American	0.0	0.0	0.0	0.0	12.0	8.5	35.1
Asian/Pacific Islander	8.1	5.0	6.3	6.3	14.7	10.7	5.9
Native American	10.8	7.5	6.3	6.3	1.6	3.0	1.2
White	81.1	87.5	87.5	87.5	71.1	77.3	57.4
Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.6	0.5	0.4
1f Ethnicity (% of 1a; sums to 100%)							
Hispanic	5.4	5.0	2.1	2.1	12.3	12.3	18.5
Non-Hispanic	94.6	95.0	97.9	97.9	87.1	87.2	81.2
Unknown	0.0	0.0	0.0	0.0	0.6	0.5	0.4
1g Primary Cause of ESRD (% of 1a; sums to 100%)							
Diabetes	40.5	45.0	39.6	35.4	45.8	44.7	45.5
Hypertension	2.7	5.0	8.3	10.4	17.8	17.9	29.5
Glomerulonephritis	32.4	30.0	25.0	22.9	16.0	16.6	10.8
Other/Unknown	24.3	20.0	27.1	31.3	19.7	20.1	13.2
Missing	0.0	0.0	0.0	0.0	0.7	0.7	1.0
1h Average duration of ESRD (years)	4.1	3.7	4.0	4.7	5.0	4.9	4.9
1i Years since start of ESRD (% of 1a; sums to 100%)							
< 1	27.0	20.0	16.7	8.3	17.0	16.6	15.8
1-2	10.8	25.0	16.7	22.9	17.5	17.5	17.2
2-3	18.9	10.0	18.8	6.3	14.4	14.7	13.7
3-6	21.6	30.0	27.1	39.6	25.7	25.6	26.0
6+	21.6	15.0	20.8	22.9	25.5	25.6	27.3
1j Nursing home patients (% of 1a) ^{*4}	18.9	12.5	18.8	20.8	13.6	13.2	14.8
1k Modality (% of 1a; sums to 100%)							
In-center hemodialysis	70.3	75.0	79.2	72.9	85.0	83.3	87.6
Home hemodialysis	0.0	0.0	2.1	4.2	2.6	2.3	1.7
Continuous ambulatory peritoneal dialysis	10.8	2.5	4.2	6.3	1.5	2.1	1.6
Continuous cycling peritoneal dialysis	18.9	22.5	14.6	16.7	10.1	11.6	8.5
Other modality ^{*5}	0.0	0.0	0.0	0.0	0.8	0.7	0.5

n/a = not applicable

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

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

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

TABLE 2: Characteristics of New Dialysis Patients^{*1}, 2013-2016 (Form CMS-2728)

Measure Name	This Facility				Regional Averages ^{*2} , 2016			
	2013	2014	2015	2016	State	Network	U.S.	
Patient Characteristics								
2a	Total number of patients with forms (n)	10	12	16	5	18.9	17.0	17.3
2b	Average age (years [0-95])	59.4	61.5	68.0	53.3	62.1	62.9	63.6
2c	Female (% of 2a)	20.0	66.7	18.8	0.0	40.8	40.9	42.6
2d	Race (% of 2a; sums to 100%) ^{*4}							
	African-American	0.0	0.0	0.0	0.0	9.2	6.3	25.9
	Asian/Pacific Islander	0.0	0.0	0.0	0.0	14.1	9.5	5.5
	Native American	10.0	8.3	6.3	20.0	1.6	3.5	0.9
	White	90.0	91.7	93.8	80.0	74.3	80.1	67.4
	Other/Unknown	0.0	0.0	0.0	0.0	0.8	0.6	0.3
2e	Hispanic (% of 2a)	0.0	0.0	6.3	0.0	9.4	9.0	14.8
2f	Primary cause of ESRD (% of 2a; sums to 100%)							
	Diabetes	40.0	58.3	31.3	60.0	50.4	49.4	48.9
	Hypertension	0.0	0.0	12.5	0.0	17.6	17.7	29.2
	Primary glomerulonephritis	50.0	25.0	25.0	20.0	12.1	12.6	7.3
	Other/Unknown	10.0	16.7	31.3	20.0	20.0	20.2	14.6
2g	Medical coverage (% of 2a; sums to 100%)							
	Employer group only	10.0	8.3	12.5	0.0	14.3	13.3	12.4
	Medicare only	50.0	16.7	12.5	20.0	25.3	29.2	32.9
	Medicaid only	0.0	8.3	6.3	60.0	13.5	11.7	12.6
	Medicare and Medicaid only	20.0	25.0	18.8	0.0	13.7	12.4	12.9
	Medicare and other	20.0	25.0	43.8	20.0	20.1	20.9	17.5
	Other/Unknown	0.0	16.7	6.3	0.0	11.5	10.5	7.7
	None	0.0	0.0	0.0	0.0	1.6	2.0	3.9
2h	Median body mass index ^{*5} (Median; Weight/Height ²)							
	Male	26.5	32.2	26.8	30.8	28.4	28.7	28.0
	Female	20.6	36.3	35.1	.	29.0	29.2	29.1
2i	Employment ^{*6}							
	Six months prior to ESRD treatment	0.0	16.7	33.3	0.0	36.9	37.7	33.2
	At first ESRD treatment	0.0	0.0	33.3	50.0	27.9	27.6	23.5
2j	Primary modality (% of 2a; sums to 100%)							
	Hemodialysis	70.0	91.7	81.3	80.0	89.2	86.7	89.8
	CAPD/CCPD	30.0	8.3	18.8	20.0	10.8	13.3	10.2
	Other/Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2k	Number of incident hemodialysis patients (n)	7	11	13	4	16.9	14.7	15.5
2l	Access used at first outpatient dialysis (% of 2k; sums to 100%)							
	Arteriovenous fistula	14.3	18.2	7.7	50.0	25.9	24.6	16.6
	Arteriovenous graft	0.0	0.0	0.0	0.0	3.6	3.7	3.0
	Catheter	85.7	81.8	92.3	50.0	70.3	71.5	80.2
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.2	0.1	0.2
2m	Arteriovenous fistula placed (% of 2k)	42.9	54.5	61.5	100	43.6	41.2	33.0

(continued)

TABLE 2 (cont.): Characteristics of New Dialysis Patients^{*1}, 2013-2016 (Form CMS-2728)

Measure Name	This Facility				Regional Averages ^{*2} , 2016		
	2013	2014	2015	2016	State	Network	U.S.
Average Lab Values Prior to Dialysis^{*3}							
2n Hemoglobin (g/dL [3-18])	9.7	9.4	9.4	8.1	9.3	9.5	9.3
2o Serum albumin (g/dL [0.8-6.0])	3.8	4.1	.	.	3.2	3.2	3.2
2p Serum creatinine (mg/dL [0-33])	7.5	7.7	6.6	8.5	6.7	6.3	6.4
2q GFR (mL/min [0-30])	8.9	7.7	9.9	10.2	10.0	10.5	10.7
Care Prior to ESRD Therapy							
2r Received ESA prior to ESRD (% of 2a)	10.0	25.0	25.0	0.0	20.6	18.9	13.2
2s Pre-ESRD nephrologist care (% of 2a; sums to 100%) ^{*7}							
No	50.0	33.3	12.5	20.0	17.5	18.3	21.3
Yes, < 6 months	30.0	16.7	25.0	20.0	15.3	15.4	13.7
Yes, 6-12 months	0.0	8.3	25.0	0.0	17.3	18.6	19.5
Yes, > 12 months	20.0	33.3	31.3	60.0	43.5	41.7	30.8
Unknown/Missing	0.0	8.3	6.3	0.0	6.4	6.0	14.7
2t Informed of transplant options (% of 2a)	30.0	58.3	43.8	80.0	75.5	78.2	87.2
2u Patients not informed of transplant options (n)	7	5	9	1	4.6	3.7	2.2
2v Reason not informed (% of 2u; may not sum to 100%)							
Medically unfit	42.9	60.0	33.3	0.0	40.1	45.9	36.2
Unsuitable due to age	0.0	0.0	22.2	0.0	7.1	12.4	24.1
Psychologically unfit	0.0	0.0	22.2	0.0	4.1	3.7	3.0
Patient declined information	0.0	0.0	0.0	0.0	1.5	1.1	2.0
Patient has not been assessed	57.1	40.0	55.6	100	42.6	40.9	38.8
Comorbid Conditions							
2w Pre-existing comorbidity (% yes of 2a) ^{*7}							
Congestive heart failure	30.0	33.3	50.0	0.0	27.2	27.6	28.9
Atherosclerotic heart disease ^{*8}	30.0	16.7	25.0	0.0	13.6	16.8	13.8
Other cardiac disorder ^{*8}	20.0	25.0	25.0	20.0	17.6	17.3	19.9
CVD, CVA, TIA	10.0	0.0	18.8	0.0	8.3	8.2	8.7
Peripheral vascular disease	10.0	8.3	31.3	20.0	11.0	11.4	10.0
History of hypertension	90.0	83.3	81.3	80.0	84.7	85.5	87.8
Diabetes ^{*8}	40.0	66.7	37.5	60.0	60.8	59.9	63.4
Diabetes on insulin	30.0	58.3	18.8	40.0	43.2	41.8	42.3
COPD	20.0	16.7	12.5	0.0	7.5	8.1	9.6
Current smoker	40.0	0.0	6.3	20.0	6.9	7.3	6.5
Cancer	10.0	8.3	0.0	0.0	8.4	7.6	7.0
Alcohol dependence	0.0	8.3	0.0	20.0	1.6	1.7	1.5
Drug dependence	0.0	8.3	6.3	40.0	3.3	2.3	1.3
Inability to ambulate	0.0	8.3	0.0	0.0	3.5	3.6	7.0
Inability to transfer	0.0	0.0	0.0	0.0	1.1	1.3	3.9
2x Average number of comorbid conditions	3.3	3.4	3.1	3.0	3.0	3.0	3.1

n/a= not applicable

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

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

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

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

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

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

[*7] Values may not sum to exactly 100% because of patients that received nephrology care but duration unknown (0.02% in US in 2016).

[*8] 'Atherosclerotic heart disease' includes ischemic heart disease (coronary artery disease) and myocardial infarction. 'Other cardiac disorder' includes cardiac arrest, cardiac dysrhythmia, and pericarditis. 'Diabetes' includes patients with diabetes as the primary cause of ESRD.

TABLE 3: Mortality Summary for All Dialysis Patients (2013-16) & New Dialysis Patients (2013-15) *1

Measure Name	This Facility					Regional Averages *2		
	2013	2014	2015	2016	2013-2016	State	Network	U.S.
All Patients: Death Counts						2013-2016		
3a Patients (n=number)	57	54	61	66	238 *8	95.1	81.8	95.2
3b Patient-years (PY) at risk (n)	38.2	38.0	42.5	49.2	167.9 *8	67.0	57.7	63.9
3c Deaths (n)	13	5	5	11	34 *8	11.8	10.2	11.1
3d Expected deaths (n)	7.2	6.7	8.1	9.8	31.7 *8	12.0	10.6	11.1
3e Withdrawal from dialysis prior to death (% of 3c)	46.2	40.0	40.0	27.3	38.2	39.6	41.0	24.9
3f Death due to Infections (% of 3c)	15.4	0.0	0.0	9.1	8.8	13.8	13.0	11.1
Death due to Cardiac causes (% of 3c)	69.2	80.0	80.0	63.6	70.6	39.6	40.6	44.5
Death due to Liver disease (% of 3c)	0.0	0.0	0.0	9.1	2.9	1.5	1.9	1.7
3g Dialysis unrelated deaths *3 (n; excluded from SMR)	0	0	1	0	1 *8	0.1	0.1	0.1
All Patients: Standardized Mortality Ratio (SMR)								
3h SMR *4	1.82	0.75	0.61	1.13	1.07	0.98	0.97	1.00
3i P-value *5	0.062	0.690	0.357	0.777	0.733	n/a	n/a	n/a
3j Confidence interval for SMR *6								
High (97.5% limit)	3.11	1.75	1.43	2.01	1.50	n/a	n/a	n/a
Low (2.5% limit)	0.97	0.24	0.20	0.56	0.74	n/a	n/a	n/a
3k SMR percentiles for this facility *7								
In this State	97	26	19	74	73	n/a	n/a	n/a
In this Network	97	28	20	70	74	n/a	n/a	n/a
In the U.S.	95	28	16	66	64	n/a	n/a	n/a
New Patients: First Year Death Counts						2013-2015		
3l New patients (n=number)	10	12	16		38 *8	18.0	16.0	17.0
3m Patient-years (PY) at risk (n)	9.2	11.3	14.0		34.6 *8	16.1	14.2	14.9
3n Deaths (n)	2	1	4		7 *8	3.1	2.8	3.3
3o Expected deaths (n)	2.0	2.8	3.9		8.7 *8	3.6	3.2	3.3
3p Withdrawal from dialysis prior to death (% of 3n)	0.0	0.0	25.0		14.3	43.6	44.1	26.8
3q Death due to Infections (% of 3n)	0.0	0.0	0.0		0.0	13.0	12.0	10.1
Death due to Cardiac causes (% of 3n)	50.0	0.0	50.0		42.9	33.8	35.1	39.6
Death due to Liver disease (% of 3n)	0.0	0.0	0.0		0.0	2.8	3.8	2.8
New Patients: First Year Standardized Mortality Ratio (SMR)								
3r SMR *4	.	.	1.02		0.80	0.87	0.88	1.00
3s P-value *5	.	.	0.999		0.711	n/a	n/a	n/a
3t Confidence interval for SMR *6								
High (97.5% limit)	.	.	2.60		1.65	n/a	n/a	n/a
Low (2.5% limit)	.	.	0.28		0.32	n/a	n/a	n/a
3u First Year SMR percentiles for this facility *7								
In this State	.	.	65		41	n/a	n/a	n/a
In this Network	.	.	67		46	n/a	n/a	n/a
In the U.S.	.	.	56		37	n/a	n/a	n/a

n/a = not applicable

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

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

[*3] Defined as deaths due to street drugs and accidents unrelated to treatment.

[*4] Calculated as a ratio of deaths to expected deaths (3c to 3d for all patients, 3n to 3o for new patients); not shown if there are fewer than 3 expected deaths.

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

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

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

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

TABLE 4: Hospitalization Summary for Medicare Dialysis Patients ^{*1}, 2013-2016

Measure Name	This Facility					Regional Averages ^{*2} , per Year, 2013-2016		
	2013	2014	2015	2016	2013-2016	State	Network	U.S.
Medicare Dialysis Patients								
4a Medicare dialysis patients (n)	52	47	51	60	210 ^{*3}	74.5	63.2	73.4
4b Patient-years (PY) at risk (n)	31.7	31.6	34.2	43.6	141.2 ^{*3}	49.1	41.0	44.6
Days Hospitalized Statistics								
4c Total days hospitalized (n)	413	315	453	813	1,994 ^{*3}	494.5	395.8	592.5
4d Expected total days hospitalized (n)	426.4	417.6	470.9	558.6	1,873.5 ^{*3}	653.5	541.2	594.8
4e Standardized Hospitalization Ratio (Days) ^{*4}	0.97	0.75	0.96	1.46	1.06	0.76	0.73	1.00
4f P-value ^{*5}	0.934	0.654	0.933	0.172	0.608	n/a	n/a	n/a
4g Confidence interval for SHR (Days) ^{*6}								
High (97.5% limit)	2.14	1.85	1.95	2.73	1.88	n/a	n/a	n/a
Low (2.5% limit)	0.50	0.37	0.54	0.84	0.69	n/a	n/a	n/a
4h Percentiles for this facility (Days) ^{*7}								
In this State	89	52	82	97	92	n/a	n/a	n/a
In this Network	87	56	83	97	94	n/a	n/a	n/a
In the U.S.	56	31	54	88	66	n/a	n/a	n/a
Admission Statistics								
4i Total admissions (n)	61	45	45	66	217 ^{*3}	78.9	63.7	80.9
4j Expected total admissions (n)	59.3	57.7	64.5	79.2	260.6 ^{*3}	89.7	74.5	81.0
4k Standardized Hospitalization Ratio (Admissions) ^{*4}	1.03	0.78	0.70	0.83	0.83	0.88	0.86	1.00
4l P-value ^{*5}	0.876	0.549	0.304	0.595	0.544	n/a	n/a	n/a
4m Confidence interval for SHR (Admissions) ^{*6}								
High (97.5% limit)	1.82	1.60	1.36	1.56	1.41	n/a	n/a	n/a
Low (2.5% limit)	0.60	0.41	0.38	0.46	0.52	n/a	n/a	n/a
4n Percentiles for this facility (admissions) ^{*7}								
In this State	77	39	24	45	42	n/a	n/a	n/a
In this Network	79	41	29	54	48	n/a	n/a	n/a
In the U.S.	59	25	16	31	28	n/a	n/a	n/a
4o Diagnoses associated with hospitalization (% of 4a) ^{*8}								
Septicemia	11.5	6.4	13.7	10.0	10.5	11.7	10.8	10.9
Acute myocardial infarction	1.9	6.4	0.0	5.0	3.3	4.6	4.5	4.2
Congestive heart failure	21.2	19.1	21.6	31.7	23.8	23.1	21.6	23.2
Cardiac dysrhythmia	26.9	19.1	19.6	21.7	21.9	16.0	14.7	14.8
Cardiac arrest	7.7	0.0	2.0	1.7	2.9	2.0	1.9	2.1
4p One day admissions (% of 4i)	18.0	11.1	8.9	4.5	10.6	13.2	12.5	10.7
4q Average length of stay (days per admission; 4c/4i)	6.8	7.0	10.1	12.3	9.2	6.3	6.2	7.3

(continued)

TABLE 4 (cont.): Hospitalization Summary for Medicare Dialysis Patients^{*1}, 2013-2016

Measure Name	This Facility					Regional Averages ^{*2} , per Year, 2013-2016			
	2013	2014	2015	2016	2013-2016	State	Network	U.S.	
Emergency Department (ED) Statistics									
4r	Total ED visits (n)	139	182	212	211	744 ^{*3}	148.0	120.9	138.6
4s	Expected total ED visits (n)	98.7	99.7	112.0	136.5	446.9 ^{*3}	153.8	128.3	139.2
4t	Standardized Hospitalization Ratio (ED) ^{*4}	1.41	1.83	1.89	1.55	1.66	0.96	0.94	1.00
4u	P-value ^{*5}	0.127	<0.01	<0.01	0.022	<0.01	n/a	n/a	n/a
4v	Confidence interval for SHR (ED) ^{*6}								
	High (97.5% limit)	2.20	2.68	2.67	2.31	2.27	n/a	n/a	n/a
	Low (2.5% limit)	0.91	1.28	1.35	1.07	1.23	n/a	n/a	n/a
4w	Percentiles for this facility (ED) ^{*7}								
	In this State	96	97	98	97	97	n/a	n/a	n/a
	In this Network	95	97	97	97	98	n/a	n/a	n/a
	In the U.S.	92	98	98	95	97	n/a	n/a	n/a
4x	Patients with ED visit (% of 4a)	67.3	57.4	66.7	68.3	65.2	63.5	62.6	61.0
4y	ED visits that result in hospitalization (% of 4r)	33.1	9.9	4.2	8.5	12.2	41.4	39.4	47.3
4z	Admissions that originate in the ED (% of 4i)	75.4	40.0	20.0	27.3	41.9	77.7	74.8	81.1
Readmission Statistics								2016	
4aa	Index discharges (n)	54	39	53	57		76.0	61.6	77.6
4ab	Total readmissions (n)	17	6	10	10		18.0	14.1	20.0
4ac	Expected total readmissions (n)	15	10	13	15		20.9	17.0	20.5
4ad	Standardized Readmission Ratio (SRR)	1.11	0.61	0.78	0.68		0.9	0.9	1.0
4ae	P-value ^{*5}	0.593	0.243	0.479	0.268		n/a	n/a	n/a
4af	Confidence interval for SRR ^{*6}								
	High (97.5% limit)	1.60	1.13	1.34	1.16		n/a	n/a	n/a
	Low (2.5% limit)	0.69	0.26	0.39	0.34		n/a	n/a	n/a

n/a = not applicable.

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

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

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

[*4] Standardized Ratios are calculated as a ratio of actual to expected events (4c/4d for days, 4i/4j for admissions, 4r/4s for ED visits, and 4ab/4ac for readmissions).

SHRs are not shown if there are less than 5 patient years at risk. SRR is not shown if fewer than 11 index discharges in the year.

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

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

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

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

Dialysis Facility Report for Fiscal Year (FY) 2018

NKC PORT ANGELES KIDNEY CENTER State: WA Network: 16 CCN: 502510

TABLE 5: Transplantation Summary for Dialysis Patients under Age 70^{*1}, 2013-2016

Measure Name	This Facility					Regional Averages ^{*2} , per Year, 2013-2016		
	2013	2014	2015	2016	2013-2016	State	Network	U.S.
All Patients								
5a Eligible patients (n)	41	38	39	42	160 ^{*10}	66.0	56.6	65.2
5b Transplants (n)	2	5	0	0	7 ^{*10}	2.7	2.2	2.0
5c Donor type (sums to 5b) ^{*3}								
Living donor (n)	0	0	0	0	0 ^{*10}	0.6	0.6	0.5
Deceased donor (n)	2	5	0	0	7 ^{*10}	2.1	1.7	1.5
Patients who have not Previously Received a Transplant								
5d Eligible patients (n)	38	34	33	37	142 ^{*10}	59.8	51.2	59.6
5e Patient years (PY) at risk (n)	24.9	24.9	26.3	26.7	102.8 ^{*10}	41.9	36.2	40.6
5f First transplants ^{*4} (n)	2	5	0	0	7 ^{*10}	2.4	1.9	1.7
5g Expected first transplants (n)	1.0	1.0	1.1	1.1	4.2 ^{*10}	1.8	1.5	1.7
Standardized 1st Transplantation Ratio (STR)^{*5}								
5h STR ^{*6}					1.66	1.33	1.27	1.00
5i P-value ^{*7}					0.268	n/a	n/a	n/a
5j Confidence interval for STR ^{*8}								
High (97.5% limit)					3.42	n/a	n/a	n/a
Low (2.5% limit)					0.67	n/a	n/a	n/a
5k STR percentiles for this facility ^{*9}								
In this State					69	n/a	n/a	n/a
In this Network					75	n/a	n/a	n/a
In the U.S.					80	n/a	n/a	n/a

n/a = not applicable.

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

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

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

[*4] Among first transplants that occurred after the start of dialysis from 2013-2016, 3.7% of transplants in the U.S. were not included because the transplant occurred fewer than 90 days after the start of ESRD and 1.1% were not included because the patient was not assigned to a facility at time of transplant.

[*5] This section is calculated for the 4-year period only and not reported if there are fewer than 3 expected transplants.

[*6] Standardized 1st Transplantation Ratio is calculated as a ratio of actual (5f) to expected (5g) transplants.

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

[*8] The confidence interval range represents uncertainty in the value of the STR due to random variation.

[*9] All facilities are included in ranking, regardless of the number of expected transplants.

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

Dialysis Facility Report for Fiscal Year (FY) 2018

NKC PORT ANGELES KIDNEY CENTER State: WA Network: 16 CCN: 502510

TABLE 6: Waitlist Summary for Dialysis Patients under Age 70 Treated on December 31st of Each Year^{*1}, 2013-2016

Measure Name	This Facility				Regional Averages ^{*2} , 2016		
	2013	2014	2015	2016	State	Network	U.S.
							2016
6a Eligible patients on 12/31 (n)	29	30	37	32	51.8	44.9	47.4
6b Patients on the waitlist (% of 6a)	41.4	26.7	29.7	31.3	18.6	16.8	21.4
6c P-value ^{*3} (compared to U.S. value)	0.033	0.434	0.198	0.127	n/a	n/a	n/a
6d Patients on the waitlist by subgroup (%) ^{*4}							
Age < 40	33.3	40.0	42.9	42.9	30.6	25.8	31.1
Age 40-69	43.5	24.0	26.7	28.0	16.7	15.4	20.1
Male	21.4	14.3	14.3	15.0	18.9	17.1	22.5
Female	60.0	37.5	50.0	58.3	18.2	16.4	19.7
African American	.	.	.	.	19.4	17.7	19.9
Asian/Pacific Islander	100	100	66.7	66.7	23.1	23.9	31.9
Native American	50.0	33.3	50.0	0.0	9.4	10.4	14.4
White, Hispanic	0.0	.	0.0	.	18.7	16.4	24.0
White, non-Hispanic	33.3	20.0	25.8	29.6	17.4	15.8	20.2
Other/unknown race	.	.	.	.	24.2	21.2	22.7
Diabetes	38.5	18.8	28.6	27.3	13.8	11.9	17.2
Non-diabetes	43.8	35.7	30.4	33.3	22.7	21.0	24.8
Previous kidney transplant	0.0	50.0	40.0	60.0	34.3	28.9	37.0
No previous kidney transplant	46.2	25.0	28.1	25.9	16.9	15.6	20.0
< 2 years since start of ESRD	16.7	13.3	15.4	10.0	14.1	13.2	14.9
2-4 years since start of ESRD	62.5	30.0	26.7	33.3	24.2	22.4	26.4
5+ years since start of ESRD	55.6	60.0	55.6	46.2	18.3	15.3	23.5

n/a = not applicable.

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

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

[*3] Facility waitlist percentage is compared to the U.S. waitlist percentage for that year: 24.4% (2013), 24.0% (2014), 22.6% (2015), 21.4% (2016). 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.

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

Dialysis Facility Report for Fiscal Year (FY) 2018

NKC PORT ANGELES KIDNEY CENTER State: WA Network: 16 CCN: 502510

TABLE 7: Influenza Vaccination Summary for Medicare Dialysis Patients Treated on December 31st of Each Year^{*1}, Flu Seasons August 2013-December 2016

Measure Name	This Facility				Regional Averages ^{*2}		
	2013	2014	2015	2016	State	Network	U.S.
							2016
7a Eligible patients on 12/31 (n)	30	31	42	43	52.0	43.8	46.0
7b Patients vaccinated between Aug. 1 and Dec. 31 (% of 7a)	70.0	87.1	69.0	76.7	73.2	72.0	68.9
7c P-value ^{*3} (for 7b compared to U.S. value ^{*4})	0.492	0.065	0.321	0.172	n/a	n/a	n/a
							2015
7d Patients vaccinated between Aug 1 and Mar 31 of following year (% of 7a)	73.3	87.1	71.4		77.6	76.7	73.8
7e P-value ^{*3} (for 7d compared to U.S. value ^{*5})	0.546	0.072	0.419		n/a	n/a	n/a
							2016
7f Patients vaccinated between Aug 1 and Dec 31 by subgroup (%) ^{*6}							
Age < 18	.	.	.	.	70.6	75.0	56.3
Age 18-39	50.0	100	66.7	60.0	68.8	68.6	64.9
Age 40-64	75.0	90.9	85.7	93.3	72.2	71.3	68.4
Age 65-74	60.0	80.0	53.8	75.0	72.3	70.8	69.3
Age 75+	85.7	80.0	66.7	63.6	77.3	75.8	70.6
Male	62.5	78.6	63.6	69.2	72.9	71.4	68.8
Female	78.6	94.1	75.0	88.2	73.5	72.7	69.0
African American	.	.	.	.	71.7	68.9	66.4
Asian/Pacific Islander	0.0	100	66.7	66.7	77.8	76.4	72.2
Native American	50.0	100	100	33.3	69.1	64.9	76.7
White	76.0	84.6	66.7	81.1	72.6	71.9	70.0
Other/unknown race	.	.	.	.	69.2	80.4	65.5
Hispanic	100	100	100	0.0	78.1	77.5	70.5
< 1 year since start of ESRD	55.6	60.0	60.0	50.0	62.5	60.6	56.5
1-2 years since start of ESRD	75.0	90.9	64.3	75.0	72.3	71.7	68.2
3+ years since start of ESRD	76.9	93.3	77.8	81.5	76.6	75.3	72.4

n/a = not applicable

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

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

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

[*4] Compared to the U.S. value for that year and time period (8/1-12/31): 71.6% (2013), 73.9% (2014), 73.3% (2015), 68.9% (2016).

[*5] Compared to the U.S. value for that year and time period (8/1-3/31): 72.4% (2013), 74.4% (2014), 73.8% (2015).

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

TABLE 8: Anemia Management Summaries for Adult Dialysis Patients ^{*1}, 2013-2016

Measure Name	This Facility				Regional Averages ^{*2} , 2016		
	2013	2014	2015	2016	State	Network	U.S.
Hemoglobin and ESA-CROWNWeb							
8a Eligible adult patients (n) ^{*3}	53	52	58	63	91.8	81.2	86.0
8b Eligible adult patient-months (n) ^{*4}	430	439	495	559	796.3	704.6	755.9
8c Average hemoglobin ^{*5} (g/dL) (average of 8b)	10.6	10.7	10.7	10.6	10.9	10.9	10.8
8d Hemoglobin categories (% of 8b; sums to 100%)							
<10 g/dL	25.6	19.1	23.6	22.5	19.1	18.1	20.8
10-<11 g/dL	30.2	40.5	36.0	36.0	34.1	33.0	33.5
11-12 g/dL	27.2	32.3	29.3	31.3	31.7	31.6	29.1
>12 g/dL	12.1	8.0	9.7	8.1	12.6	14.9	12.5
Missing/Out of range	4.9	0.0	1.4	2.1	2.4	2.4	4.0
8e ESA prescribed (% of 8b)	95.6	91.1	92.3	86.6	79.1	73.5	72.4
Standardized Transfusion Ratio (STrR)							
8f Eligible adult Medicare patients (n)	39	36	40	45	65.5	56.9	59.3
8g Patient years (PY) at risk (n)	21	23	24	30	40.0	34.3	35.7
8h Total transfusions (n)	8	8	5	14	10.3	9.1	13.7
8i Expected total transfusions (n)	9.3	9.9	9.4	11.4	15.6	13.3	14.0
8j Standardized Transfusion Ratio ^{*6}	0.86	0.81	0.53	1.22	0.66	0.69	1.00
Upper Confidence Limit (97.5%)	3.17	2.92	2.65	3.15	n/a	n/a	n/a
Lower Confidence Limit (2.5%)	0.28	0.26	0.14	0.53	n/a	n/a	n/a
8k P-value ^{*7}	0.927	0.833	0.501	0.565	n/a	n/a	n/a
Hemoglobin-Medicare Claims ^{*8}							
8l Eligible adult hemodialysis (HD) patients (n)	29	24	30	36	42.2	33.9	37.7
8m Hemoglobin categories among HD pts (% of 8l; sums to 100%)							
< 10 g/dL	20.7	16.7	10.0	25.0	12.3	11.9	16.6
10-<11 g/dL	72.4	70.8	76.7	58.3	65.4	65.4	64.3
11-12 g/dL	6.9	12.5	13.3	16.7	21.9	22.3	18.8
> 12 g/dL	0.0	0.0	0.0	0.0	0.4	0.4	0.3
8n Eligible adult peritoneal dialysis (PD) patients (n)	8	9	6	15	4.7	4.1	3.2
8o Hemoglobin categories among PD pts (% of 8n; sums to 100%)							
< 10 g/dL	37.5	11.1	0.0	13.3	18.3	22.0	26.7
10-<11 g/dL	50.0	77.8	100	60.0	63.2	60.9	56.5
11-12 g/dL	12.5	11.1	0.0	26.7	17.6	16.1	16.1
> 12 g/dL	0.0	0.0	0.0	0.0	0.9	1.0	0.7

n/a = not applicable

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

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

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

[*6] Calculated as a ratio of observed transfusions to expected transfusions (8h to 8i); not shown if there are fewer than 10 patient-years at risk for transfusions.

[*7] 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.

[*8] Among ESA-treated dialysis patient with ESRD for more than 90 days and 4 or more claims at this facility.

TABLE 9: Dialysis Adequacy Summaries for All Dialysis Patients^{*1}, 2013-2016

Measure Name	This Facility				Regional Averages ^{*2} , 2016		
	2013	2014	2015	2016	State	Network	U.S.
Hemodialysis (HD) Adequacy							
9a Eligible adult HD patients (n)	41	37	45	50	81.0	70.7	79.0
9b Eligible adult HD patient-months (n) ^{*3}	317	319	397	422	701.1	612.3	692.2
9c Average serum albumin (g/dL) (average of 9b)	4.0	4.1	3.9	3.9	3.8	3.8	3.8
9d Serum albumin categories (% of 9b; sums to 100%)							
< 3.0 g/dL	0.6	0.3	2.3	1.2	3.0	2.9	3.5
3.0-<3.5 g/dL	4.1	4.1	9.6	9.5	11.9	12.7	13.8
3.5-<4.0 g/dL	40.7	32.6	35.0	33.9	45.5	46.9	46.8
>=4.0 g/dL	50.5	63.0	51.9	52.8	35.3	34.1	31.3
Missing	4.1	0.0	1.3	2.6	4.3	3.4	4.6
9e Ultrafiltration rate average ^{*4} (ml/kg/hr) (average of 9b)	5.4	5.0	5.3	5.5	6.9	7.2	7.9
9f Ultrafiltration rate categories (% of 9b; sums to 100%)							
<=13 ml/kg/hr	85.2	86.2	79.8	82.0	86.4	85.2	80.5
>13 ml/kg/hr	1.9	3.8	5.3	5.7	6.2	7.4	10.1
Missing/Out of range	12.9	10.0	14.9	12.3	7.4	7.3	9.3
9g Eligible adult HD Kt/V patients (n) ^{*5 *6}	40	37	44	50	75.6	65.8	76.0
9h Eligible adult HD Kt/V patient-months (n) ^{*3 *5 *6}	315	319	394	405	646.2	564.3	662.5
9i Average Kt/V ^{*4} (average of 9h)	1.6	1.5	1.5	1.6	1.7	1.7	1.6
9j Kt/V categories (% of 9h; sums to 100%)							
<1.2	3.2	6.6	5.8	2.2	2.1	2.0	2.1
1.2-<1.8	84.4	83.7	82.2	83.2	64.4	66.1	70.7
>=1.8	10.2	9.4	8.4	11.9	31.7	30.2	24.5
Missing/Out of range	2.2	0.3	3.6	2.7	1.8	1.7	2.7
Peritoneal Dialysis (PD) Adequacy							
9k Eligible adult PD patients (n) ^{*5}	14	15	14	19	18.7	21.4	20.5
9l Eligible adult PD patient-months (n) ^{*3 *5}	110	119	97	129	141.9	162.3	163.9
9m Average weekly Kt/V ^{*4 *6} (average of 9l)	2.2	2.3	2.3	2.2	2.3	2.3	2.3
9n Weekly Kt/V categories (% of 9l; sums to 100%) ^{*6}							
<1.7	3.6	2.5	2.1	2.3	4.6	5.0	5.6
1.7-<2.5	60.0	68.9	66.0	70.5	64.8	64.0	63.3
>=2.5	10.9	26.9	28.9	17.8	25.6	27.1	25.2
Missing/Out of range	25.5	1.7	3.1	9.3	5.1	3.9	5.9
9o Average serum albumin (g/dL) (average of 9l)	3.7	3.7	3.6	3.6	3.5	3.5	3.5
9p Serum albumin categories (% of 9l; sums to 100%)							
< 3.0 g/dL	1.8	0.8	8.2	9.3	10.1	10.4	11.1
3.0-<3.5 g/dL	14.5	21.0	22.7	24.8	28.5	29.4	30.7
3.5-<4.0 g/dL	51.8	54.6	46.4	43.4	41.5	41.1	39.5
>=4.0 g/dL	26.4	23.5	20.6	21.7	15.3	15.1	12.7
Missing	5.5	0.0	2.1	0.8	4.6	4.0	6.0

(continued)

TABLE 9: Dialysis Adequacy Summaries for All Dialysis Patients^{*1}, 2013-2016

Measure Name	This Facility				Regional Averages ^{*2} , 2016		
	2013	2014	2015	2016	State	Network	U.S.
Adult Kt/V--Medicare Claims^{*6 *7}							
9q Eligible adult hemodialysis (HD) patients (n)	41	34	41	54	73.1	61.7	63.5
9r Eligible adult HD patient-months (n) ^{*3}	288	267	329	381	506.2	423.0	457.9
9s Kt/V categories among adult HD patients (% of 9r; sums to 100%)							
<1.2	3.1	7.1	6.7	2.1	2.0	2.1	2.2
1.2-<1.4	6.9	16.9	29.2	18.4	12.2	12.7	16.9
1.4-<1.6	47.2	39.7	33.7	34.9	26.2	27.8	30.8
1.6-<1.8	24.3	24.3	17.3	28.6	26.9	27.4	25.7
>= 1.8	12.2	9.7	7.9	11.5	30.7	28.0	22.6
Missing/Out of range/Not performed/Expired	6.3	2.2	5.2	4.5	2.1	2.0	1.7
9t Adult HD: Kt/V >=1.2 (% of 9r) ^{*4}	90.6	90.6	88.1	93.4	96.0	95.9	96.1
9u Eligible adult peritoneal dialysis (PD) patients (n)	12	14	12	17	8.4	8.3	6.0
9v Eligible adult PD patient-months (n) ^{*3}	84	116	87	134	62.4	61.7	45.9
9w Kt/V categories among adult PD patients (% of 9v; sums to 100%)							
<1.7	4.8	2.6	3.4	3.0	5.4	5.7	6.7
1.7-<1.9	7.1	11.2	10.3	11.2	18.1	16.1	20.0
1.9-<2.2	54.8	45.7	25.3	46.3	30.6	30.4	29.0
2.2-<2.5	16.7	7.8	21.8	12.7	18.7	20.3	17.5
>=2.5	7.1	26.7	32.2	16.4	21.8	23.2	22.6
Missing/Out of range/Not performed/Expired	9.5	6.0	6.9	10.4	5.4	4.2	4.2
9x Adult PD: Kt/V >=1.7 (% of 9v) ^{*4}	85.7	91.4	89.7	86.6	89.2	90.0	89.1

n/a = not applicable.

[*1] See *Guide, Section XII*. Unless otherwise noted, all summaries are based on data reported in CROWNWeb and the patient must be on HD (or PD) for the entire reporting month to be included in patient counts and summaries.

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

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

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

[*5] Kt/V summaries are supplemented with Medicare claims if missing in CROWNWeb.

[*6] HD Kt/V summaries are restricted to patients who dialyze thrice weekly. See section of Guide titled "*Determination of Thrice Weekly Dialysis*" for more information. The PD summaries use the most recent value over a 4-month look-back period. The PD Adequacy section uses the most recent value over a 4-month look-back period.

[*7] Kt/V: K = dialyzer clearance of urea; t = dialysis time; V = patient's total body water. Includes Medicare patients who had one eligible dialysis claim submitted by the facility during the year. Based on the value code D5: Result of last Kt/V.

TABLE 10: Mineral Metabolism Summaries for All Adult Dialysis Patients^{*1}, 2013-2016

Measure Name	This Facility				Regional Averages ^{*2} , 2016		
	2013	2014	2015	2016	State	Network	U.S.
10a Eligible adult patients (n) ^{*3}	53	52	58	63	91.8	81.2	86.0
10b Eligible adult patient-months (n) ^{*3 *4}	430	439	495	559	796.3	704.6	755.9
10c Average phosphorous ^{*5} (mg/dL) (average of 10b ^{*6})	5.9	6.0	5.8	5.9	5.5	5.4	5.3
10d Phosphorous categories (% of 10b ^{*6} ; sums to 100%)							
<3.5 mg/dL	5.8	4.3	4.7	3.7	7.6	7.8	8.6
3.5-4.5 mg/dL	18.6	16.6	17.7	14.0	23.0	24.0	24.9
4.6-5.5 mg/dL	22.0	28.8	26.0	29.4	28.1	28.9	29.5
5.6-7.0 mg/dL	25.9	25.4	29.8	27.8	22.9	22.4	20.5
>7.0 mg/dL	23.1	23.7	19.8	22.5	15.4	14.1	12.1
Missing/Out of range	4.5	1.3	1.9	2.7	2.9	2.9	4.5
10e Average calcium uncorrected ^{*5} (mg/dL) (average of 10b)	9.1	9.1	9.2	9.2	9.0	9.0	8.9
10f Calcium uncorrected categories (% of 10b; sums to 100%)							
<8.4 mg/dL	15.3	17.8	11.7	12.5	14.9	15.1	17.3
8.4-10.2 mg/dL	74.7	77.2	84.8	83.5	79.2	79.6	76.5
>10.2 mg/dL	5.6	5.0	2.0	1.8	1.4	1.6	1.5
Missing/Out of range	4.4	0.0	1.4	2.1	4.5	3.6	4.8
10g Average uncorrected serum or plasma calcium > 10.2 mg/dL ^{*5 *7}	4.7	2.7	0.4	1.4	1.0	1.0	0.8

[*1] See *Guide, Section XIII*. Summaries are based on data reported in CROWNWeb and the patient must be assigned to the facility the entire month to be included.

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

[*3] Includes patients on ESRD more than 90 days who switch between HD and PD during the month and patients for whom modality is unknown.

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

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

[*6] Eligible patients included in the phosphorous summaries differ slightly from what is reported in 10b; includes patient-months within the first 90 days of ESRD and excludes those indicating home hemodialysis received anytime during the month.

[*7] Hypercalcemia is averaged from uncorrected serum or plasma calcium values over a rolling 3-month period.

Dialysis Facility Report for Fiscal Year (FY) 2018

NKC PORT ANGELES KIDNEY CENTER State: WA Network: 16 CCN: 502510

TABLE 11: Vascular Access Information for All Dialysis Patients and Access-Related Infection Summaries for All Medicare Patients^{*1}, 2013-2016

Measure Name	This Facility				Regional Averages ^{*2} , 2016			
	2013	2014	2015	2016	State	Network	U.S.	
Vascular Access								
11a	Prevalent adult hemodialysis patient-months ^{*3} (n)	341	346	425	442	741.8	647.1	731.0
11b	Vascular access type in use (% of 11a; sums to 100%)							
	Arteriovenous fistula	81.2	80.6	83.8	86.2	70.8	69.0	61.7
	Arteriovenous graft	6.2	2.6	1.9	3.8	11.9	13.3	17.4
	Catheter	12.6	15.6	14.1	9.7	15.3	15.5	16.9
	Other/Missing	0.0	1.2	0.2	0.2	2.0	2.2	4.0
11c	Arteriovenous fistulae in place (% of 11a) ^{*4}	83.6	82.4	85.9	87.1	71.6	70.2	62.9
11d	Catheter only >= 90 days (% of 11a) ^{*5}	3.8	4.0	2.6	2.0	9.1	9.0	10.3
Vascular Access at First Treatment								
11e	Incident hemodialysis patients (n)	6	12	13	4	17.1	15.2	16.5
11f	Vascular access type in use (% of 11e; sums to 100%)							
	Arteriovenous fistula	16.7	16.7	7.7	25.0	24.6	23.4	15.5
	Arteriovenous graft	0.0	0.0	0.0	0.0	3.8	3.9	3.4
	Catheter	83.3	75.0	92.3	50.0	67.6	68.7	74.0
	Other/Missing	0.0	8.3	0.0	25.0	3.9	4.1	7.1
11g	Arteriovenous fistulae in place (% of 11e) ^{*4}	16.7	16.7	7.7	25.0	25.9	25.0	17.4
Infection: Peritoneal dialysis (PD)								
11h	Eligible PD patients (n)	13	15	13	17	10.0	10.0	7.3
11i	Eligible PD patient-months ^{*3}	97	124	98	144	70.6	69.8	52.6
11j	PD catheter infection rate per 100 PD patient-months ^{*6}	2.06	2.42	5.10	1.39	2.07	1.69	1.69
11k	P-value ^{*7} of 11h (compared to U.S. value) ^{*8}	0.428	0.528	0.115	0.561	n/a	n/a	n/a

n/a = not applicable

[*1] See *Guide, Section XIV*. Vascular Access type is based on data reported in CROWNWeb. For the prevalent summaries (rows 11a-11d), the patient must be assigned to the facility for the entire calendar month to be included. The PD infection summaries are based on Medicare Dialysis claims.

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

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

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

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

[*6] The ICD-9 PD catheter infection code for PD patients is 996.68 which is effective thru 9/30/2015 and the ICD-10 PD catheter infection code for PD patients is T8571XA which is effective beginning 10/1/2015.

[*7] 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.

[*8] Compared to U.S. value for that year: 3.05 (2013), 2.85 (2014), 2.62 (2015), and 1.69 (2016).

Dialysis Facility Report for Fiscal Year (FY) 2018

NKC PORT ANGELES KIDNEY CENTER State: WA Network: 16 CCN: 502510

TABLE 12: Comorbidities Reported on Medicare Claims for Medicare Dialysis Patients Treated as of December 31st of Each Year^{*1}, 2013-2016

Measure Name	This Facility				Regional Averages ^{*2} , 2016		
	2013	2014	2015	2016	State	Network	U.S.
							2016
12a Medicare dialysis patients on 12/31 (n)	33	33	39	45	53.4	46.3	49.2
12b Comorbidity (% yes of 12a)							
Infections							
AIDS/HIV positive	0.0	0.0	0.0	2.2	0.6	0.6	1.7
Dialysis access-related	12.1	12.1	15.4	13.3	7.5	7.6	9.4
Hepatitis B	0.0	0.0	2.6	11.1	1.7	1.3	1.7
Hepatitis other	9.1	9.1	2.6	11.1	6.4	5.5	5.6
Metastatic	3.0	6.1	5.1	6.7	3.1	3.0	3.0
Pneumonia	6.1	3.0	10.3	6.7	6.7	6.0	6.8
Tuberculosis	0.0	0.0	2.6	0.0	0.4	0.3	0.4
Other	36.4	39.4	46.2	31.1	39.4	39.1	43.8
Cardiovascular							
Cardiac arrest	3.0	3.0	2.6	4.4	1.6	1.4	1.5
Cardiac dysrhythmia	15.2	36.4	48.7	37.8	34.1	32.1	33.7
Cerebrovascular disease	18.2	18.2	33.3	13.3	12.9	11.8	16.1
Congestive heart failure	45.5	66.7	53.8	51.1	47.4	46.3	50.4
Ischemic heart disease	21.2	33.3	51.3	37.8	42.9	42.1	48.7
Myocardial infarction	3.0	3.0	2.6	6.7	8.6	8.6	9.4
Peripheral vascular disease ^{*3}	21.2	33.3	41.0	44.4	35.2	32.5	37.6
Other							
Alcohol dependence	3.0	3.0	7.7	2.2	2.8	2.8	2.8
Anemia	3.0	0.0	5.1	17.8	6.2	6.3	8.7
Cancer	15.2	15.2	12.8	15.6	9.6	9.1	9.9
Chronic obstructive pulmonary disease	18.2	30.3	43.6	37.8	28.9	28.5	31.7
Diabetes	36.4	42.4	51.3	57.8	58.1	57.1	63.3
Drug dependence	6.1	3.0	0.0	2.2	5.8	5.6	3.1
Gastrointestinal tract bleeding	0.0	6.1	7.7	4.4	4.3	4.0	4.3
Hyperparathyroidism	90.9	97.0	97.4	97.8	91.0	88.0	86.6
12c Average number of comorbid conditions	3.7	4.6	5.4	5.1	4.5	4.4	4.8

n/a = not applicable

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

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

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

TABLE 13: Facility Information^{*1}, 2016

Measure Name	This Facility	Regional Averages ^{*2} , 2016		
	2016	State	Network	U.S.
13a Organization	NORTHWEST			
13b Ownership	Non-profit			
13c Initial Medicare certification date	07/18/1988			
13d Number of stations	10			
13e Services provided	Hemodialysis			
13f Shifts after 5:00 pm	Yes			
13g Dialyzer Reuse				
13h CMS Certification Numbers (CCN) included in this report	502510			
13i National Provider Identifier (NPI) ^{*3}	1891880332			
Patient Placement				
13j Patients treated during year from AFS Form-2744 (n)	78	111.2	98.5	104.1
13k Transferred into facility (% of 13j)	25.6	16.0	15.1	14.7
13l Transferred out of facility (% of 13j)	25.6	15.4	14.8	14.8
13m Patients treated on 12/31 (n)	47	77.4	68.0	72.1
13n Medicare eligibility status (% of 13m; sums to 100% ^{*4})				
Medicare	93.6	81.0	84.3	64.4
Medicare application pending	0.0	0.5	0.5	0.7
Non-Medicare	6.4	18.4	15.2	34.9
Survey and Certification				
13o Date of last survey	05/13/2015	n/a	n/a	n/a
13p Type of survey	Recertification	n/a	n/a	n/a
13q Compliance condition after survey	Unknown			
13r Number of CFC deficiencies cited	0	0.4	0.4	0.3
13s Number of Standard deficiencies cited	2	8.6	5.8	5.6

n/a = not applicable

[*1] See *Guide, Section XVI*. Information based on data reported in CROWNWeb as of May, 2017. If missing, data were not available.

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

[*3] Information based on CROWNWeb data as of March 2017. If missing, data were not available.

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

[*5] Data on this section are from the facility's latest survey since January 2009. If your facility has not been surveyed since January 2009, facility-level data on this table will be missing.