

# Dialysis Facility Report for Fiscal Year (FY) 2020

## Purpose of the Report

The *Dialysis Facility Report (DFR) for FY 2020* 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 2020 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-fourth in a series of annual reports. This is one of 7,674 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 2015 and December 2018. 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 5. 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 2020*. The *Guide* may be downloaded from the methodology section of the Dialysis Data website at [www.DialysisData.org](http://www.DialysisData.org).

**What's New This Year:** As part of a continuing effort to improve the quality and relevance of this report for your facility, the following changes have been incorporated into the DFR for FY 2020: (1) The age-adjusted percentage of patient-months waitlisted for prevalent patients and the Standardized Waitlist Ratio (SWR) for incident dialysis patients have been added to Table 6; (2) Hemoglobin and ESA summaries from CROWNWeb are now calculated for hemodialysis and peritoneal dialysis patients separately in Table 8. The claims-based hemoglobin and ESA measures have been removed; (3) The NQF-endorsed long-term catheter rate (LTCR) and Standardized Fistula Rate (SFR) measures have been added to Table 11 as modified versions of the percent of patients with a catheter in use for greater than 90 days and the percent of patients with an arteriovenous fistulae in place measures, respectively. The new measures exclude patients for whom other vascular access types may be either more difficult or not appropriate; (4) Information regarding long-term care services from CMS Form 3427 was added to Table 13; and (5) New figures were added to the highlights section.

## How to Submit Comments

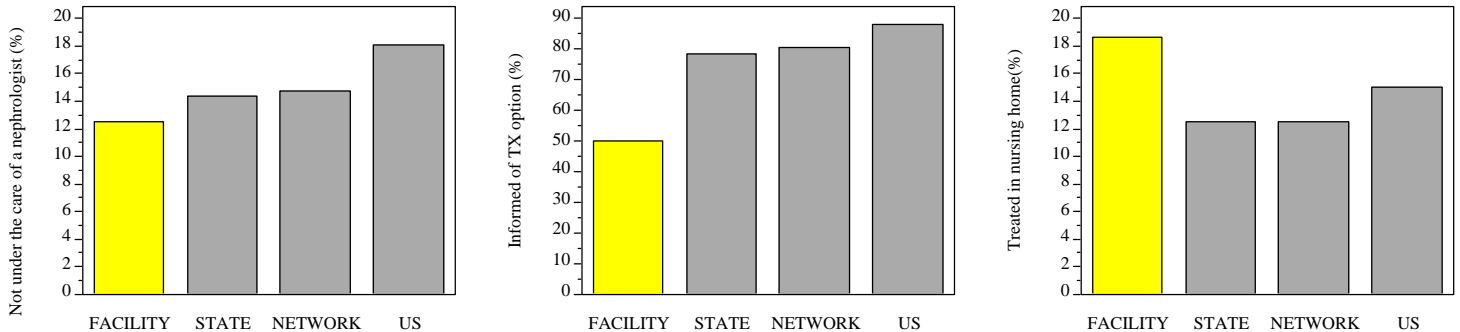
**Between July 15, 2019 and August 15, 2019**, facilities may submit comments to their state surveyor or UM-KECC by visiting [www.DialysisData.org](http://www.DialysisData.org), logging on to view their report, and clicking on the **Comments & Inquiries** tab. Questions or comments after the comment period is over may be submitted to us directly at [DialysisData@umich.edu](mailto:DialysisData@umich.edu) or 1-855-764-2885.

- (1) **State Surveyor:** Select “**DFR: Comments on DFR for State Surveyor**” from the drop down list to submit comments regarding this report for the state's surveyor(s). Any comments submitted will be appended and sent to the state's surveyor(s) in September 2019. Please do not include questions for UM-KECC using this option.
- (2) **UM-KECC:** Select “**DFR: Comments on DFR for UM-KECC**” to 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

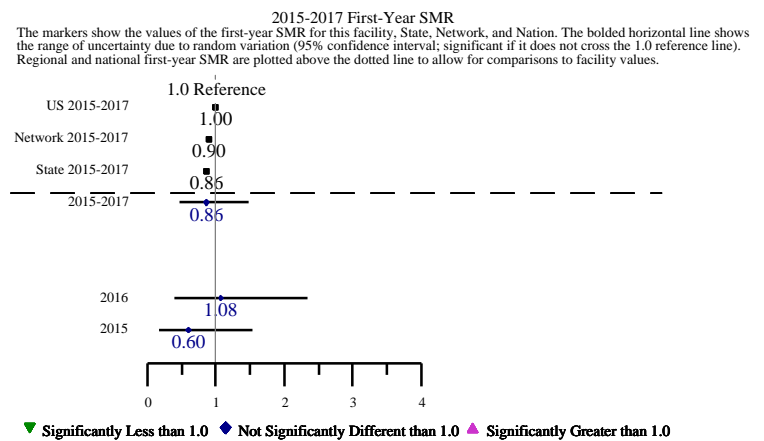
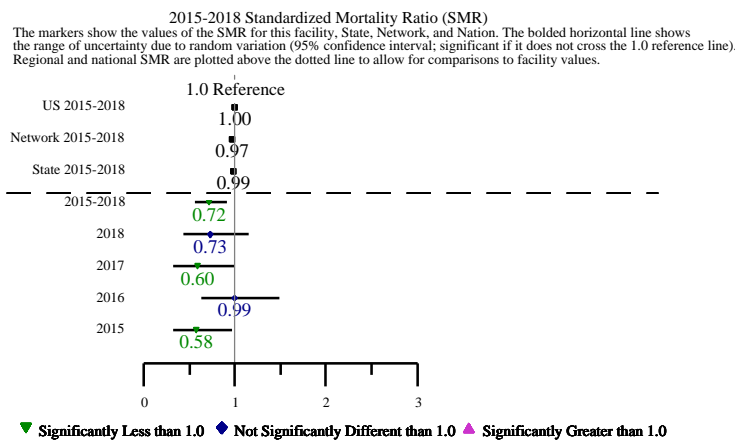
### Patient Characteristics (Tables 1 and 2):

- Among the 16 incident patients with Medical Evidence Forms (CMS-2728) indicating treatment at this facility during 2018:
  - 13% of these patients were not under the care of a nephrologist before starting dialysis, compared to 14% in your State, 15% in your Network, and 18% nationally.
  - 50% of these patients were informed of their transplant options, compared to 78% in your State, 81% in your Network, and 88% nationally.
- Among the patients treated at this facility on December 31, 2018, 19% were treated in a nursing home during the year, compared to 13% in your State, 13% in your Network, and 15% nationally.



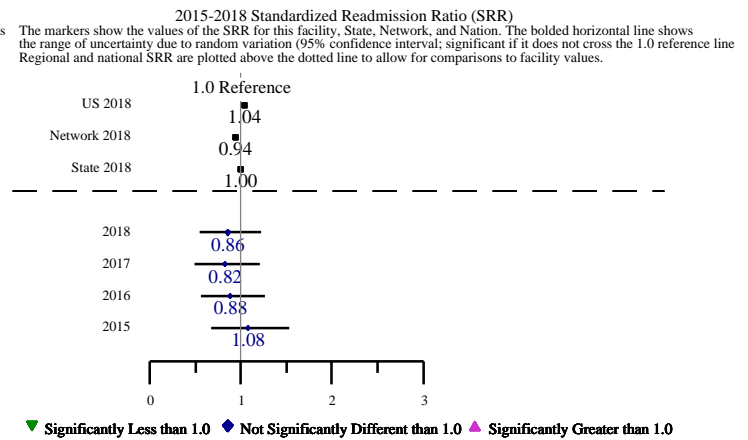
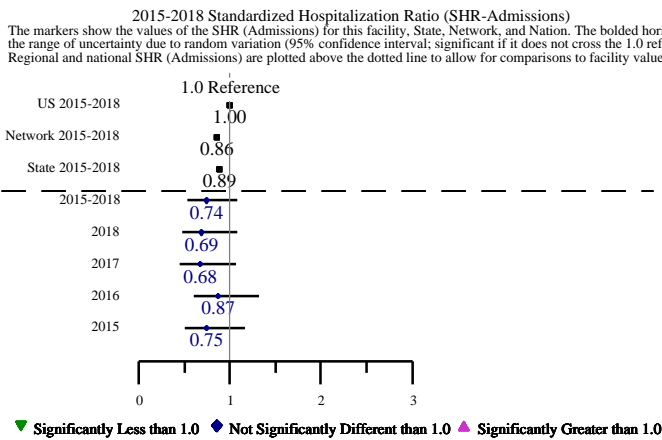
### Standardized Mortality Ratio (SMR) (Table 3):

- At this facility, the 2015-2018 SMR is 0.72, which is 28% fewer deaths than expected at this facility. Among all U.S. facilities, 15% of facilities had a four-year SMR lower than 0.72. 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 2015-2018 SMR of observed to expected deaths is 0.99 and 0.97 for your State and Network, respectively.
- At this facility, the 2015-2017 first-year SMR of observed to expected deaths is 0.86, which is 14% fewer deaths than expected at this facility. Among all U.S. facilities, 43% of facilities had a first-year SMR lower than 0.86. This difference is not statistically significant ( $p > 0.05$ ), so this lower mortality could plausibly be just a chance occurrence. The first-year SMR (2015-2017) of observed to expected deaths is 0.86 and 0.90 for your State and Network, respectively.



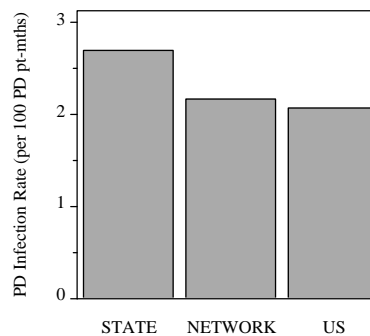
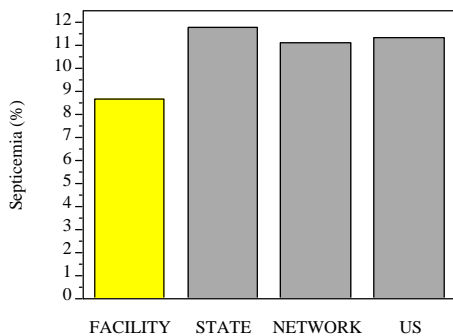
**Hospitalizations and Readmissions (Table 4):**

- The 2015-2018 SHR (Admissions) at this facility is 0.74, which is 26% 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 2015-2018 SHR (Admissions) for your State and Network is 0.89 and 0.86, respectively.
- The 2018 SRR at this facility is 0.86, which is 14% fewer admissions than expected. This difference is not statistically significant ( $p \geq 0.05$ ), so this lower number of readmissions could plausibly be just a chance occurrence. The 2018 SRR for your State and Network is 1.00 and 0.94, respectively.



**Infection (Tables 4 and 11):**

- The percentage of Medicare dialysis patients at this facility hospitalized with septicemia during 2015-2018 is 9%, compared to 12% in your State, 11% in your Network, and 11% nationally.
- There were no eligible PD patients at this facility in 2018 for the PD catheter-related infection analysis. The 2018 rates of PD catheter-related infection are 2.7, 2.2, and 2.1 in your State, Network, and U.S., respectively.

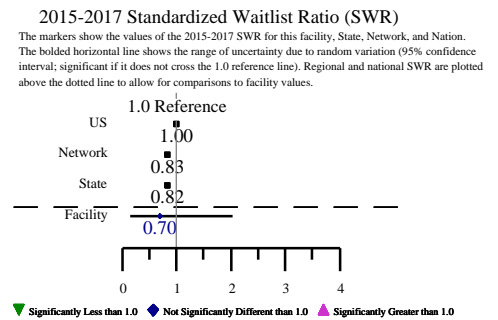
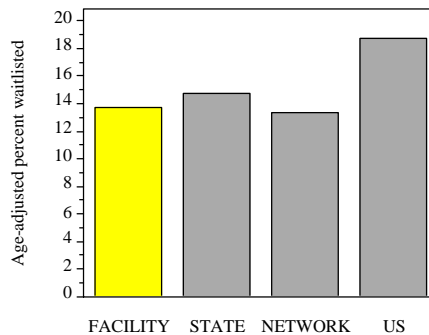
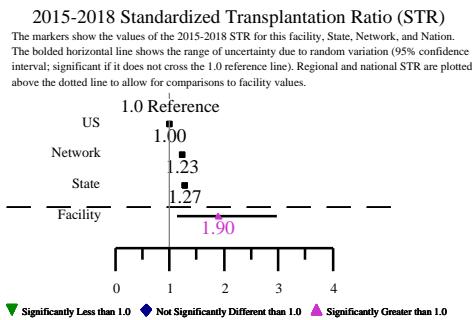


**Transplantation (Table 5):**

- The 2015-2018 Standardized 1<sup>st</sup> Transplantation Ratio (STR) of observed to expected number of patients transplanted for this facility is 1.90, which is 90% higher than expected for this facility. This difference is statistically significant ( $p < 0.05$ ) and is unlikely to be due to random chance. The 2015-2018 STR for your State and Network is 1.27 and 1.23, respectively.

**Transplant Waitlist (Table 6):**

- The 2018 age-adjusted percent waitlisted at this facility is 14%, which is 5.0% lower than the national adjusted percentage. This difference is not statistically significant ( $p \geq 0.05$ ) and could plausibly be due to a chance occurrence. The age-adjusted percent waitlisted in your State and Network is 15% and 13%, respectively.
- At this facility, the 2015-2017 SWR is 0.70, which is 30% fewer patients on the waitlist and living donor transplants than expected at this facility. This difference is not statistically significant ( $p \geq 0.05$ ) and could plausibly be due to a chance occurrence. The 2015-2017 SWR for your State and Network is 0.82 and 0.83, respectively.

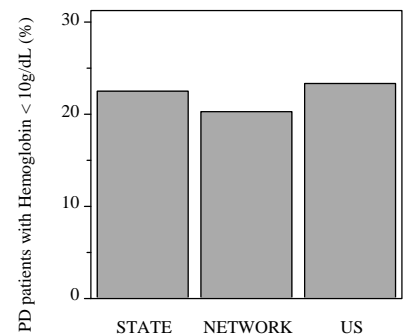
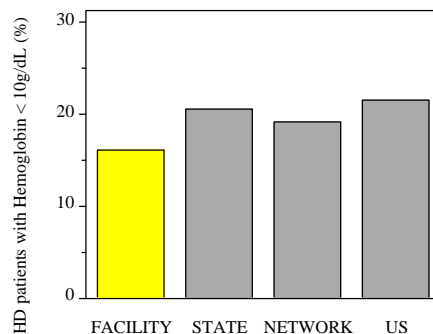
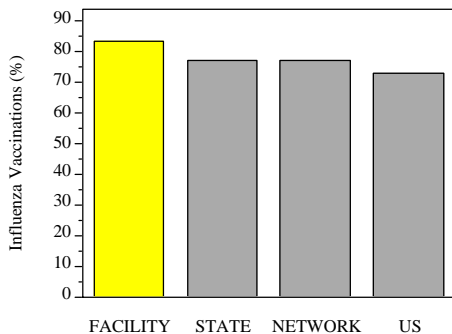


**Influenza Vaccination (Table 7):**

- Among the 96 Medicare dialysis patients treated at this facility on December 31, 2018, 83% were vaccinated between August 1 and December 31, 2018 compared to 73% 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 and Network is 77% and 77%, respectively.

**Anemia Management (Table 8):**

- In 2018, 16% of eligible hemodialysis patient-months had a hemoglobin value below 10 g/dL, compared to 21% in your State, 19% in your Network, and 22% nationally.
- There were no eligible peritoneal dialysis (PD) patients at this facility in 2018 included in the analysis. The percent of eligible PD patient-months with a hemoglobin value below 10 g/dL in your State, Network, and US is 23%, 20%, and 23%, respectively.



*Dialysis Adequacy (Table 9):*

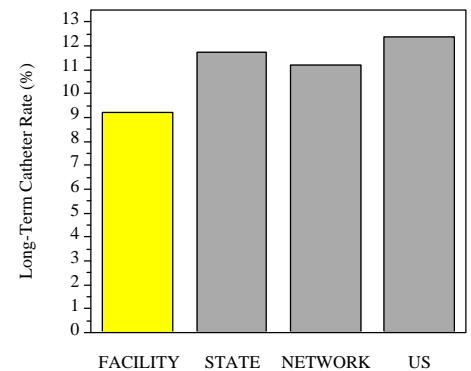
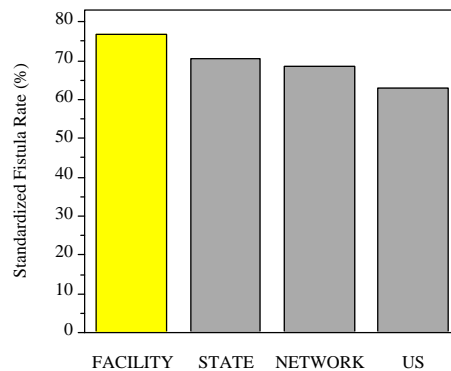
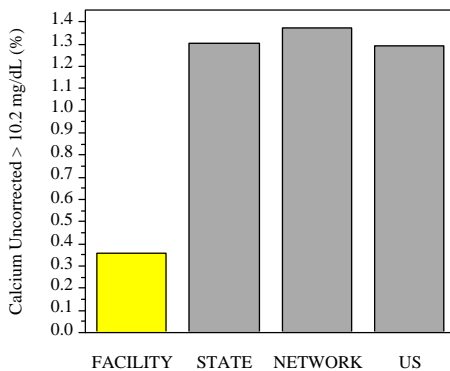
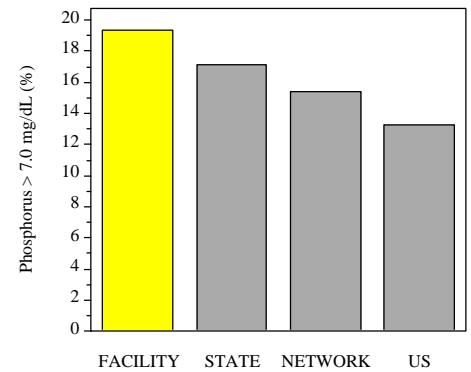
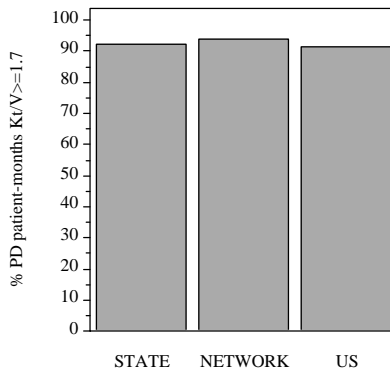
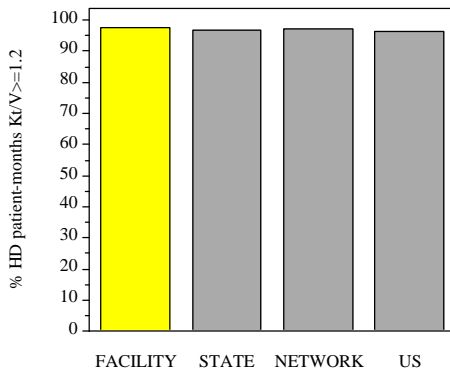
- In 2018, 98% of eligible hemodialysis patient-months had a Kt/V  $\geq 1.2$  reported, compared to 97% in your State, 97% in your Network, and 96% nationally.
- In 2018, there were no eligible peritoneal dialysis (PD) patients at this facility for the Kt/V analysis. The percent of eligible PD patients with Kt/V  $\geq 1.7$  in your State, Network, and US is 92%, 94%, and 91%, respectively.

*Mineral Metabolism (Table 10):*

- In 2018, 19% of eligible patient-months had a serum phosphorus value  $>7.0$  mg/dL, compared to 17% in your State, 15% in your Network, and 13% nationally.
- In 2018, 0.4% of eligible patient-months had calcium uncorrected value  $>10.2$  mg/dL, compared to 1.3% in your State, 1.4% in your Network, and 1.3% nationally.

*Vascular Access (Table 11):*

- This facility's 2018 Standardized Fistula Rate (SFR) for prevalent patients is 77%, which is 14% higher than the national SFR. This difference is not statistically significant ( $p >= 0.05$ ) and could plausibly be due to a chance occurrence. The SFR in your State and Network is 70% and 68%, respectively.
- Of the prevalent patients receiving hemodialysis treatment at this facility in 2018, the long-term catheter rate was 9%, compared to 12% in your State, 11% in your Network, and 12% nationally.



**TABLE 1: Summaries for All Dialysis Patients Treated as of December 31<sup>st</sup> of Each Year<sup>\*1</sup>, 2015-2018**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2018		
	2015	2016	2017	2018	State	Network	U.S.
1a Patients treated on 12/31 (n)	109	118	118	118	71.0	62.4	63.7
1b Average age (years)	64.9	66.1	66.8	67.7	61.9	62.0	62.4
1c Age (% of 1a; sums to 100%)							
< 18	0.0	0.0	0.0	0.0	0.4	0.4	0.2
18-64	42.2	43.2	43.2	41.5	52.4	52.0	52.3
65+	57.8	56.8	56.8	58.5	47.2	47.6	47.4
1d Female (% of 1a)	48.6	45.8	39.8	38.1	42.0	41.8	42.7
1e Race (% of 1a; sums to 100%) <sup>*3</sup>							
African American	11.9	11.0	11.0	12.7	11.3	8.2	34.5
Asian/Pacific Islander	16.5	23.7	21.2	16.9	15.3	11.1	6.1
Native American	1.8	1.7	1.7	1.7	1.6	2.9	1.2
White	69.7	62.7	65.3	67.8	71.2	77.3	57.8
Other/Unknown/Missing	0.0	0.8	0.8	0.8	0.6	0.6	0.4
1f Ethnicity (% of 1a; sums to 100%)							
Hispanic	4.6	2.5	5.1	6.8	12.7	12.5	18.7
Non-Hispanic	94.5	96.6	94.1	92.4	86.9	87.1	80.9
Unknown	0.9	0.8	0.8	0.8	0.4	0.4	0.3
1g Primary Cause of ESRD (% of 1a; sums to 100%)							
Diabetes	37.6	39.8	39.8	36.4	47.3	47.1	46.4
Hypertension	20.2	16.9	16.9	16.1	18.2	17.8	30.0
Glomerulonephritis	22.0	16.9	17.8	16.1	15.1	15.5	10.3
Other/Unknown	19.3	25.4	24.6	30.5	18.9	19.2	12.7
Missing	0.9	0.8	0.8	0.8	0.5	0.5	0.7
1h Average duration of ESRD (years)	5.8	5.4	5.7	5.7	4.9	4.9	5.0
1i Years since start of ESRD (% of 1a; sums to 100%)							
< 1	17.4	21.2	13.6	10.2	16.9	16.5	15.5
1-2	14.7	14.4	20.3	19.5	19.3	18.8	16.9
2-3	15.6	11.9	12.7	16.9	14.4	14.3	13.8
3-6	25.7	30.5	31.4	26.3	24.7	25.3	26.6
6+	26.6	22.0	22.0	27.1	24.7	25.2	27.2
1j Nursing home patients (% of 1a) <sup>*4</sup>	18.3	18.6	19.5	18.6	12.5	12.5	15.0
1k Modality (% of 1a; sums to 100%)							
In-center hemodialysis	100	100	100	100	85.1	83.3	86.9
Home hemodialysis	0.0	0.0	0.0	0.0	2.4	2.2	1.9
Continuous ambulatory peritoneal dialysis	0.0	0.0	0.0	0.0	1.3	1.7	1.3
Continuous cycling peritoneal dialysis	0.0	0.0	0.0	0.0	10.5	12.2	9.3
Other modality <sup>*5</sup>	0.0	0.0	0.0	0.0	0.7	0.6	0.6

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 Arab.

[\*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<sup>\*1</sup>, 2015-2018 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2018			
	2015	2016	2017	2018	State	Network	U.S.	
<b>Patient Characteristics</b>								
2a	Total number of patients with forms (n)	30	33	21	16	18.5	16.3	15.9
2b	Average age (years [0-95]) <sup>*3</sup>	66.7	66.9	60.8	70.3	63.4	63.7	63.8
2c	Female (% of 2a)	56.7	30.3	23.8	43.8	41.4	41.3	41.9
2d	Race (% of 2a; sums to 100%) <sup>*4</sup>							
	African-American	6.7	6.1	9.5	18.8	7.8	6.1	25.7
	Asian/Pacific Islander	6.7	33.3	19.0	6.3	14.2	9.8	5.7
	Native American	6.7	0.0	0.0	6.3	1.7	3.0	1.0
	White	80.0	57.6	71.4	68.8	76.1	80.7	67.2
	Other/Unknown	0.0	3.0	0.0	0.0	0.2	0.4	0.3
2e	Hispanic (% of 2a)	3.3	3.0	9.5	6.3	10.1	8.7	15.5
2f	Primary cause of ESRD (% of 2a; sums to 100%)							
	Diabetes	43.3	54.5	33.3	37.5	50.4	50.1	49.1
	Hypertension	13.3	6.1	23.8	18.8	19.6	19.1	29.9
	Primary glomerulonephritis	16.7	12.1	4.8	12.5	10.2	11.1	6.9
	Other/Unknown	26.7	27.3	38.1	31.3	19.8	19.7	14.1
2g	Medical coverage (% of 2a; sums to 100%)							
	Employer group only	10.0	21.2	19.0	0.0	13.8	12.8	11.9
	Medicare only	33.3	21.2	28.6	56.3	31.8	33.2	34.8
	Medicaid only	16.7	6.1	19.0	0.0	11.3	11.8	12.7
	Medicare and Medicaid only	13.3	12.1	4.8	0.0	12.5	11.2	12.7
	Medicare and other	26.7	24.2	19.0	25.0	18.9	19.4	16.4
	Other/Unknown	0.0	12.1	9.5	18.8	9.9	8.9	7.1
	None	0.0	3.0	0.0	0.0	1.9	2.5	4.3
2h	Median body mass index <sup>*5</sup> (Median; Weight/Height <sup>2</sup> )							
	Male	24.7	23.8	31.6	24.5	28.3	28.7	28.1
	Female	28.3	26.9	27.7	36.3	29.3	29.6	29.2
2i	Employment <sup>*6</sup>							
	Six months prior to ESRD treatment	22.2	40.0	20.0	33.3	39.3	39.4	35.2
	At first ESRD treatment	22.2	20.0	10.0	33.3	30.3	29.5	25.3
2j	Primary modality (% of 2a; sums to 100%)							
	Hemodialysis	100	100	100	100	88.1	85.4	88.5
	CAPD/CCPD	0.0	0.0	0.0	0.0	11.9	14.6	11.5
	Other/Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2k	Number of incident hemodialysis patients (n)	30	33	21	16	16.3	13.9	14.1
2l	Access used at first outpatient dialysis (% of 2k; sums to 100%)							
	Arteriovenous fistula	23.3	36.4	38.1	37.5	25.9	24.5	16.0
	Arteriovenous graft	6.7	6.1	0.0	0.0	2.8	2.8	3.0
	Catheter	70.0	57.6	61.9	62.5	71.2	72.5	80.8
	Other/Unknown/Missing	0.0	0.0	0.0	0.0	0.1	0.2	0.2
2m	Arteriovenous fistula placed (% of 2k)	63.3	51.5	66.7	56.3	44.4	42.2	30.3

(continued)

**TABLE 2 (cont.): Characteristics of New Dialysis Patients<sup>\*1</sup>, 2015-2018 (Form CMS-2728)**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2018		
	2015	2016	2017	2018	State	Network	U.S.
<b>Average Lab Values Prior to Dialysis<sup>*3</sup></b>							
2n Hemoglobin (g/dL [3-18])	9.5	9.7	9.2	8.9	9.4	9.6	9.3
2o Serum albumin (g/dL [0.8-6.0])	.	.	.	.	3.2	3.3	3.2
2p Serum creatinine (mg/dL [0-33])	5.9	7.1	7.6	7.9	6.5	6.2	6.4
2q GFR (mL/min [0-30])	11.4	9.8	8.7	8.5	10.3	10.6	10.7
<b>Care Prior to ESRD Therapy</b>							
2r Received ESA prior to ESRD (% of 2a)	43.3	54.5	33.3	43.8	21.0	19.5	14.8
2s Pre-ESRD nephrologist care (% of 2a; sums to 100%) <sup>*7</sup>							
No	10.0	3.0	14.3	12.5	14.3	14.8	18.1
Yes, < 6 months	16.7	21.2	14.3	12.5	15.9	14.5	15.4
Yes, 6-12 months	16.7	21.2	19.0	12.5	17.3	20.2	20.3
Yes, > 12 months	56.7	51.5	42.9	62.5	46.4	45.4	32.6
Unknown/Missing	0.0	3.0	9.5	0.0	6.1	5.1	13.6
2t Informed of transplant options (% of 2a)	40.0	63.6	71.4	50.0	78.5	80.6	88.0
2u Patients not informed of transplant options (n)	18	12	6	8	4.0	3.2	1.9
2v Reason not informed (% of 2u; may not sum to 100%) <sup>*8</sup>							
Medically unfit	66.7	41.7	83.3	12.5	39.8	39.5	28.9
Unsuitable due to age	5.6	8.3	0.0	25.0	11.1	13.2	22.8
Psychologically unfit	0.0	0.0	16.7	0.0	3.7	2.3	2.7
Patient declined information	5.6	0.0	0.0	12.5	2.1	1.4	1.6
Patient has not been assessed	22.2	41.7	0.0	37.5	39.6	43.4	48.2
<b>Comorbid Conditions</b>							
2w Pre-existing comorbidity (% yes of 2a) <sup>*9</sup>							
Congestive heart failure	33.3	30.3	28.6	31.3	31.9	31.2	29.2
Atherosclerotic heart disease <sup>*9</sup>	23.3	24.2	23.8	37.5	15.1	16.3	13.1
Other cardiac disorder <sup>*9</sup>	20.0	9.1	4.8	6.3	19.0	18.7	20.8
CVD, CVA, TIA	10.0	9.1	14.3	6.3	8.3	9.1	8.8
Peripheral vascular disease	10.0	12.1	4.8	18.8	9.7	10.5	9.5
History of hypertension	86.7	87.9	85.7	75.0	86.6	86.9	88.6
Diabetes <sup>*9</sup>	63.3	66.7	42.9	62.5	63.4	63.3	64.9
Diabetes on insulin	40.0	54.5	33.3	56.3	45.0	43.4	43.6
COPD	6.7	3.0	9.5	6.3	8.1	8.9	9.5
Current smoker	3.3	6.1	9.5	0.0	7.0	7.8	7.0
Cancer	3.3	6.1	0.0	6.3	7.7	7.9	7.3
Alcohol dependence	0.0	0.0	0.0	0.0	1.7	1.6	1.7
Drug dependence	6.7	3.0	19.0	0.0	3.0	2.4	1.4
Inability to ambulate	3.3	0.0	4.8	0.0	3.5	4.4	7.2
Inability to transfer	0.0	0.0	0.0	0.0	1.4	1.8	3.8
2x Average number of comorbid conditions	3.1	3.1	2.8	3.1	3.1	3.1	3.2

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 Arab.

[\*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 122-208 cm, 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 (0.01% in US in 2018).

[\*8] Values may not sum to exactly 100% because of patients for which multiple reasons are selected, or no reason is selected.

[\*9] '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 (2015-18) & New Dialysis Patients (2015-17) \*1**

Measure Name	This Facility					Regional Averages *2		
	2015	2016	2017	2018	2015-2018	State	Network	U.S.
<b>All Patients: Death Counts</b>						<b>2015-2018</b>		
3a Patients (n=number)	145	161	151	150	607 *8	92.0	81.2	92.3
3b Patient-years (PY) at risk (n)	113.2	112.4	117.9	119.4	462.8 *8	64.6	57.6	62.6
3c Deaths (n)	14	23	14	18	69 *8	11.3	10.2	11.0
3d Expected deaths (n)	24.1	23.1	23.5	24.7	95.5 *8	11.4	10.4	11.0
3e Withdrawal from dialysis prior to death (% of 3c)	42.9	47.8	21.4	33.3	37.7	37.9	40.7	25.6
<b>3f Death due to Infections (% of 3c)</b>	<b>14.3</b>	<b>8.7</b>	<b>14.3</b>	<b>22.2</b>	<b>14.5</b>	<b>13.9</b>	<b>12.7</b>	<b>10.7</b>
Death due to Cardiac causes (% of 3c)	35.7	30.4	7.1	22.2	24.6	39.5	39.2	45.0
Death due to Liver disease (% of 3c)	0.0	0.0	0.0	5.6	1.4	1.7	1.9	1.6
3g Dialysis unrelated deaths *3 (n; excluded from SMR)	0	0	0	0	0 *8	0.1	0.1	0.1
<b>All Patients: Standardized Mortality Ratio (SMR)</b>								
<b>3h SMR *4</b>	<b>0.58</b>	<b>0.99</b>	<b>0.60</b>	<b>0.73</b>	<b>0.72</b>	<b>0.99</b>	<b>0.97</b>	<b>1.00</b>
3i P-value *5	0.038	0.999	0.049	0.201	<0.01	n/a	n/a	n/a
3j Confidence interval for SMR *6								
High (97.5% limit)	0.98	1.49	1.00	1.15	0.91	n/a	n/a	n/a
Low (2.5% limit)	0.32	0.63	0.33	0.43	0.56	n/a	n/a	n/a
3k SMR percentiles for this facility *7								
In this State	17	61	14	25	14	n/a	n/a	n/a
In this Network	17	59	14	30	15	n/a	n/a	n/a
In the U.S.	14	53	16	26	15	n/a	n/a	n/a
<b>New Patients: First Year Death Counts</b>								
	<b>2015</b>	<b>2016</b>	<b>2017</b>		<b>2015-2017</b>		<b>2015-2017</b>	
3l New patients (n=number)	30	33	21		84 *8	17.6	16.1	16.4
3m Patient-years (PY) at risk (n)	28.4	29.2	18.7		76.4 *8	15.9	14.4	14.5
3n Deaths (n)	4	6	3		13 *8	2.7	2.7	3.1
3o Expected deaths (n)	6.6	5.6	2.8		15.0 *8	3.2	3.0	3.1
3p Withdrawal from dialysis prior to death (% of 3n)	50.0	33.3	0.0		30.8	40.1	43.7	27.9
3q Death due to Infections (% of 3n)	0.0	16.7	0.0		7.7	12.4	10.5	9.7
Death due to Cardiac causes (% of 3n)	50.0	50.0	33.3		46.2	34.7	34.1	40.3
Death due to Liver disease (% of 3n)	0.0	0.0	0.0		0.0	2.9	3.0	2.7
<b>New Patients: First Year Standardized Mortality Ratio (SMR)</b>								
3r SMR *4	0.60	1.08	.		0.86	0.86	0.90	1.00
3s P-value *5	0.416	0.968	.		0.720	n/a	n/a	n/a
3t Confidence interval for SMR *6								
High (97.5% limit)	1.54	2.34	.		1.48	n/a	n/a	n/a
Low (2.5% limit)	0.16	0.39	.		0.46	n/a	n/a	n/a
3u First Year SMR percentiles for this facility *7								
In this State	34	70	.		51	n/a	n/a	n/a
In this Network	39	61	.		45	n/a	n/a	n/a
In the U.S.	31	59	.		43	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<sup>\*1</sup>, 2015-2018**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2015-2018			
	2015	2016	2017	2018	2015-2018	State	Network	U.S.	
<b>Medicare Dialysis Patients</b>									
4a	Medicare dialysis patients (n)	120	136	124	128	508 <sup>*3</sup>	70.4	61.7	69.7
4b	Patient-years (PY) at risk (n)	92.0	94.9	98.2	98.9	383.9 <sup>*3</sup>	45.8	40.0	42.2
<b>Days Hospitalized Statistics</b>									
4c	Total days hospitalized (n)	1,329	1,152	750	1,042	4,273 <sup>*3</sup>	488.0	401.0	576.4
4d	Expected total days hospitalized (n)	1,218.4	1,192.3	1,339.4	1,422.3	5,172.4 <sup>*3</sup>	623.0	533.9	578.1
4e	Standardized Hospitalization Ratio (Days) <sup>*4</sup>	1.09	0.97	0.56	0.73	0.83	0.78	0.75	1.00
4f	P-value <sup>*5</sup>	0.652	0.995	0.076	0.325	0.461	n/a	n/a	n/a
4g	Confidence interval for SHR (Days) <sup>*6</sup>								
	High (97.5% limit)	1.84	1.64	1.06	1.31	1.30	n/a	n/a	n/a
	Low (2.5% limit)	0.68	0.61	0.32	0.45	0.57	n/a	n/a	n/a
4h	Percentiles for this facility (Days) <sup>*7</sup>								
	In this State	88	81	16	42	66	n/a	n/a	n/a
	In this Network	93	84	22	50	69	n/a	n/a	n/a
	In the U.S.	69	55	10	26	33	n/a	n/a	n/a
<b>Admission Statistics</b>									
4i	Total admissions (n)	120	139	121	130	510 <sup>*3</sup>	75.5	62.9	78.0
4j	Expected total admissions (n)	160.5	159.7	178.9	187.8	686.9 <sup>*3</sup>	85.0	73.1	78.0
<b>4k</b>	<b>Standardized Hospitalization Ratio (Admissions)<sup>*4</sup></b>	<b>0.75</b>	<b>0.87</b>	<b>0.68</b>	<b>0.69</b>	<b>0.74</b>	<b>0.89</b>	<b>0.86</b>	<b>1.00</b>
4l	P-value <sup>*5</sup>	0.217	0.570	0.099	0.107	0.133	n/a	n/a	n/a
4m	Confidence interval for SHR (Admissions) <sup>*6</sup>								
	High (97.5% limit)	1.17	1.33	1.07	1.08	1.09	n/a	n/a	n/a
	Low (2.5% limit)	0.50	0.60	0.45	0.47	0.53	n/a	n/a	n/a
4n	Percentiles for this facility (admissions) <sup>*7</sup>								
	In this State	35	51	12	12	18	n/a	n/a	n/a
	In this Network	38	58	20	25	28	n/a	n/a	n/a
	In the U.S.	18	34	11	13	13	n/a	n/a	n/a
<b>4o</b>	<b>Diagnoses associated with hospitalization (% of 4a)<sup>*8</sup></b>								
	Septicemia	8.3	10.3	7.3	8.6	8.7	11.8	11.1	11.4
	Acute myocardial infarction	5.0	3.7	8.1	6.3	5.7	4.7	4.5	4.2
	Congestive heart failure	17.5	20.6	21.0	25.0	21.1	24.7	22.8	23.9
	Cardiac dysrhythmia	18.3	16.9	14.5	18.0	16.9	13.6	12.5	13.2
	Cardiac arrest	2.5	1.5	0.8	1.6	1.6	1.8	1.6	1.9
4p	One day admissions (% of 4i)	13.3	13.7	16.5	13.1	14.1	12.0	11.3	9.7
4q	Average length of stay (days per admission; 4c/4i)	11.1	8.3	6.2	8.0	8.4	6.5	6.4	7.4

(continued)

**TABLE 4 (cont.): Hospitalization Summary for Medicare Dialysis Patients<sup>\*1</sup>, 2015-2018**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2015-2018			
	2015	2016	2017	2018	2015-2018	State	Network	U.S.	
<b>Emergency Department (ED) Statistics</b>									
4r	Total ED visits (n)	208	219	208	243	878 <sup>*3</sup>	144.3	121.6	136.0
4s	Expected total ED visits (n)	289.8	298.6	312.7	310.6	1,211.7 <sup>*3</sup>	147.5	128.5	136.3
4t	Standardized Hospitalization Ratio (ED) <sup>*4</sup>	0.72	0.73	0.67	0.78	0.72	0.98	0.95	1.00
4u	P-value <sup>*5</sup>	0.221	0.237	0.118	0.296	0.123	n/a	n/a	n/a
4v	Confidence interval for SHR (ED) <sup>*6</sup>								
	High (97.5% limit)	1.19	1.20	1.10	1.20	1.08	n/a	n/a	n/a
	Low (2.5% limit)	0.46	0.48	0.44	0.55	0.52	n/a	n/a	n/a
4w	Percentiles for this facility (ED) <sup>*7</sup>								
	In this State	10	15	7	16	6	n/a	n/a	n/a
	In this Network	16	18	11	25	11	n/a	n/a	n/a
	In the U.S.	15	16	10	20	11	n/a	n/a	n/a
4x	Patients with ED visit (% of 4a)	56.7	64.0	66.1	60.9	62.0	64.6	63.9	62.2
4y	ED visits that result in hospitalization (% of 4r)	50.5	49.3	45.7	48.1	48.4	41.3	39.5	47.2
4z	Admissions that originate in the ED (% of 4i)	87.5	77.7	78.5	90.0	83.3	78.9	76.4	82.4
<b>Readmission Statistics</b>								<b>2018</b>	
4aa	Index discharges (n)	116	144	115	125		74.6	61.7	72.8
4ab	Total readmissions (n)	34	31	27	30		20.5	15.5	19.9
4ac	Expected total readmissions (n)	32	35	33	35		21.9	18.0	20.5
<b>4ad</b>	<b>Standardized Readmission Ratio (SRR)<sup>*4</sup></b>	<b>1.08</b>	<b>0.88</b>	<b>0.82</b>	<b>0.86</b>		<b>1.00</b>	<b>0.94</b>	<b>1.04</b>
4ae	P-value <sup>*5</sup>	0.840	0.469	0.312	0.394		n/a	n/a	n/a
4af	Confidence interval for SRR <sup>*6</sup>								
	High (97.5% limit)	1.52	1.26	1.22	1.22		n/a	n/a	n/a
	Low (2.5% limit)	0.68	0.57	0.50	0.54		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 in any position on a hospital inpatient claim.

**TABLE 5: Transplantation Summary for Dialysis Patients under Age 75<sup>\*1</sup>, 2015-2018**

Measure Name	This Facility					Regional Averages <sup>*2</sup> , per Year, 2015-2018			
	2015	2016	2017	2018	2015-2018	State	Network	U.S.	
<b>All Transplants</b>									
5a	Eligible patients (n)	109	115	110	108	442 <sup>*10</sup>	73.9	65.3	73.5
5b	Transplants (n)	7	4	3	6	20 <sup>*10</sup>	2.7	2.3	2.1
5c	Donor type (sums to 5b) <sup>*3</sup>								
	Living donor (n)	2	0	0	0	2 <sup>*10</sup>	0.5	0.5	0.5
	Deceased donor (n)	5	4	3	6	18 <sup>*10</sup>	2.3	1.8	1.6
<b>First Transplants</b>									
5d	Eligible patients (n)	95	99	100	98	392 <sup>*10</sup>	68.4	60.3	68.0
5e	Patient years (PY) at risk (n)	70.5	68.5	74.3	75.2	288.6 <sup>*10</sup>	47.8	42.7	46.5
5f	First transplants <sup>*4</sup> (n)	7	3	3	6	19 <sup>*10</sup>	2.5	2.1	1.8
5g	Expected first transplants (n)	2.5	2.4	2.5	2.6	9.9 <sup>*10</sup>	1.9	1.7	1.8
<b>Standardized 1st Transplantation Ratio (STR)<sup>*5</sup></b>									
5h	<b>STR<sup>*6</sup></b>					<b>1.90</b>	<b>1.27</b>	<b>1.23</b>	<b>1.00</b>
5i	P-value <sup>*7</sup>					0.014	n/a	n/a	n/a
5j	Confidence interval for STR <sup>*8</sup>								
	High (97.5% limit)					2.97	n/a	n/a	n/a
	Low (2.5% limit)					1.14	n/a	n/a	n/a
5k	STR percentiles for this facility <sup>*9</sup>								
	In this State					83	n/a	n/a	n/a
	In this Network					86	n/a	n/a	n/a
	In the U.S.					86	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 2015-2018, 3.3% of transplants in the U.S. were not included because the transplant occurred fewer than 91 days after the start of ESRD and 1.2% 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.

**TABLE 6: Waitlist Summary for All Dialysis Patients (2015-2018) & New Dialysis Patients (2015-2017) under Age 75\*1**

Measure Name	This Facility				Regional Averages*2, 2018		
	2015	2016	2017	2018	State	Network	U.S.
<b>All Dialysis Patients</b>							
6a Eligible patients (n)	114	118	113	100	78.2	69.5	68.7
6b Patient-months at risk (n) *3	983	939	941	932	653.1	579.8	577.0
<b>6c Patient-months on the waitlist (% of 6b)</b>	<b>19.8</b>	<b>19.5</b>	<b>17.0</b>	<b>12.6</b>	<b>15.4</b>	<b>14.0</b>	<b>19.2</b>
6d Patient-months on the waitlist by subgroup (%) *3 *4							
Age < 40	30.4	21.0	19.6	15.6	27.3	23.8	29.4
Age 40-74	18.1	19.3	16.7	12.3	13.8	12.7	18.0
Male	23.8	20.9	17.4	12.0	16.5	14.8	20.5
Female	15.1	17.7	16.4	13.5	14.0	12.9	17.4
African American	12.3	11.9	9.9	13.9	14.0	13.7	18.1
Asian/Pacific Islander	28.4	29.4	26.1	16.6	20.1	19.4	28.4
Native American	0.0	29.2	50.0	48.0	9.1	8.3	12.6
White, Hispanic	42.9	44.4	0.0	0.0	14.4	13.7	20.8
White, non-Hispanic	16.7	14.8	15.0	11.2	14.8	13.3	18.1
Other/unknown race	.	.	.	.	24.8	21.9	22.1
Diabetes	19.6	22.7	17.2	16.0	11.7	10.1	15.4
Non-diabetes	20.0	17.6	16.9	10.3	18.8	17.5	22.4
Previous kidney transplant	23.9	34.5	23.1	12.1	27.6	24.8	32.9
No previous kidney transplant	19.1	16.8	16.2	12.6	14.3	13.0	18.1
< 2 years since start of ESRD	10.1	9.2	13.7	16.4	14.7	12.7	14.0
2-4 years since start of ESRD	33.2	30.8	24.7	20.2	18.8	17.8	23.6
5+ years since start of ESRD	15.7	17.0	13.1	4.7	13.1	11.9	20.5
6e Age-adjusted percentage of patient-months waitlisted *5	20.0	20.2	18.0	13.7	14.7	13.3	18.7
6f P-value *6	0.763	0.924	0.818	0.474	n/a	n/a	n/a
6g Confidence interval for percent waitlisted *7							
High (97.5% limit)	37.0	38.5	36.2	30.5	n/a	n/a	n/a
Low (2.5% limit)	9.62	9.26	7.80	5.46	n/a	n/a	n/a
<b>New Dialysis Patients</b>							
	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2015-2017</b>		<b>2015-2017 *2</b>	
6h Eligible patients (n)	21	19	17	57	11.9	11.0	10.8
6i Patient-years (PY) at risk (n)	20	17	14	51	10.7	9.8	9.5
6j First waitlist events (n) *8	1	1	1	3	0.9	0.9	1.0
6k Expected 1st waitlist events (n) *8	1	2	1	4	1.1	1.0	1.0
6l Standardized Waitlist Ratio (SWR) *8 *9				0.70	0.82	0.83	1.00
6m P-value *6				0.755	n/a	n/a	n/a
6n Confidence interval for SWR *7							
High (97.5% limit)				2.04	n/a	n/a	n/a
Low (2.5% limit)				0.14	n/a	n/a	n/a

n/a = not applicable.

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

[\*2] For "All Dialysis Patients" section, values are shown for the average facility. For "New Dialysis Patients" section, values are shown for the average facility, annualized.

[\*3] Eligible patient-months (6b) include patients assigned to the facility on the last day of each month. A patient may be counted up to 12 times per year.

[\*4] The waitlist percentage for each subgroup is calculated as a rate of waitlisted patient-months to patient-months at risk in each subgroup. A missing value indicates that there were no eligible patients in the subgroup.

[\*5] Age-adjusted percentage of prevalent patients waitlisted is not shown if there are fewer than 11 eligible patients in this facility.

[\*6] A p-value less than 0.05 indicates that the difference between the observed and expected waitlist events (SWR), or the difference between the age-adjusted percent waitlisted for your facility and the overall national percentage is probably real and is not due to random chance alone. 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 SWR or age-adjusted percent waitlisted due to random variation.

[\*8] An event is defined as a waitlisting or living-donor transplant.

[\*9] SWR is calculated as a ratio of observed waitlisted events to expected waitlisted events (6j/6k); not shown if a facility has less than 2 expected waitlisted events or less than 11 eligible patients.

**TABLE 7: Influenza Vaccination Summary for Medicare Dialysis Patients Treated on December 31<sup>st</sup> of Each Year<sup>\*1</sup>, Flu Seasons August 2015-December 2018**

Measure Name	This Facility				Regional Averages <sup>*2</sup>		
	2015	2016	2017	2018	State	Network	U.S.
							<b>2018</b>
7a Eligible patients on 12/31 (n)	98	100	102	96	47.8	42.0	42.4
7b Patients vaccinated between Aug. 1 and Dec. 31 (% of 7a)	84.7	90.0	90.2	83.3	77.1	77.1	73.0
7c P-value <sup>*3</sup> (for 7b compared to U.S. value <sup>*4</sup> )	<0.01	<0.01	<0.01	0.012	n/a	n/a	n/a
							<b>2017</b>
<b>7d Patients vaccinated between Aug 1 and Mar 31 of following year (% of 7a)</b>	<b>84.7</b>	<b>90.0</b>	<b>90.2</b>		<b>77.4</b>	<b>76.9</b>	<b>73.3</b>
7e P-value <sup>*3</sup> (for 7d compared to U.S. value <sup>*5</sup> )	<0.01	<0.01	<0.01		n/a	n/a	n/a
							<b>2018</b>
7f Patients vaccinated between Aug 1 and Dec 31 by subgroup (%) <sup>*6</sup>							
Age < 18	.	.	.	.	66.7	58.8	56.1
Age 18-39	75.0	60.0	85.7	100	71.7	74.1	68.6
Age 40-64	83.3	90.3	93.3	80.0	75.8	76.5	73.2
Age 65-74	80.0	86.2	90.3	82.1	77.9	77.0	73.1
Age 75+	93.3	97.1	88.2	84.2	79.8	79.2	73.8
Male	87.2	92.7	90.2	87.7	76.4	76.4	73.0
Female	82.4	86.7	90.2	76.9	78.0	77.9	73.0
African American	88.9	100	92.3	81.8	72.7	70.9	70.2
Asian/Pacific Islander	88.2	87.0	84.2	100	82.4	80.9	75.9
Native American	100	100	100	50.0	69.2	78.8	80.2
White	82.9	88.9	91.0	80.6	76.8	77.0	74.3
Other/unknown race	.	100	100	100	90.6	88.1	70.8
Hispanic	66.7	100	83.3	100	79.7	82.4	73.7
< 1 year since start of ESRD	68.2	80.0	80.0	30.0	65.9	65.4	59.5
1-2 years since start of ESRD	84.0	96.2	93.5	87.1	76.1	75.6	71.4
3+ years since start of ESRD	92.2	90.7	91.1	90.9	80.6	80.7	76.7

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): 73.3% (2015), 68.9% (2016), 72.5% (2017), 73.0% (2018).

[\*5] Compared to the U.S. value for that year and time period (8/1-3/31): 73.8% (2015), 69.6% (2016), 73.3% (2017).

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

**TABLE 8: Anemia Management Summaries for Adult Dialysis Patients<sup>\*1</sup>, 2015-2018**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2018		
	2015	2016	2017	2018	State	Network	U.S.
<b>Hemoglobin and ESA for Adult Hemodialysis (HD) Patients</b>							
8a Eligible patients (n)	145	152	149	141	82.5	71.1	76.3
8b Eligible patient-months (n) <sup>*3</sup>	1,320	1,292	1,358	1,391	710.1	616.3	666.8
8c Average hemoglobin <sup>*4</sup> (g/dL) (average of 8b)	10.8	11.0	11.1	10.9	10.8	10.9	10.8
<b>8d Hemoglobin categories (% of 8b; sums to 100%)</b>							
<10 g/dL	18.9	14.2	13.0	16.2	20.5	19.2	21.6
10-<11 g/dL	37.4	29.5	31.6	35.5	35.0	34.7	34.8
11-12 g/dL	29.2	41.8	40.0	35.9	30.8	31.1	29.5
>12 g/dL	11.2	12.9	14.4	11.3	12.4	13.7	12.0
Missing/Out of range	3.3	1.5	1.0	1.2	1.3	1.3	2.1
8e ESA prescribed (% of 8b)	90.9	91.1	58.1	68.9	76.5	73.4	74.1
<b>Hemoglobin and ESA for Adult Peritoneal Dialysis (PD) Patients</b>							
8f Eligible patients (n)	0	0	0	0	18.1	20.9	21.1
8g Eligible patient-months (n) <sup>*3</sup>	0	0	0	0	135.8	158.9	167.0
8h Average hemoglobin <sup>*4</sup> (g/dL) (average of 8g)	.	.	.	.	10.9	11.0	10.9
<b>8i Hemoglobin categories (% of 8g; sums to 100%)</b>							
<10 g/dL	.	.	.	.	22.6	20.3	23.3
10-<11 g/dL	.	.	.	.	30.1	29.2	29.4
11-12 g/dL	.	.	.	.	27.5	27.7	25.8
>12 g/dL	.	.	.	.	17.8	20.4	18.1
Missing/Out of range	.	.	.	.	2.0	2.3	3.4
8j ESA prescribed (% of 8g)	.	.	.	.	64.2	54.0	56.7
<b>Standardized Transfusion Ratio (STRR)</b>							
8k Eligible adult Medicare patients (n)	104	107	99	101	62.6	55.2	56.5
8l Patient years (PY) at risk (n)	73	71	69	70	37.6	32.9	33.4
8m Total transfusions (n)	27	22	19	11	10.3	8.8	12.3
8n Expected total transfusions (n)	30.3	27.9	26.2	26.7	14.0	12.2	12.5
8o Standardized Transfusion Ratio <sup>*5</sup>	0.89	0.79	0.72	0.41	0.74	0.73	1.01
Upper Confidence Limit (97.5%)	1.78	1.68	1.65	1.19	n/a	n/a	n/a
Lower Confidence Limit (2.5%)	0.50	0.41	0.35	0.16	n/a	n/a	n/a
8p P-value <sup>*6</sup>	0.852	0.605	0.486	0.104	n/a	n/a	n/a

n/a = not applicable

[\*1] See *Guide, Section XI*. Transfusion summaries include adult Medicare Dialysis Patients only.

[\*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] Calculated as a ratio of observed to expected transfusions (8m to 8n); not shown if there are fewer than 10 patient-years at risk (8l). The confidence interval range represents uncertainty in the value of the STRR due to random variation.

[\*6] 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.

**TABLE 9: Dialysis Adequacy Summaries for All Dialysis Patients<sup>\*1</sup>, 2015-2018**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2018		
	2015	2016	2017	2018	State	Network	U.S.
<b>Hemodialysis (HD) Adequacy</b>							
9a Eligible adult HD patients (n)	145	152	149	141	82.5	71.1	76.3
9b Eligible adult HD patient-months (n) <sup>*3</sup>	1,320	1,292	1,358	1,391	710.1	616.3	666.8
9c Average serum albumin (g/dL) (average of 9b)	4.0	3.9	3.9	3.8	3.8	3.8	3.8
<b>9d Serum albumin categories (% of 9b; sums to 100%)</b>							
< 3.0 g/dL	1.1	1.6	0.8	1.7	2.9	2.7	3.3
3.0-<3.5 g/dL	4.6	6.2	8.4	13.0	13.1	12.4	12.6
3.5-<4.0 g/dL	36.7	40.2	46.8	49.9	46.7	46.5	46.0
>=4.0 g/dL	54.3	50.4	43.0	34.2	35.3	36.5	35.3
Missing	3.3	1.6	1.0	1.2	1.9	1.9	2.9
9e Ultrafiltration rate average <sup>*4</sup> (ml/kg/hr) (average of 9b)	5.1	4.9	4.8	4.8	6.8	7.1	7.7
<b>9f Ultrafiltration rate categories (% of 9b; sums to 100%)</b>							
<=13 ml/kg/hr	91.1	93.4	94.2	91.9	88.4	87.3	84.2
>13 ml/kg/hr	1.1	0.8	1.0	1.1	4.9	5.9	8.5
Missing/Out of range	7.9	5.8	4.8	7.0	6.7	6.8	7.3
9g Eligible adult HD Kt/V patients (n) <sup>*5</sup>	135	144	145	137	78.1	67.0	73.4
9h Eligible adult HD Kt/V patient-months (n) <sup>*3 *5</sup>	1,221	1,229	1,311	1,342	665.5	572.5	634.4
9i Average Kt/V <sup>*4</sup> (average of 9h)	1.7	1.7	1.7	1.7	1.7	1.7	1.6
<b>9j Kt/V categories (% of 9h; sums to 100%)</b>							
<1.2	2.3	0.9	1.1	2.0	2.0	1.9	2.0
1.2-<1.8	58.2	60.9	65.4	70.6	68.0	67.7	72.1
>=1.8	36.8	37.4	33.3	27.0	29.0	29.3	24.3
Missing/Out of range	2.7	0.7	0.2	0.4	1.0	1.1	1.5
<b>Peritoneal Dialysis (PD) Adequacy</b>							
9k Eligible adult PD patients (n)	0	0	0	0	18.1	20.9	21.1
9l Eligible adult PD patient-months (n) <sup>*3</sup>	0	0	0	0	135.8	158.9	167.0
9m Average weekly Kt/V <sup>*4 *5</sup> (average of 9l)	.	.	.	.	2.2	2.3	2.3
<b>9n Weekly Kt/V categories (% of 9l; sums to 100%)<sup>*5</sup></b>							
<1.7	.	.	.	.	5.6	4.2	4.8
1.7-<2.5	.	.	.	.	69.2	67.4	66.5
>=2.5	.	.	.	.	22.9	26.5	24.8
Missing/Out of range	.	.	.	.	2.3	1.9	3.9
9o Average serum albumin (g/dL) (average of 9l)	.	.	.	.	3.5	3.5	3.5
<b>9p Serum albumin categories (% of 9l; sums to 100%)</b>							
< 3.0 g/dL	.	.	.	.	9.1	9.5	10.3
3.0-<3.5 g/dL	.	.	.	.	30.6	28.8	29.4
3.5-<4.0 g/dL	.	.	.	.	43.2	43.4	41.8
>=4.0 g/dL	.	.	.	.	15.2	16.0	15.1
Missing	.	.	.	.	2.0	2.3	3.4

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. 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 most recent value over a 4-month period is selected for PD Kt/V.



**TABLE 10: Mineral Metabolism Summaries for All Adult Dialysis Patients <sup>\*1</sup>, 2015-2018**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2018		
	2015	2016	2017	2018	State	Network	U.S.
10a Eligible adult patients (n) <sup>*3</sup>	145	152	149	141	92.3	80.9	83.1
10b Eligible adult patient-months (n) <sup>*3 *4</sup>	1,320	1,292	1,358	1,391	798.7	704.2	727.8
10c Average phosphorous <sup>*5</sup> (mg/dL) (average of 10b <sup>*6</sup> )	5.6	5.5	5.6	5.8	5.6	5.5	5.3
<b>10d Phosphorous categories (% of 10b; sums to 100%) <sup>*6</sup></b>							
<3.5 mg/dL	8.0	10.5	7.1	5.0	6.8	7.0	8.2
3.5-4.5 mg/dL	20.1	19.9	21.1	18.8	21.8	23.0	24.3
4.6-5.5 mg/dL	23.7	25.3	26.0	24.7	28.6	29.2	30.0
5.6-7.0 mg/dL	26.9	25.7	25.7	31.0	23.9	23.4	21.2
>7.0 mg/dL	17.9	16.8	18.7	19.4	17.2	15.4	13.3
Missing/Out of range	3.4	1.7	1.4	1.2	1.8	1.9	2.9
10e Average calcium uncorrected <sup>*5</sup> (mg/dL) (average of 10b)	9.2	9.3	9.1	9.2	9.0	9.0	8.9
<b>10f Calcium uncorrected categories (% of 10b; sums to 100%)</b>							
<8.4 mg/dL	7.4	5.7	10.1	7.1	14.9	14.9	17.2
8.4-10.2 mg/dL	87.8	92.2	88.4	91.4	82.2	82.0	78.8
>10.2 mg/dL	1.4	0.5	0.5	0.4	1.3	1.4	1.3
Missing/Out of range	3.3	1.6	1.0	1.2	1.6	1.7	2.7
10g Average uncorrected serum or plasma calcium > 10.2 mg/dL <sup>*5 *7</sup>	2.3	1.7	1.0	0.9	1.4	1.5	2.0

[\*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] The acceptable range for phosphorous and calcium is 0.1 – 20 mg/dL. Values outside of this range are considered missing, which are counted towards the numerator.  
 [\*6] Eligible patients included in the phosphours summaries differ slightly from what is reported in 10b since it includes patient-months within the first 90 days of ESRD.  
 [\*7] Hypercalcemia is averaged from uncorrected serum or plasma calcium values over a rolling 3-month period. Eligible patients included in the hypercalcemia summary differs slightly from what is reported in 10b since patients must be 18 as of the first day of the 3-month period.

**TABLE 11: Vascular Access Information for All Dialysis Patients and Access-Related Infection Summaries for All Medicare Patients<sup>\*1</sup>, 2015-2018**

Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2018			
	2015	2016	2017	2018	State	Network	U.S.	
<b>Vascular Access</b>								
11a	Prevalent adult hemodialysis patients (n)	150	163	155	145	86.3	75.0	80.5
11b	Prevalent adult hemodialysis patient-months(n) <sup>*3 *4</sup>	1,388	1,381	1,415	1,393	735.8	641.9	693.9
<b>11c</b>	<b>Vascular access type in use (% of 11b; sums to 100%)</b>							
	Arteriovenous fistula	74.8	73.9	76.0	78.0	70.1	68.6	63.4
	Arteriovenous graft	12.8	11.9	10.4	8.5	12.4	14.2	17.8
	Catheter	10.8	13.4	12.7	13.1	16.1	15.8	16.6
	Other/Missing	1.6	0.9	0.9	0.4	1.3	1.4	2.2
11d	Standardized Fistula Rate (SFR) <sup>*5</sup>	73.5	73.1	75.0	76.8	70.4	68.4	63.0
11e	P-value <sup>*6</sup>	0.098	0.159	0.094	0.055	n/a	n/a	n/a
11f	Confidence interval for SFR <sup>*7</sup>							
	High (97.5% limit)	59.0	58.8	61.0	62.7	n/a	n/a	n/a
	Low (2.5% limit)	86.9	86.3	87.9	89.8	n/a	n/a	n/a
<b>11g</b>	<b>Long-Term Catheter Rate<sup>*8</sup></b>	<b>5.04</b>	<b>6.15</b>	<b>7.92</b>	<b>9.19</b>	<b>11.7</b>	<b>11.2</b>	<b>12.4</b>
<b>Vascular Access at First Treatment</b>								
11h	Incident hemodialysis patients (n)	29	34	21	16	16.1	14.3	14.9
11i	Vascular access type in use (% of 11h; sums to 100%)							
	Arteriovenous fistula	31.0	35.3	33.3	37.5	25.9	23.9	15.3
	Arteriovenous graft	6.9	5.9	0.0	0.0	3.4	3.5	3.4
	Catheter	62.1	55.9	66.7	62.5	66.9	68.1	76.0
	Other/Missing	0.0	2.9	0.0	0.0	3.8	4.6	5.3
11j	Arteriovenous fistulae in place (% of 11h) <sup>*9</sup>	31.0	35.3	38.1	37.5	27.1	25.2	16.8
<b>Infection: Peritoneal dialysis (PD)</b>								
11k	Eligible PD patients (n)	0	0	0	0	9.4	9.9	7.2
11l	Eligible PD patient-months <sup>*4</sup>	0	0	0	0	66.3	69.9	50.5
11m	PD catheter infection rate per 100 PD patient-months <sup>*10</sup>	.	.	.	.	2.70	2.17	2.07
11n	P-value <sup>*11</sup> of 11m (compared to U.S. value) <sup>*12</sup>	.	.	.	.	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-11g), 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] Patient months with a catheter that have limited life expectancy, including under hospice care in the current reporting month, or with metastatic cancer, end stage liver disease, coma or anoxic brain injury in the past 12 months, were excluded.

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

[\*5] Includes patients with an autogenous arteriovenous (AV) fistula as the sole means of vascular access. SFR is calculated as an adjusted rate of AV fistula in use reported in 11c; not shown if fewer than 11 eligible adult HD patients.

[\*6] A p-value less than 0.05 indicates that the difference between the fistula rate for your facility and the overall national fistula rate is probably real and is not due to random chance alone.

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

[\*8] Includes patients using a catheter continuously for three months or longer. Patients with other or missing access types (11c) are also counted as catheter in use in the numerator; not shown if fewer than 11 eligible adult HD patients.

[\*9] Includes all patients with fistulae, regardless of whether or not they received their hemodialysis treatments using their fistulae.

[\*10] 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.

[\*11] A p-value greater than or equal to 0.05 indicates the differences between the percent of patients with infection at the facility and national percentage is plausibly due to random change.

[\*12] Compared to U.S. value for that year: 2.89 (2015), 2.65 (2016), 2.65 (2017), and 2.07 (2018).

**TABLE 12: Comorbidities Reported on Medicare Claims for Medicare Dialysis Patients Treated as of December 31st of Each Year<sup>\*1</sup>, 2015-2018**

	Measure Name	This Facility				Regional Averages <sup>*2</sup> , 2018		
		2015	2016	2017	2018	State	Network	U.S.
12a	Medicare dialysis patients on 12/31 (n)	94	98	98	101	51.5	45.4	46.4
12b	Comorbidity (% yes of 12a)							
	<b>Infections</b>							
	AIDS/HIV positive	1.1	0.0	0.0	0.0	0.7	0.6	1.7
	Intravascular/implanted device-related <sup>*3</sup>	8.5	6.1	8.2	12.9	9.1	8.9	9.0
	Hepatitis B	1.1	0.0	1.0	2.0	1.5	1.3	1.6
	Hepatitis other	7.4	8.2	8.2	7.9	6.2	5.1	5.3
	Metastatic	4.3	3.1	4.1	4.0	3.3	3.0	3.1
	Pneumonia	11.7	6.1	4.1	7.9	10.8	10.1	9.6
	Tuberculosis	0.0	0.0	0.0	0.0	0.3	0.3	0.4
	Other	30.9	35.7	32.7	35.6	35.3	34.4	35.0
	<b>Cardiovascular</b>							
	Cardiac arrest	2.1	1.0	2.0	3.0	1.8	1.6	1.8
	Cardiac dysrhythmia	41.5	52.0	40.8	48.5	40.5	39.1	37.6
	Cerebrovascular disease	16.0	19.4	19.4	16.8	19.9	18.8	24.6
	Congestive heart failure	42.6	40.8	42.9	51.5	53.1	50.8	54.0
	Ischemic heart disease	38.3	45.9	51.0	52.5	46.6	45.0	49.6
	Myocardial infarction	3.2	7.1	14.3	16.8	11.8	10.9	10.8
	Peripheral vascular disease <sup>*4</sup>	46.8	50.0	46.9	45.5	41.6	38.2	44.6
	<b>Other</b>							
	Alcohol dependence	4.3	4.1	4.1	1.0	2.9	3.2	3.1
	Anemia	7.4	9.2	4.1	3.0	6.4	7.3	9.9
	Cancer	10.6	8.2	12.2	14.9	11.1	10.9	11.3
	Chronic obstructive pulmonary disease	17.0	20.4	24.5	21.8	30.4	29.8	31.9
	Diabetes	47.9	55.1	51.0	54.5	64.9	63.2	68.2
	Drug dependence	7.4	11.2	7.1	8.9	7.2	7.1	3.7
	Gastrointestinal tract bleeding	6.4	9.2	4.1	5.0	4.6	4.0	4.2
	Hyperparathyroidism	95.7	98.0	98.0	99.0	92.6	90.3	87.5
12c	Average number of comorbid conditions	4.5	4.9	4.8	5.1	5.0	4.8	5.1

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] This category includes bloodstream and other infections related to intravascular access and other implanted devices, not limited to dialysis access.

[\*4] Peripheral vascular disease includes venous, arterial and nonspecific peripheral vascular diseases.

**TABLE 13: Facility Information <sup>\*1</sup>, 2018**

Measure Name	This Facility 2018	Regional Averages <sup>*2</sup> , 2018		
		State	Network	U.S.
13a Organization	NORTHWEST KIDNEY CENTERS			
13b Ownership	Non-profit			
13c Initial Medicare certification date	08/21/1978			
13d Number of stations	22			
13e Services provided	Hemodialysis			
13f Shifts after 5:00 pm	Yes			
13g Dialyzer Reuse	.			
13h CMS Certification Numbers (CCN) included in this report	502507			
13i National Provider Identifier (NPI) <sup>*3</sup>	1821173659			
<b>Long Term Care (LTC) <sup>*4</sup></b>				
13j Dialysis facility located in a Skilled Nursing Facility (SNF)	No			
13k Services provided in LTC facility by non-SNF based facility	Unavailable			
<b>Patient Placement</b>				
13l Patients treated during year from AFS Form-2744 (n)	166	116.5	100.2	101.4
13m Transferred into facility (% of 13l)	12.0	15.5	15.3	15.5
13n Transferred out of facility (% of 13l)	11.4	14.8	14.9	15.5
13o Patients treated on 12/31 (n)	122	n/a	n/a	n/a
13p Medicare eligibility status (% of 13o; sums to 100% <sup>*5</sup> )		n/a	n/a	n/a
Medicare	87.7	81.8	84.7	67.0
Medicare application pending	0.0	0.5	0.8	0.7
Non-Medicare	12.3	17.7	14.5	32.3
<b>Survey and Certification <sup>*6</sup></b>				
13q Date of last survey	08/19/2015			
13r Type of survey	Recertification			
13s Compliance condition after survey	Meets Requirements			
13t Number of CFC deficiencies cited	0	1.0	0.6	0.3
13u Number of Standard deficiencies cited	5	9.7	6.4	5.1

n/a = not applicable

[\*1] See *Guide, Section XVI*. Information based on data reported in CROWNWeb as of May, 2019. If missing, data were not available.

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

[\*3] 'NPI' obtained from CROWNWeb as of March 2019. If missing, data were not available.

[\*4] LTC information obtained from CMS Form-3427 submitted during most recent survey.

[\*5] Values may not sum to exactly 100% because of unknown Medicare status.

[\*6] 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.