Quarterly Dialysis Facility Compare -- Preview Report for July 2018 Refresh

- **This Quarterly DFC Preview Report includes data specific to CCN(s): 999999**

- **Purpose of the Report**

This report provides you with advance notice of the updated quality measures for your facility that will be reported on the Dialysis Facility Compare (DFC) website (https://www.medicare.gov/dialysisfacilitycompare/).

- **Overview**

This report was created for all Medicare certified dialysis facilities that are operating according to DFC in April 2018. The measures included in the report are based primarily on Medicare-paid dialysis claims, CROWNWeb, and other data collected for CMS. This report contains seven tables that summarize the patient outcomes and treatment patterns for chronic dialysis patients. Unless otherwise specified, data refer to all dialysis patients combined (i.e., hemodialysis and peritoneal, adult and pediatric). The measures reported in the Table "Quarterly Dialysis Facility Compare Preview", beginning on page 2, will be reported on the DFC website and available in the DFC downloadable databases at http://data.medicare.gov in July 2018.

Description of the methodology for all measures and the star rating in this report can be found in the *Guide to the Quarterly Dialysis Facility Compare Report* and the *Technical Notes on the Updated Dialysis Facility Compare Star Rating Methodology*, both of which are available on the DialysisData website at www.dialysisdata.org.

- **What's New This Quarter**

Since the previous preview report (Preview for April 2018 Report), the annual measures reported in Table 1 (Standardized Mortality Ratio, Standardized Hospitalization Ratio, Standardized Readmission Ratio, and Standardized Transfusion Ratio) and Table 2 (Standardized Infection Ratio) remain the same while the quarterly measures in Table 3 (hemoglobin and vascular access) and Table 4 (hypercalcemia, serum phosphorus concentrations, and Kt/V) have been updated by one quarter. The semi-annual ICH CAHPS patient experience of care measures in Table 5 and the star rating in Table 6 remain the same as in the previous preview report.

- **How to Submit Comments**

This preview period will be held during **May 1, 2018 - May 15, 2018**. As part of a new process to encourage early requests of patient lists to allow sufficient time for facility review and inquiry during the preview period, patient list requests must now be made **within the first five days** of the preview period. You may submit comments to CMS on the measures included in this report. Your comments will be shared with CMS but will **not** appear on the DFC website. Please visit the www.dialysisdata.org website, log on to view your report, and click on the **Comments & Inquiries** tab. If you have questions after the comment period is closed, please contact us directly at dialysisdata@umich.edu or 1-855-764-2885.

Prepared by
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Quarterly Dialysis Facility Compare Preview: The following table displays measures for this facility as they will appear on the DFC website. Please refer to Table 1 for more information on hospitalization (admissions and readmissions), deaths, or transfusions, Table 2 for infection, Table 3 for vascular access, Table 4 for mineral and bone disorder and dialysis adequacy measures reported in CROWNWeb, Table 5 for patient experience of care and Table 6 for the star rating calculation. The star rating, Standardized Mortality, Hospitalization, Transfusion, and Infection Rates/Ratios are updated annually in October; Patient Survey Results are updated semi-annually in April and October; all other measures are updated quarterly in January, April, July, and October. For a complete description of the methods used to calculate the statistics in this report, please see the *Guide to the Quarterly Dialysis Facility Compare Report*. The *Guide* is available on the Dialysis Data website at www.dialysisdata.org.

	Measure Name	This Facility
1	**Quality of patient care star rating (Table 6) (January 2013-June 2017)**	★★★☆☆ **Average**
2	**Quality of patient care tab**	
	Avoiding hospitalizations and deaths	
2.1	Frequency of patient death [*1] (2013-2016, Table 1, per 100 patient-years)	**26.1 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**19.9, 33.5**
	Classification Category [*2]	**Worse than Expected**
2.2	Frequency of hospital admission [*1] (2016, Table 1, per 100 patient-years)	**234.7 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**149.1, 379.2**
	Classification Category [*2]	**As Expected**
2.3	Frequency of hospital readmission [*1] (2016, Table 1, percentage of hospital discharges)	**25.7%**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**15.9% , 37.5%**
	Classification Category [*2]	**As Expected**
	Avoiding unnecessary transfusions	
2.4	Rate of Transfusions [*1] (2016, Table 1, per 100 patient-years)	**38.4 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**17.3, 95.7**
	Classification Category [*2]	**As Expected**
	Preventing bloodstream infections	
2.5	Preventing bloodstream infections (2016, Table 2): Standardized Infection Ratio	**0.56**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.14, 1.54**
	Classification Category [*2]	**As Expected**
	Using the most effective access to the bloodstream [*3] (October 2016-September 2017, Table 3)	
2.6	Adult patients who received treatment through an arteriovenous fistula	**52%**
2.7	Adult patients who had a catheter (tube) left in a vein longer than 90 days, for the regular hemodialysis treatments	**9%**
	Removing waste from blood [*3] (October 2016-September 2017, Table 4)	
2.8	Adult patients who had enough waste removed from their blood during hemodialysis	**93%**
2.9	Adult patients who had enough waste removed from their blood during peritoneal dialysis	**Not Available**
2.10	Children who had enough waste removed from their blood during hemodialysis	**Not Available**
2.11	Children who had enough waste removed from their blood during peritoneal dialysis	**Not Available**
	Keeping a patient's bone mineral levels in balance [*3] (October 2016-September 2017, Table 4)	
2.12	Adult patients who had too much calcium in their blood	**0%**

(continued)

Quarterly Dialysis Facility Compare Preview (continued):

	Measure Name	This Facility
3	**Survey of patients' experiences tab [*4] (Fall 2016 - Spring 2017, Table 5)**	**% of Always (Yes) Responses**
3.1	Kidney doctors' communication and caring	**60%**
3.2	Dialysis center staff care and operations	**57%**
3.3	Providing information to patients	**80%**
3.4	Rating of kidney doctors	**56%**
3.5	Rating of dialysis center staff	**50%**
3.6	Rating of dialysis facility	**51%**

[*1] The facility rate was calculated by multiplying the facility ratio by the national rate. National rates for mortality, hospitalization, transfusion and readmission are 17.4, 183.2, 39.2, and 25.3%, respectively. Calculation of rates using values in report may not equal actual rates shown due to rounding of values.
[*2] If the facility SMR (SHR, SRR, STrR or SIR) is less than 1.00 and statistically significant ($p<0.05$), the classification is "Better than Expected". This classification is based on the measure ratio, not the rate. If the ratio is greater than 1.00 and statistically significant ($p<0.05$), the classification is "Worse than Expected". Otherwise, the classification is "As Expected" on DFC. Please note that the SMR is not reported on DFC if it is based on fewer than 3 expected deaths. Similarly, the SHR and STrR are not reported if they are based on fewer than 5 or 10 patient years at risk, respectively. The SRR is not reported if the facility experienced fewer than 11 index discharges. The SIR is not reported if there are fewer than 12 months of reporting in NHSN and/or <= 131 eligible patient-months.
[*3] Percentages based on 10 or fewer patients will be reported as "Not Available" on DFC.
[*4] Survey results based on 29 or fewer completed surveys over the two survey periods will be reported as "Not Available" on DFC.

TABLE 1: Mortality Summary for All Dialysis Patients (2013 - 2016) and Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients (2016) [*1]

The mortality summaries reported in the first part of the table include all prevalent dialysis patients treated at your facility between 2013 and 2016. The hospital admissions and transfusions summaries include all Medicare dialysis patients treated at your facility in 2016. The hospital readmissions summaries include all Medicare-covered hospitalizations that ended in 2016 for all patients in your facility. State and national averages are included to allow for comparisons. These measures 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. Time at risk and deaths/admissions/transfusions within 60 days after transfer out of this facility are attributed to this facility for the mortality/hospitalization/transfusion measures. Time at risk and admissions starting three days before transplantation are excluded from the hospitalization measures. The measures in this table are updated annually in October.

			Regional Averages [*2], per Year	
	Measure Name	**This Facility**	**State**	**U.S.**
	Standardized Mortality Ratio (SMR)	**2013-2016**	**2013-2016**	**2013-2016**
1a	Patients (n=number) [*3]	435	67.6	95.2
1b	Patient-years at risk (n)	307	49.1	63.9
1c	Deaths (n) [*3]	61	8.5	11.1
1d	Expected deaths (n) [*3]	40.6	8.3	11.1
1e	Standardized Mortality Ratio [*4]	1.50	1.02	1.00
	Lower Confidence Limit [*5] (2.5%)	1.15	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	1.93	n/a	n/a
1f	P-value [*6]	<0.01	n/a	n/a
1g	Mortality Rate (per 100 patient-years)	26.1	n/a	17.4
	Lower Confidence Limit [*5] (2.5%)	19.9	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	33.5	n/a	n/a
	Standardized Hospitalization Ratio (SHR): Admissions	**2016**	**2016**	**2016**
1h	Medicare Patients (n)	79	56.1	69.5
1i	Patient-years at risk (n)	49	38.5	45.8
1j	Total admissions (n)	112	62.5	82.7
1k	Expected total admissions (n)	87.4	70.4	83.6
1l	Standardized Hospitalization Ratio (Admissions) [*4]	1.28	0.89	1.00
	Lower Confidence Limit [*5] (2.5%)	0.81	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	2.07	n/a	n/a
1m	P-value [*6]	0.273	n/a	n/a
1n	Hospitalization Rate (per 100 patient-years)	234.7	n/a	183.2
	Lower Confidence Limit [*5] (2.5%)	149.1	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	379.2	n/a	n/a
	Standardized Readmission Ratio (SRR)	**2016**	**2016**	**2016**
1o	Index discharges (n)	116	60.4	77.6
1p	Total readmissions (n)	30	14.4	20.0
1q	Expected total readmissions (n)	29.5	15.2	20.5
1r	Standardized Readmission Ratio [*4]	1.01	0.99	1.03
	Lower Confidence Limit [*5] (2.5%)	0.63	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	1.48	n/a	n/a
1s	P-value [*6]	0.832	n/a	n/a
1t	Readmission Rate (Percentage of hospital discharges)	25.7%	n/a	25.3%
	Lower Confidence Limit [*5] (2.5%)	15.9%	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	37.5%	n/a	n/a

(continued)

TABLE 1: Mortality Summary for All Dialysis Patients (2013 - 2016) and Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients (2016) [*1] (continued)

			Regional Averages [*2], per Year	
	Measure Name	**This Facility**	**State**	**U.S.**
	Standardized Transfusion Ratio (STrR)	**2016**	**2016**	**2016**
1u	Adult Medicare Patients (n)	68	49.2	59.3
1v	Patient-years at risk (n)	41	31.5	35.7
1w	Total transfusions (n)	15	12.2	13.7
1x	Expected total transfusions (n)	15.3	12.1	13.9
1y	Standardized Transfusion Ratio [*4]	0.98	1.00	1.00
	Lower Confidence Limit [*5] (2.5%)	0.44	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	2.44	n/a	n/a
1z	P-value [*6]	0.935	n/a	n/a
1aa	Transfusion Rate (per 100 patient-years)	38.4	n/a	39.2
	Lower Confidence Limit [*5] (2.5%)	17.3	n/a	n/a
	Upper Confidence Limit [*5] (97.5%)	95.7	n/a	n/a

n/a = not applicable
[*1] See *Guide, Section V.*
[*2] Values are shown for the average facility, annualized.
[*3] Sum of 4 years used for calculations; should not be compared to regional averages.
[*4] Calculated as a ratio of observed deaths (or admissions/readmissions/transfusions) to expected deaths (or admissions/readmissions/transfusions) (1c to 1d for deaths, 1j to 1k for admissions, 1p to 1q for readmissions, 1w to 1x for transfusions); not shown if there are fewer than 3 expected deaths, fewer than 11 index discharges, or fewer than 5 or 10 patient-years at risk for admissions or transfusions, respectively.
[*5] The confidence interval range represents uncertainty in the value of the SMR, SHR, SRR or STrR due to random variation.
[*6] A p-value less than 0.05 indicates that the difference between the actual and expected mortality (or admissions/readmissions/transfusions) is probably real and is not due to random chance.

TABLE 2: Facility Bloodstream Infection Summary for Hemodialysis Patients based on National Healthcare Safety Network (NHSN) (January - December 2016) [*1]

This table displays bloodstream infection information for dialysis facilities as collected from the National Healthcare Safety Network. The measure is updated annually in October.

	Measure Name	This Facility
	Standardized Infection Ratio (SIR)	**2016**
2a	Eligible patient-months (n=number)	870
2b	Observed bloodstream infections (n)	3
2c	Predicted bloodstream infections (n)	5.3
2d	Standardized Infection Ratio [*2]	0.56
	Lower Confidence Limit [*3] (2.5%)	0.14
	Upper Confidence Limit [*3] (97.5%)	1.54

n/a = not applicable.
[*1] See *Guide, Section VI.*
[*2] Calculated as a ratio of observed infections to expected infections (2b to 2c for infections); not shown if there are fewer than 12 months of reporting in NHSN and/or <= 131 eligible patient-months.
[*3] The confidence interval range represents uncertainty in the value of the SIR due to random variation.

TABLE 3: Facility Hemoglobin and Vascular Access for Medicare Dialysis Patients based on Medicare Dialysis Claims (October 2016 - September 2017) [*1]

Anemia management and vascular access summaries are reported by quarter and for a one-year period. One-year state and national averages are included to allow for comparisons. The quarterly measures are provided in order to allow for you to evaluate facility time trends and will not appear on DFC. These measures are based on all Medicare dialysis claims reported under the CCN(s) included in this report and are updated on DFC quarterly in January, April, July, and October.

		This Facility					Regional Averages [*2]	
		Q1	Q2	Q3	Q4	Q1-Q4	State	U.S.
	Measure Name	Oct'16--Dec'16	Jan'17--Mar'17	Apr'17--Jun'17	Jul'17--Sep'17	Oct'16--Sep'17	Oct'16--Sep'17	Oct'16--Sep'17
	Hemoglobin [*3]							
3a	Eligible patients (n=number)	49	45	41	33	44	31.6	40.3
3b	Hemoglobin < 10g/dL (% of 3a)	18.4	26.7	34.1	15.2	13.6	16.1	16.9
3c	Hemoglobin > 12g/dL (% of 3a)	0.0	0.0	2.4	3.0	0.0	0.2	0.2
	Vascular Access [*4]							
3d	Eligible adult HD patients (n)	54	49	46	35	68	52.3	66.7
3e	Eligible adult HD patient-months [*5] (n)	144	128	123	99	494	385.8	483.1
3f	Arteriovenous fistulae in use (% of 3e)	52.8	57.0	49.6	49.5	52.4	60.0	66.5
3g	Vascular catheter in use >90 days (% of 3e)	5.6	10.2	11.4	10.1	9.1	7.8	11.0

[*1] See *Guide, Section VII.*
[*2] Values are shown for the average facility. Measure values will be missing if there are no eligible patients/patient-months.
[*3] Among patients with at least 1 eligible claim/quarter and 4 eligible claims/year: eligible claims include ESA-treated dialysis patients with ESRD for 90+ days at this facility.
[*4] Based on modifiers V5 and V7 for catheter and fistula, respectively.
[*5] Patients may be counted up to 12 times per year.

TABLE 4: Facility Dialysis Adequacy and Mineral and Bone Disorder for Dialysis Patients based on CROWNWeb (October 2016 - September 2017) [*1]

Kt/V, Hypercalcemia, and serum phosphorus concentrations are reported by quarter and for a one-year period. One-year state and national averages are included to allow for comparisons. The quarterly measures are provided in order to allow you to evaluate facility time trends and will not appear on DFC. These measures are based on CROWNWeb data and are updated on DFC quarterly in January, April, July, and October.

		This Facility					Regional Averages [*2]	
		Q1	Q2	Q3	Q4	Q1-Q4	State	U.S.
	Measure Name	Oct'16--Dec'16	Jan'17--Mar'17	Apr'17--Jun'17	Jul'17--Sep'17	Oct'16--Sep'17	Oct'16--Sep'17	Oct'16--Sep'17
	Hypercalcemia							
4a	Eligible adult patients (n=number)	85	80	81	71	103	66.7	86.8
4b	Eligible adult patient-months (n) [*3]	233	228	218	199	878	592.6	763.0
4c	Average uncorrected serum or plasma calcium > 10.2 mg/dL	0.0	0.0	0.0	0.5	0.1	0.6	0.7
	Serum Phosphorus Concentrations							
4d	Eligible adult patients (n)	84	77	78	69	98	70.4	91.1
4e	Eligible adult patient-months (n) [*3]	224	220	209	191	844	612.8	782.9
4f	Serum phosphorus categories (%, sums to 100%)							
	<3.5 mg/dL	8.0	6.8	5.7	7.9	7.1	9.1	9.0
	3.5-4.5 mg/dL	11.2	16.8	24.9	23.6	18.8	24.5	25.9
	4.6-5.5 mg/dL	25.0	25.9	26.8	31.4	27.1	29.4	30.8
	5.6-7.0 mg/dL	28.6	22.3	15.8	11.5	19.9	22.5	21.5
	>7.0 mg/dL	27.2	28.2	26.8	25.7	27.0	14.5	12.8
	Kt/V [*4]							
4g	Eligible adult hemodialysis (HD) patients (n) [*5]	81	77	78	70	100	58.5	76.6
4h	Eligible adult HD patient-months (n) [*3] [*5]	221	217	212	196	846	521.8	668.6
4i	Eligible patient-months with Kt/V missing or out of range (n)	10	19	16	9	54	12.0	13.4
4j	Adult HD: Kt/V >=1.2 (% of 4h)	94.1	91.2	92.5	95.4	93.3	95.7	95.9
4k	Eligible adult peritoneal dialysis (PD) patients (n)	0	0	0	0	0	23.2	20.7
4l	Eligible adult PD patient-months (n) [*3]	0	0	0	0	0	186.3	165.5
4m	Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	4.2	7.3
4n	Adult PD: Kt/V >=1.7 (% of 4l) [*6]	.	.	.	.	.	93.0	90.1
4o	Eligible HD pediatric patients (n) [*5]	0	0	0	0	0	n/a	n/a
4p	Eligible HD pediatric patient-months (n) [*3] [*5]	0	0	0	0	0	n/a	n/a
4q	Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	n/a	n/a
4r	Pediatric HD: Kt/V >=1.2 (% of 4p)	.	.	.	.	.	100.0	93.3
4s	Eligible PD pediatric patients (n)	0	0	0	0	0	n/a	n/a
4t	Eligible PD pediatric patient-months (n) [*3]	0	0	0	0	0	n/a	n/a
4u	Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	n/a	n/a
4v	Pediatric PD: Kt/V >=1.8 (% of 4t) [*7]	.	.	.	.	.	74.8	67.2

[*1] See *Guide, Section VIII.*
[*2] Counts are shown for the average facility. Counts will be missing if there are no eligible patients/patient-months.
[*3] Patients may be counted up to 12 times per year.
[*4] Missing or out of range Kt/V values are supplemented with Medicare dialysis claims.
[*5] HD Kt/V summaries are restricted to patients who dialyze thrice weekly.
[*6] Adult PD Adequacy uses the most recent value over a 4-month look-back period.
[*7] Pediatric PD Adequacy uses the most recent value over a 6-month look-back period.

TABLE 5: Patient Experience of Care based on ICH CAHPS (November 4, 2016 - January 13, 2017 and May 5, 2017 - July 14, 2017) [*1]

ICH CAHPS survey results are reported for three composite measures and three global items. The data include the two most recent semi-annual surveys. State and National averages are included to allow for comparisons. These measures are updated on DFC semi-annually in April and October.

			Regional Averages [*2]	
	Measure Name	**This Facility**	**State**	**U.S.**
	ICH CAHPS [*3]	**Fall 2015-Spring**	**Fall 2015-Spring**	**Fall 2015-Spring**
5a	Number of Completed Surveys	41	n/a	n/a
5b	Response Rate (%)	34	32	33
	Composite Measures [*3]			
5c	Percent of Patients reporting- Kidney doctors' communication and caring			
	Always	60	67	67
	Sometimes	13	14	15
	Never	27	19	18
5d	Percent of Patients reporting- Dialysis center staff care and operations			
	Always	57	60	62
	Sometimes	19	19	20
	Never	24	21	18
5e	Percent of Patients reporting- Providing information to patients			
	Yes	80	79	80
	No	20	21	20
	Global Items [*3]			
5f	Percent of Patients- Rating of kidney doctors			
	Most favorable	56	60	60
	Middle favorable	26	26	26
	Least favorable	18	14	14
5g	Percent of Patients- Rating of dialysis center staff			
	Most favorable	50	60	62
	Middle favorable	42	27	26
	Least favorable	8	13	12
5h	Percent of Patients- Rating of dialysis facility			
	Most favorable	51	66	68
	Middle favorable	32	21	20
	Least favorable	17	13	12

[*1] See *Guide, Section IX*.
[*2] Values are shown for the average facility.
[*3] Not shown if there are 29 or fewer completed surveys over the two survey periods.

TABLE 6: Quality of Patient Care Star Rating Calculation [*1]

This star rating is based on the measures reported in the QDFC-Preview for April 2018 report. The time period for SMR in this table is January 2013-December 2016; SHR and STrR are January-December 2016; all other measures are July 2016-June 2017. Further description of the methodology can be found in *Section X* of the *Guide to the Quarterly Dialysis Facility Compare Report*.

	Calculation Definition	This Facility
6a	**Standardized Outcomes Domain Score** (average of 6c, 6e, and 6g) [*2]	-0.89
6b	Standardized Mortality Ratio (SMR) [*3]	1.50
6c	Measure Score: SMR [*4]	-1.55
6d	Standardized Hospitalization Ratio (Admissions) (SHR) [*3]	1.28
6e	Measure Score: SHR [*4]	-1.10
6f	Standardized Transfusion Ratio (STrR) [*3]	0.98
6g	Measure Score: STrR [*4]	-0.01
6h	**Other Outcomes 1 Domain Score** [*5] (average of 6j and 6l) [*2]	-0.36
6i	Percentage of patients with arteriovenous fistulae in place (AVF) [*6]	54.30%
6j	Measure Score: AVF [*4]	-0.93
6k	Percentage of patients with vascular catheter reported >90 days [*6]	8.78%
6l	Measure Score: Catheter [*4]	0.21
6m	**Other Outcomes 2 Domain Score** (average of 6r and 6t) [*2]	0.80
6n	Adult HD: Percentage of patients with Kt/V >= 1.2 [*6]	93.16%
6o	Adult PD: Percentage of patients with Kt/V >= 1.7 [*6]	Not Available
6p	Pediatric HD: Percentage of patients with Kt/V >= 1.2 [*6]	Not Available
6q	Overall: Percentage of patients with Kt/V >= specified threshold [*7]	93.16%
6r	Measure Score: Kt/V [*4]	0.59
6s	Percentage of patients with uncorrected serum or plasma calcium > 10.2 mg/dL [*6]	0.00%
6t	Measure Score: Hypercalcemia [*4]	1.00
6u	**Final score (average of 6a, 6h, 6m)** [*8]	-0.15
6v	**Quality of Patient Care Star Rating**	★★★☆☆

[*1] See *Guide, Section X*.
[*2] The Domain Score is the average of the measure scores within that domain. If there is at least one measure in the domain, the missing measures in that domain are imputed with the average of the measure score to limit the non-missing measures from being too influential. If all measures in a domain are missing, then the domain score is not calculated.
[*3] Calculated as a ratio of observed deaths (or admissions/transfusions) to expected deaths (or admissions/transfusions); not included in star rating calculation if there are fewer than 3 expected deaths or fewer than 5 or 10 patient-years at risk for admissions or transfusions, respectively.
[*4] If a measure is Not Available, its measure score will be imputed with the average of the measure score to limit the non-missing measures from being too influential in calculation of the domain score.
[*5] Facilities that service only PD patients will not have any measures in this domain since their patients do not have fistulas or catheters. For these facilities, this domain was not included in the star rating calculation.
[*6] Percentages based on 10 or fewer patients are shown in this table but will be reported as 'Not Available' on DFC.
[*7] For improved ability to compare Kt/V in facilities with different types of patients in terms of modality or pediatric status, the adult and pediatric HD and adult PD Kt/V measurements were pooled into one measure. The percentage of patients that achieve Kt/V greater than the specified thresholds for each of the three respective patient types (adult PD patients, adult HD patients, and pediatric HD patients), was weighted based on the number of patient-months of data available. If the overall Kt/V percentage is based on 10 or fewer patients, then it is reported as 'Not Available' in this table.
[*8] Final score is the average of the 3 domain scores. If all measures in a given domain are missing, then there is no final score and no star rating computed with the exception of PD only facilities. PD only facilities are not eligible for Other Outcomes Domain 1 (fistula and catheter), therefore, they are only scored on the Standardized Outcomes Domain and Other Outcomes 2 Domain if they have at least one measure value in each of these two domains.