

Quarterly Dialysis Facility Care Compare on Medicare.gov - Preview Report for October 2024 Release

- **This Quarterly DFCC Preview Report includes data specific to CCN(s): XXXXXX**

- **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 Care Compare (DFCC) website (<https://www.medicare.gov/care-compare/>).

- **Overview**

This report was created for all Medicare certified dialysis facilities that were open as of May 6, 2024. The measures included in the report are based primarily on Medicare-paid dialysis claims, the End Stage Renal Disease Quality Reporting System (EQRS), and other data collected for CMS. This report contains 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 dialysis, adult and pediatric). The measures reported in the Table "Quarterly Dialysis Facility Care Compare Preview" will be reported on the DFCC website and available in the DFCC downloadable databases at <https://data.medicare.gov/provider-data/> in October 2024.

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 Care Compare Report and Technical Notes on the Dialysis Facility Quality of Patient Care Star Rating Methodology*, available on the DialysisData website at www.dialysisdata.org.

- **What's New This Quarter**

CMS's COVID Extraordinary Circumstances Exception (ECE) data policy restricts the use of claims data from March-June 2020 and the use of clinical data from January-June 2020. Thus, only partial data of 2020 have been used in the calculation of multi-year measures (Standardized Mortality Ratio and Standardized Waitlist Ratio) that include 2020 data.

The standardized ratio measures reported in Table 1 (Standardized Mortality Ratio (SMR), Standardized Hospitalization Ratio (SHR), Standardized Readmission Ratio (SRR), Standardized Transfusion Ratio (STrR), Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR), Standardized Emergency Department Encounter Ratio (SEDR), Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30), and Standardized Modality Switch Ratio (SMoSR)) have been updated this quarter, reporting data from 2020-2023 for SMR, 2020-2022 for SWR and SMoSR, 2022-2023 for ED30, and 2023 for SHR, SRR, STrR and SEDR. The Standardized Fistula Rate (SFR) and Percentage of Prevalent Patients Waitlisted (PPPW) have been updated, using data from 2023.

The Standardized Infection Ratio reported in Table 2 has been updated this quarter, reporting data in 2023. Healthcare Personnel (HCP) COVID-19 Vaccination in Table 2 has been updated, using data from October 2023 - December 2023. These measures are supported and calculated by the Centers for Disease Control and Prevention (CDC) using data from the National Healthcare Safety Network (NHSN).

The quarterly measures in Table 3 (hemoglobin) and Table 4 (hypercalcemia, serum phosphorus concentrations, Kt/V, long-term catheter rate, and nPCR) have been updated, using data from 2023.

ICH CAHPS patient experience of care measures in Table 5 have been updated this quarter, reporting data from Spring - Fall 2023.

The DFCC quality of patient care star rating has been updated this quarter.

- **How to Submit Comments**

This preview period will be held during **July 15 - August 15, 2024**. During 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 DFCC 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.

Prepared by

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

SAMPLE

Quarterly Dialysis Facility Care Compare Preview

Only partial year of 2020 has been included in the calculations of Standardized Mortality and Waitlist Ratios.

The following table displays measures for this facility as they will appear on the DFCC website. Please refer to Table 1 for more information on death, hospitalization (admissions and readmissions), emergency department encounters, transfusion, fistula rate, transplant waitlist ratio, percentage of patients waitlisted, or modality change; Table 2 for infection and healthcare personnel COVID-19 vaccination; Table 3 for hemoglobin; Table 4 for mineral and bone disorder, dialysis adequacy and nutritional status measures, and long-term catheter reported in EQRS; Table 5 for patient experience of care; and Table 6 for the quality of patient care star rating calculation. The Standardized Mortality, Hospitalization, Readmission, Emergency Department Encounters, Transfusion, First Waitlist, Modality Switch, Infection Rates/Ratios, and the quality of patient care star rating 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 Care 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 (2020-2023, Table 6) | ★ ★ ★ ☆ ☆ Average |
| 2 Quality of Patient Care Table | |
| Preventing hospitalizations and deaths (Table 1) | |
| 2.1 Frequency of patient death* ¹ (2020-2023) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of included patients | 21.1 (per 100 patient-years) 14.3, 32.2 As Expected 537 |
| 2.2 Frequency of hospital admission* ¹ (2023) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of included patients | 125.8 (per 100 patient-years) 87.5, 193.7 As Expected 116 |
| 2.3 Frequency of hospital readmission* ¹ (2023, percentage of hospital discharges) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of hospital discharges | 10.8% 4.4% , 20.2% As Expected 89 |
| Preventing emergency department encounters (Table 1) | |
| 2.4 Emergency department encounters (2023) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of included patients | 0.92 0.57, 1.76 As Expected 66 |
| 2.5 Emergency department encounters within 30 days of hospitalization (2022-2023) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of index hospital discharges | 1.31 0.68, 2.21 As Expected 96 |
| Preventing unnecessary transfusions (2023, Table 1) | |
| 2.6 Rate of Transfusions* ¹ Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of included patients | 26.0 (per 100 patient-years) 11.6, 73.2 Worse than Expected 59 |

Quarterly Dialysis Facility Compare Preview (continued):

| Measure Name | | This Facility |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Transplant waitlist (Table 1) | | |
| 2.7 | Transplant waitlist within a year of dialysis initiation (2020-2022) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category *4 Number of included patients | 0.35 0.04, 1.26 As Expected 70 |
| 2.8 | Patients who were on the kidney or kidney-pancreas transplant waiting list *3 (2023) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category Number of included patients | 23.4% 12.2%, 40.1% As Expected 120 |
| Modality switch (2020-2022, Table 1) | | |
| 2.9 | Modality switch ratio within a year of dialysis initiation Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category *2 Number of included patients | 1.20 0.07, 2.23 As Expected 38 |
| Preventing bloodstream infections (2023, Table 2) | | |
| 2.10 | Preventing bloodstream infections: Standardized Infection Ratio Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category *2 | 0.87 0.22, 2.38 As Expected |
| Healthcare personnel COVID-19 vaccination (Oct 2023 - Dec 2023, Table 2) | | |
| 2.11 | HCP COVID-19 vaccination adherence percentage | 88% |
| Using the most effective access to the bloodstream *3 (2023) | | |
| 2.12 | Rate of fistula (Table 1) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category *4 Number of included patients | 61.9% 43.0%, 79.4% As Expected 108 |
| 2.13 | Adult patients who had a catheter (tube) left in a vein for at least three consecutive complete months, for the regular hemodialysis treatments (Table 4) | 16% |
| Removing waste from blood and nutritional status *3 (2023, Table 4) | | |
| 2.14 | Adult patients who had enough waste removed from their blood during hemodialysis | 97% |
| 2.15 | Adult patients who had enough waste removed from their blood during peritoneal dialysis | 90% |
| 2.16 | Children who had enough waste removed from their blood during hemodialysis | Not Available |
| 2.17 | Children who had enough waste removed from their blood during peritoneal dialysis | Not Available |
| 2.18 | Children who had a monthly normalized protein catabolic rate (nPCR) measured during in-center hemodialysis | Not Available |
| Keeping a patient's bone mineral levels in balance *3 (2023, Table 4) | | |
| 2.19 | Adult patients who had too much calcium in their blood | 2% |
| 3 | Survey of Patients' Experiences Table *5 (Spring - Fall 2023, Table 5) | % of Always (Yes) Responses Star Rating |
| 3.1 | Kidney doctors' communication and caring | 67% ★★★★☆ |
| 3.2 | Dialysis center staff care and operations | 65% ★★★★☆ |
| 3.3 | Providing information to patients | 86% ★★★★☆ |
| 3.4 | Rating of kidney doctors | 69% ★★★★☆ |
| 3.5 | Rating of dialysis center staff | 79% ★★★★★ |
| 3.6 | Rating of dialysis facility | 83% ★★★★★ |
| 3.7 | Overall star rating | n/a ★★★★☆ |

n/a = not applicable

- [1] The facility rate was calculated by multiplying the facility ratio by the national rate. National rates for mortality, hospitalization, readmission, and transfusion are 22.2, 137.6, 26, 33.3, respectively. Calculation of rates using values in the report may not equal actual rates shown due to rounding of values.
- [2] This classification is based on the measure ratio, not the rate. If the facility SMR, SHR, SRR, SEDR, ED30, STrR, SMoSR or SIR is less than 1.00 and statistically significant ($p < 0.05$), the classification is "Better than Expected". 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 DFCC. Please note that the SMR is not reported on DFCC if it is based on fewer than 3 expected deaths. Similarly, the SHR and SEDR are not reported if the ratio is based on fewer than 5 patient years at risk; the SRR and ED30 are not reported if your facility experienced fewer than 11 index discharges; the STrR is not reported if the ratio is based on fewer than 10 patient years at risk; the SMoSR is not reported if there are 0 expected modality switches; and 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 fewer than 11 patients will be reported as "Not Available" on DFCC.
- [4] If the facility SFR or SWR is greater than national SFR or SWR and statistically significant ($p < 0.05$), the classification is "Better than Expected". If the rate is less than national rate and statistically significant ($p < 0.05$), the classification is "Worse than Expected". The classification is "Not Available" if a facility has fewer than 11 eligible adult HD patients for SFR and fewer than 11 patients or less than 2 expected events for SWR. Otherwise, the classification is "As Expected" on DFCC.
- [5] Survey results based on 29 or fewer completed surveys over the two survey periods will be reported as "Not Available" on DFCC.

SAMPLE

TABLE 1: Mortality, Hospitalization, Readmission, Emergency Department Encounters, and Transfusion Summaries for Medicare Dialysis Patients; Modality Switch, Fistula Use and Transplant Waitlist Summary for All Dialysis Patients^{*1}

Only partial year of 2020 has been included in the calculations of Standardized Mortality and Waitlist Ratios.

The mortality summaries include all Medicare dialysis patients treated at your facility during 2020-2023. The hospital admission, emergency department encounters, and transfusion summaries include all Medicare dialysis patients treated at your facility in 2023. The hospital readmission and emergency department encounters within 30 days of hospitalization summaries include all Medicare-covered hospitalizations that ended in 2023 and 2022-2023, respectively, for all patients in your facility. The modality switch summary includes all eligible incident ESRD dialysis patients, not restricted to Medicare beneficiaries, who were treated at your facility during 2020-2022. The fistula use summaries include all adult hemodialysis patients treated at your facility during 2023. The transplant waitlist summaries include incident dialysis patients who are younger than 75 years old treated at your facility during 2020-2022. The transplant waitlist percent summaries include dialysis patients who are younger than 75 years old treated at your facility during 2023. State and national averages are included to allow for comparisons.

| Measure Name | This Facility | Regional Averages ^{*2} , per Year | |
|---------------------------------------------------------------------------|------------------|--------------------------------------------|------------------|
| | | State ^{*8} | U.S. |
| Standardized Mortality Ratio (SMR) | 2020-2023 | 2020-2023 | 2020-2023 |
| 1a Medicare patients (n) ^{*3} | 537 | 79.4 | 72.4 |
| 1b Patient-years at risk (n) | 366 | 52.0 | 43.5 |
| 1c Deaths (n) ^{*3} | 65 | 10.3 | 9.7 |
| 1d Expected deaths (n) ^{*3} | 68.5 | 10.3 | 9.7 |
| 1e Standardized Mortality Ratio ^{*4} | 0.95 | 1.00 | 1.00 |
| Lower Confidence Limit ^{*5} (2.5%) | 0.64 | n/a | n/a |
| Upper Confidence Limit ^{*5} (97.5%) | 1.45 | n/a | n/a |
| 1f P-value ^{*6} | 0.970 | n/a | n/a |
| 1g Mortality Rate (per 100 patient-years) ^{*7} | 21.1 | n/a | 22.2 |
| Lower Confidence Limit ^{*5} (2.5%) | 14.3 | n/a | n/a |
| Upper Confidence Limit ^{*5} (97.5%) | 32.2 | n/a | n/a |
| Standardized Hospitalization Ratio (SHR): Admissions | 2023 | 2023 | 2023 |
| 1h Medicare patients (n) | 116 | 77.9 | 67.8 |
| 1i Patient-years at risk (n) | 86 | 54.9 | 46.5 |
| 1j Total admissions (n) | 102 | 64.3 | 62.4 |
| 1k Expected total admissions (n) | 111.5 | 72.7 | 63.5 |
| 1l Standardized Hospitalization Ratio (Admissions) ^{*4} | 0.91 | 0.88 | 1.00 |
| Lower Confidence Limit ^{*5} (2.5%) | 0.64 | n/a | n/a |
| Upper Confidence Limit ^{*5} (97.5%) | 1.41 | n/a | n/a |
| 1m P-value ^{*6} | 0.786 | n/a | n/a |
| 1n Hospitalization Rate (per 100 patient-years) ^{*7} | 125.8 | n/a | 137.6 |
| Lower Confidence Limit ^{*5} (2.5%) | 87.5 | n/a | n/a |
| Upper Confidence Limit ^{*5} (97.5%) | 193.7 | n/a | n/a |
| Standardized Readmission Ratio (SRR) | 2023 | 2023 | 2023 |
| 1o Index discharges (n) | 89 | 61.6 | 59.3 |
| 1p Total readmissions (n) | 8 | 14.7 | 15.4 |
| 1q Expected total readmissions (n) | 19.3 | 16.0 | 15.7 |
| 1r Standardized Readmission Ratio ^{*4} | 0.41 | 0.96 | 1.04 |
| Lower Confidence Limit ^{*5} (2.5%) | 0.17 | n/a | n/a |
| Upper Confidence Limit ^{*5} (97.5%) | 0.77 | n/a | n/a |
| 1s P-value ^{*6} | <0.01 | n/a | n/a |
| 1t Readmission Rate (Percentage of hospital discharges) (%) ^{*7} | 10.8 | n/a | 26.0 |
| Lower Confidence Limit ^{*5} (2.5%) | 4.4 | n/a | n/a |
| Upper Confidence Limit ^{*5} (97.5%) | 20.2 | n/a | n/a |

(continued)

TABLE 1: Mortality, Hospitalization, Readmission, Emergency Department Encounters, and Transfusion Summaries for Medicare Dialysis Patients; Modality Switch, Fistula Use and Transplant Waitlist Summary for All Dialysis Patients*1 (continued)

| Measure Name | | This Facility | Regional Averages*2, per Year | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------|-------------------------------|------------------|
| | | | State*8 | U.S. |
| Standardized Transfusion Ratio (STR) | | 2023 | 2023 | 2023 |
| 1u | Adult Medicare Patients (n) | 59 | 35.6 | 32.8 |
| 1v | Patient-years at risk (n) | 37 | 21.4 | 19.5 |
| 1w | Total transfusions (n) | 9 | 7.2 | 6.2 |
| 1x | Expected total transfusions (n) | 11.5 | 7.0 | 6.4 |
| 1y | Standardized Transfusion Ratio*4 | 0.78 | 1.01 | 1.00 |
| | Lower Confidence Limit*5 (2.5%) | 0.35 | n/a | n/a |
| | Upper Confidence Limit*5 (97.5%) | 2.20 | n/a | n/a |
| 1z | P-value*6 | 0.774 | n/a | n/a |
| 1aa | Transfusion Rate (per 100 patient-years)*7 | 26.0 | n/a | 33.3 |
| | Lower Confidence Limit*5 (2.5%) | 11.6 | n/a | n/a |
| | Upper Confidence Limit*5 (97.5%) | 73.2 | n/a | n/a |
| Standardized Fistula Rate (SFR) | | 2023 | 2023 | 2023 |
| 1ab | Eligible adult HD patients (n) | 108 | 82.0 | 74.1 |
| 1ac | Patient-months at risk (n) | 1,001 | 706.6 | 623.5 |
| 1ad | Total fistula-months (n) | 641 | 427.6 | 367.4 |
| 1ae | Standardized Fistula Rate (%)*4 | 61.9 | 60.1 | 58.7 |
| | Lower Confidence Limit*5 (2.5%) | 43.0 | n/a | n/a |
| | Upper Confidence Limit*5 (97.5%) | 79.4 | n/a | n/a |
| 1af | P-value*6 | 0.793 | n/a | n/a |
| Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR) | | 2020-2022 | 2020-2022 | 2020-2022 |
| 1ag | Eligible patients (n)*3 | 70 | 11.2 | 10.0 |
| 1ah | Patient-years at risk (n) | 56 | 9.0 | 8.0 |
| 1ai | Transplant waitlist events or receipt of a living-donor transplant (n)*3 | 2 | 0.8 | 0.8 |
| 1aj | Expected number of transplant waitlist or living-donor transplant events (n)*3 | 5.7 | 0.9 | 0.8 |
| 1ak | Standardized Waitlist Ratio*4 | 0.35 | 0.90 | 1.00 |
| | Lower Confidence Limit*5 (2.5%) | 0.04 | n/a | n/a |
| | Upper Confidence Limit*5 (97.5%) | 1.26 | n/a | n/a |
| 1al | P-value*6 | 0.149 | n/a | n/a |
| Percentage of Prevalent Patients Waitlisted (PPPW) | | 2023 | 2023 | 2023 |
| 1am | Eligible patients (n) | 120 | 73.4 | 63.6 |
| 1an | Patient-months at risk (n) | 1,071 | 622.5 | 532.0 |
| 1ao | Total waitlisted months (n) | 259 | 93.1 | 90.4 |
| 1ap | Percentage of prevalent patients waitlisted (%)*4 | 23.4 | 14.4 | 16.4 |
| | Lower Confidence Limit*5 (2.5%) | 12.2 | n/a | n/a |
| | Upper Confidence Limit*5 (97.5%) | 40.1 | n/a | n/a |
| 1aq | P-value*6 | 0.273 | n/a | n/a |

TABLE 1: Mortality, Hospitalization, Readmission, Emergency Department Encounters, and Transfusion Summaries for Medicare Dialysis Patients; Modality Switch, Fistula Use and Transplant Waitlist Summary for All Dialysis Patients *1(continued)

| Measure Name | This Facility | Regional Averages *2, per Year | |
|--------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------|------------------|
| | | State *8 | U.S. |
| Standardized Emergency Department Encounter Ratio (SEDR) | 2023 | 2023 | 2023 |
| 1ar Medicare patients (n) | 66 | 42.4 | 39.4 |
| 1as Patient-years at risk (n) | 49 | 28.0 | 25.4 |
| 1at Emergency department events (n) | 63 | 40.2 | 35.3 |
| 1au Expected number of emergency department events (n) | 68.1 | 40.7 | 36.0 |
| 1av Standardized Emergency Department Ratio *4 | 0.92 | 0.99 | 0.99 |
| Lower Confidence Limit *5 (2.5%) | 0.57 | n/a | n/a |
| Upper Confidence Limit *5 (97.5%) | 1.76 | n/a | n/a |
| 1aw P-value *6 | 0.994 | n/a | n/a |
| Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) | 2022-2023 | 2022-2023 | 2022-2023 |
| 1ax Index hospital discharges (n) *3 | 96 | 66.8 | 63.2 |
| 1ay Total ED visits within 30 days of hospital discharge (n) *3 | 18 | 11.2 | 9.2 |
| 1az Expected total ED visits within 30 days of hospital discharge (n) *3 | 13.7 | 10.2 | 9.6 |
| 1ba Standardized ED visits within 30 days of hospital discharge *4 | 1.31 | 1.14 | 1.03 |
| Lower Confidence Limit *5 (2.5%) | 0.68 | n/a | n/a |
| Upper Confidence Limit *5 (97.5%) | 2.21 | n/a | n/a |
| 1bb P-value *6 | 0.397 | n/a | n/a |
| Standardized Modality Switch Ratio (SMoSR) for Incident Dialysis Patients | 2020-2022 | 2020-2022 | 2020-2022 |
| 1bc Eligible patients (n) *3 | 38 | 22.1 | 15.3 |
| 1bd Patient-years at risk (n) *3 | 30 | 16.4 | 10.9 |
| 1be Number of modality switches (n) *3 | 3 | 1.0 | 0.9 |
| 1bf Expected number of modality switches (n) *3 | 2.5 | 1.3 | 0.9 |
| 1bg Standardized Modality Switch Ratio *4 | 1.20 | 0.74 | 1.00 |
| Lower Confidence Limit *5 (2.5%) | 0.07 | n/a | n/a |
| Upper Confidence Limit *5 (97.5%) | 2.23 | n/a | n/a |
| 1bh P-value *6 | 0.744 | n/a | n/a |

n/a = not applicable

[1] See Guide, Section V.

[2] Values are shown for the average facility, annualized, except for ED30.

[3] Sum of 4 years (SMR), 2 years (ED30), or 3 years (SWR and SMoSR) used for calculations; should not be compared to regional averages.

[4] Calculated as an adjusted rate of fistula use, an adjusted percentage of patients waitlisted, or a ratio of observed deaths/admissions/readmissions/emergency department encounters/transfusions/transplants waitlisted/modality switches to expected deaths/admissions/readmissions/emergency department encounters/transfusions/transplants waitlisted/modality switches (1c to 1d for deaths, 1j to 1k for admissions, 1p to 1q for readmissions, 1w to 1x for transfusions, 1ai to 1aj for waitlist, 1at to 1au for emergency department encounters, 1ay to 1az for emergency department encounters within 30 days of hospital discharge, 1be to 1bf for modality switch). Not shown if there are fewer than 3 expected deaths for SMR, fewer than 5 patient-years at risk for SHR and SEDR, fewer than 11 index discharges for SRR and ED30, fewer than 10 patient years at risk for STR, fewer than 11 eligible adult HD patients for SFR, fewer than 2 expected waitlisted events or fewer than 11 eligible patients for SWR, fewer than 11 eligible patients for PPPW, or 0 expected modality switches, respectively.

[5] The confidence interval range represents uncertainty in the value of the SMR, SHR, SRR, SEDR, ED30, STR, SFR, SWR, PPPW, and SMoSR due to random variation.

[6] A p-value less than 0.05 indicates that the difference between the observed and expected deaths/admissions/readmissions/emergency department encounters/transfusions/transplant waitlistings/modality switches, the difference between the fistula rate for your facility and the overall national fistula rate, or the difference between the percentage of prevalent patients waitlisted for your facility and the overall national percentage (PPPW) 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 facility rate was calculated by multiplying the facility ratio by the national rate. National rates for mortality, hospitalization, readmission, and transfusion are 22.2, 137.6, 26, 33.3, respectively. Calculation of rates using values in the report may not equal actual rates shown due to rounding of values.

[8] State values not reported when < 3 Medicare-certified dialysis facilities exist in the state.

TABLE 2: Facility Bloodstream Infection Summary for Hemodialysis Patients and Healthcare Personnel COVID-19 Vaccination Measure Rate based on National Healthcare Safety Network (NHSN) ^{*1}

| Measure Name | This Facility | Regional Averages ^{*2} | |
|---------------------------------------------------------------------------------------|----------------------------|---------------------------------|--------|
| | | State | U.S. |
| Standardized Infection Ratio (SIR) | 2023 | | |
| 2a Eligible patient-months (n) | 396 | n/a | n/a |
| 2b Observed bloodstream infections (n) | 3 | n/a | n/a |
| 2c Predicted bloodstream infections (n) | 3.4 | n/a | n/a |
| 2d Standardized Infection Ratio ^{*3} | 0.87 | n/a | n/a |
| Lower Confidence Limit ^{*4} (2.5%) | 0.22 | n/a | n/a |
| Upper Confidence Limit ^{*4} (97.5%) | 2.38 | n/a | n/a |
| Healthcare Personnel COVID-19 Vaccination | Oct 2023 - Dec 2023 | | |
| 2e Number of healthcare workers eligible to receive vaccination | 22 | 1,325 | 87,648 |
| 2f Number of healthcare workers contributing towards successful vaccination adherence | 19 | 1,012 | 73,583 |
| 2g Healthcare worker vaccination adherence percentage ^{*5} | 88.0 | 82.5 | 84.1 |
| Lower Confidence Limit ^{*4} (2.5%) | 83.3 | 81.2 | 81.6 |
| Upper Confidence Limit ^{*4} (97.5%) | 92.6 | 84.1 | 86.9 |

[1] See Guide, Section VI.

[2] Total counts are shown in items 2e-f; regional averages in 2g.

[3] Calculated as a ratio of observed infections to expected infections (2b to 2c); not shown if there are fewer than 12 months of reporting in NHSN and/or <= 131 eligible patient-months.

[4] The confidence interval range represents uncertainty in the value of the measures due to random variation.

[5] Calculated as a percentage of healthcare worker vaccination adherence (2f divided by 2e).

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TABLE 3: Facility Hemoglobin for Medicare Dialysis Patients based on Medicare Dialysis Claims (2023) ^{*1}

One-year state and national averages are included to allow for comparisons. The quarterly values are provided in order to allow for you to evaluate facility time trends and will not appear on DFCC. This measure is based on all Medicare dialysis claims reported under the CCN(s) included in this report.

| Measure Name | This Facility | | | | | Regional Averages ^{*2} | |
|----------------------------------|---------------------|---------------------|---------------------|---------------------|------------------------|--------------------------------------|-----------------------|
| | Q1 Jan'23-Mar'23 | Q2 Apr'23-Jun'23 | Q3 Jul'23-Sep'23 | Q4 Oct'23-Dec'23 | Q1-Q4 Jan'23-Dec'23 | State ^{*4} Jan'23-Dec'23 | U.S. Jan'23-Dec'23 |
| Hemoglobin ^{*3} | | | | | | | |
| 3a Eligible patients (n) | 23 | 31 | 38 | 40 | 31 | 24.8 | 24.4 |
| 3b Hemoglobin < 10g/dL (% of 3a) | 26.1 | 22.6 | 34.2 | 32.5 | 16.1 | 17.4 | 20.8 |
| 3c Hemoglobin > 12g/dL (% of 3a) | 0.0 | 3.2 | 2.6 | 10.0 | 0.0 | 0.4 | 0.4 |

[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] State values not reported when < 3 Medicare-certified dialysis facilities exist in the state.

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TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long-Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on EQRS (2023) *1

One-year state and national averages are included to allow for comparisons. The quarterly values are provided in order to allow you to evaluate facility time trends and will not appear on DFCC. These measures are based on EQRS data.

| Measure Name | This Facility | | | | | Regional Averages *2 | |
|------------------------------------------------------------------|---------------------|---------------------|---------------------|---------------------|------------------------|---------------------------|-----------------------|
| | Q1 Jan'23-Mar'23 | Q2 Apr'23-Jun'23 | Q3 Jul'23-Sep'23 | Q4 Oct'23-Dec'23 | Q1-Q4 Jan'23-Dec'23 | State *9 Jan'23-Dec'23 | U.S. Jan'23-Dec'23 |
| Hypercalcemia | | | | | | | |
| 4a Eligible adult patients (n) | 115 | 109 | 106 | 98 | 132 | 86.5 | 78.3 |
| 4b Eligible adult patient-months (n) *3 | 321 | 313 | 295 | 282 | 1,211 | 756.2 | 668.5 |
| 4c Uncorrected serum or plasma calcium >10.2 mg/dL (%) *8 | 1.9 | 1.3 | 2.0 | 2.1 | 1.8 | 1.0 | 2.0 |
| Serum Phosphorus Concentrations | | | | | | | |
| 4d Eligible adult patients (n) | 115 | 114 | 107 | 104 | 138 | 91.4 | 82.2 |
| 4e Eligible adult patient-months (n) *3 | 320 | 314 | 299 | 283 | 1,216 | 785.0 | 687.1 |
| 4f Serum phosphorus categories (%; sums to 100%) | | | | | | | |
| <3.5 mg/dL | 5.9 | 5.1 | 8.0 | 6.0 | 6.3 | 7.7 | 7.8 |
| 3.5-4.5 mg/dL | 29.7 | 30.3 | 27.8 | 22.3 | 27.6 | 21.9 | 23.6 |
| 4.6-5.5 mg/dL | 32.5 | 32.2 | 30.1 | 31.4 | 31.6 | 27.9 | 29.3 |
| 5.6-7.0 mg/dL | 17.5 | 18.8 | 21.4 | 25.4 | 20.6 | 24.4 | 23.0 |
| >7.0 mg/dL | 14.4 | 13.7 | 12.7 | 14.8 | 13.9 | 18.1 | 16.2 |
| Kt/V *4 | | | | | | | |
| 4g Eligible adult hemodialysis (HD) patients (n) *5 | 89 | 82 | 78 | 72 | 99 | 74.2 | 68.0 |
| 4h Eligible adult HD patient-months (n) *3 *5 | 245 | 235 | 216 | 204 | 900 | 643.3 | 573.4 |
| 4i Eligible patient-months with Kt/V missing or out of range (n) | 1 | 2 | 3 | 4 | 10 | 6.7 | 10.9 |
| 4j Adult HD: Kt/V >=1.2 (% of 4h) | 97.6 | 97.4 | 97.2 | 97.5 | 97.4 | 97.0 | 96.2 |
| 4k Eligible adult peritoneal dialysis (PD) patients (n) | 21 | 20 | 20 | 19 | 27 | 25.8 | 23.1 |
| 4l Eligible adult PD patient-months (n) *3 | 56 | 57 | 56 | 53 | 222 | 196.5 | 178.4 |
| 4m Eligible patient-months with Kt/V missing or out of range (n) | 0 | 1 | 3 | 0 | 4 | 2.5 | 6.0 |
| 4n Adult PD: Kt/V >=1.7 (% of 4l) *6 | 91.1 | 96.5 | 89.3 | 81.1 | 89.6 | 93.9 | 91.3 |
| 4o Eligible HD pediatric patients (n) *5 | 0 | 1 | 2 | 2 | 2 | n/a | n/a |
| 4p Eligible HD pediatric patient-months (n) *3 *5 | . | 1 | 4 | 6 | 11 | n/a | n/a |
| 4q Eligible patient-months with Kt/V missing or out of range (n) | . | 0 | 0 | 0 | 0 | n/a | n/a |
| 4r Pediatric HD: Kt/V >=1.2 (% of 4p) | . | 100 | 100 | 100 | 100 | 99.4 | 88.2 |
| 4s Eligible PD pediatric patients (n) | 5 | 5 | 5 | 5 | 7 | n/a | n/a |
| 4t Eligible PD pediatric patient-months (n) *3 | 15 | 15 | 12 | 11 | 53 | 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 | 80.0 | 80.0 | 75.0 | 81.8 | 79.2 | 81.1 | 74.6 |

(continued)

TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long-Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on EQRS (2023) *1 (continued)

| Measure Name | This Facility | | | | | Regional Averages *2 | |
|-----------------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|---------------------|------------------------|---------------------------|-----------------------|
| | Q1 Jan'23-Mar'23 | Q2 Apr'23-Jun'23 | Q3 Jul'23-Sep'23 | Q4 Oct'23-Dec'23 | Q1-Q4 Jan'23-Dec'23 | State *9 Jan'23-Dec'23 | U.S. Jan'23-Dec'23 |
| Long-Term Catheter Rate | | | | | | | |
| 4w Eligible adult HD Patients (n) | 93 | 91 | 86 | 84 | 108 | 82.0 | 74.1 |
| 4x Patient-months at risk (n) *3 | 262 | 260 | 247 | 232 | 1,001 | 706.6 | 623.5 |
| 4y Long-Term Catheter Rate (%) *8 | 12.2 | 14.6 | 18.6 | 19.4 | 16.1 | 15.1 | 17.2 |
| nPCR | | | | | | | |
| 4z Eligible pediatric in-center HD patients | 0 | 1 | 2 | 2 | 2 | n/a | n/a |
| 4aa Eligible pediatric in-center HD patient-months *3 | 0 | 1 | 4 | 6 | 11 | n/a | n/a |
| 4ab Percentage of pediatric in-center hemodialysis patient-months with documented monthly nPCR measurements (%) | . | 100 | 100 | 100 | 100 | 99.4 | 89.1 |

[1] See Guide, Section VIII.

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

[8] Missing values are included in the numerator.

[9] State values not reported when < 3 Medicare-certified dialysis facilities exist in the state.

SAMPLE

TABLE 5: Patient Experience of Care based on ICH CAHPS (Spring - Fall 2023) *1

ICH CAHPS survey results are reported for three composite measures and three global items. Linearized score and star rating for each composite measure and an overall star rating are also shown. The data include the two most recent semi-annual surveys. State and National averages are included to allow for comparisons.

| Measure Name | | Regional Statistics *2 | | |
|------------------------------|--------------------------------------------------------------------------|---------------------------|---------------------------|---------------------------|
| | | This Facility | State *3 | U.S. |
| ICH CAHPS *4 | | Spring - Fall 2023 | Spring - Fall 2023 | Spring - Fall 2023 |
| 5a | Number of Completed Surveys | 48 | 15,810 | 166,352 |
| 5b | Response Rate (%) | 21 | 22 | 25 |
| Composite Measures *4 | | | | |
| 5c | Percent of Patients reporting- Kidney doctors' communication and caring | | | |
| | Always | 67 | 68 | 67 |
| | Sometimes | 19 | 14 | 14 |
| | Never | 14 | 18 | 19 |
| | Linearized Score | 83 | 82 | 81 |
| | Star Rating | ★★★★☆ | n/a | n/a |
| 5d | Percent of Patients reporting- Dialysis center staff care and operations | | | |
| | Always | 65 | 64 | 64 |
| | Sometimes | 19 | 18 | 18 |
| | Never | 16 | 18 | 18 |
| | Linearized Score | 81 | 80 | 80 |
| | Star Rating | ★★★☆☆ | n/a | n/a |
| 5e | Percent of Patients reporting- Providing information to patients | | | |
| | Yes | 86 | 79 | 79 |
| | No | 14 | 21 | 21 |
| | Linearized Score | 86 | 79 | 79 |
| | Star Rating | ★★★★☆ | n/a | n/a |
| Global Items *4 | | | | |
| 5f | Percent of Patients- Rating of kidney doctors | | | |
| | Most favorable | 69 | 61 | 59 |
| | Middle favorable | 17 | 25 | 26 |
| | Least favorable | 14 | 14 | 15 |
| | Linearized Score | 88 | 85 | 84 |
| | Star Rating | ★★★★☆ | n/a | n/a |
| 5g | Percent of Patients- Rating of dialysis center staff | | | |
| | Most favorable | 79 | 65 | 64 |
| | Middle favorable | 15 | 24 | 25 |
| | Least favorable | 6 | 11 | 11 |
| | Linearized Score | 92 | 86 | 86 |
| | Star Rating | ★★★★★ | n/a | n/a |

(continued)

TABLE 5: Patient Experience of Care based on ICH CAHPS (Spring - Fall 2023) ^{*1} (continued)

| Measure Name | This Facility | Regional Statistics ^{*2} | |
|-----------------------------------------------------|---------------|-----------------------------------|------|
| | | State ^{*3} | U.S. |
| Global Items ^{*4} | | | |
| 5h Percent of Patients- Rating of dialysis facility | | | |
| Most favorable | 83 | 70 | 69 |
| Middle favorable | 14 | 19 | 19 |
| Least favorable | 3 | 11 | 12 |
| Linearized Score | 93 | 88 | 87 |
| Star Rating | ★★★★★ | n/a | n/a |
| 5i Overall Star Rating | ★★★★☆ | n/a | n/a |

n/a = not applicable

[1] See *Guide, Section IX*.

[2] Values are shown for the average facility except for Number of Completed Surveys which is a total value.

[3] State values not reported when < 30 completed surveys across the two survey periods exist in the state.

[4] Not shown if there are < 30 completed surveys over the two survey periods.

SAMPLE

TABLE 6: Quality of Patient Care Star Rating Calculation^{*1}

This star rating is based on the measures reported in this QDFCC-Preview Report. The time period for SMR in this table is 2020-2023, SWR is 2020-2022; all other measures are 2023. Further description of the methodology can be found in *Section X* of the *Guide to the Quarterly Dialysis Facility Care Compare Report*.

| Calculation Definition | This Facility |
|-----------------------------------------------------------------------------------------------------------|---------------|
| 6a Domain 1 Score (average of 6c, 6e, 6g, and 6i) ^{*2} | 0.60 |
| 6b Standardized Mortality Ratio (SMR) ^{*3} | 0.95 |
| 6c Measure Score: SMR ^{*4} | -0.01 |
| 6d Standardized Hospitalization Ratio (Admissions) (SHR) ^{*3} | 0.91 |
| 6e Measure Score: SHR ^{*4} | 0.28 |
| 6f Standardized Readmission Ratio (SRR) ^{*3} | 0.41 |
| 6g Measure Score: SRR ^{*4} | 1.88 |
| 6h Standardized Transfusion Ratio (STrR) ^{*3} | 0.78 |
| 6i Measure Score: STrR ^{*4} | 0.24 |
| 6j Domain 2 Score ^{*5} (average of 6l and 6n) ^{*2} | 0.01 |
| 6k Standardized Fistula Rate (SFR) (%) ^{*6} | 61.85 |
| 6l Measure Score: SFR ^{*4} | 0.13 |
| 6m Long-Term Catheter Rate (%) ^{*6} | 16.08 |
| 6n Measure Score: Catheter ^{*4} | -0.12 |
| 6o Domain 3 Score (average of 6u and 6w) ^{*2} | -0.42 |
| 6p Adult HD: Percentage of patients with Kt/V \geq 1.2 (%) ^{*6} | 97.44 |
| 6q Adult PD: Percentage of patients with Kt/V \geq 1.7 (%) ^{*6} | 89.64 |
| 6r Pediatric HD: Percentage of patients with Kt/V \geq 1.2 ^{*6} | 100.00% |
| 6s Pediatric PD: Percentage of patients with Kt/V \geq 1.8 ^{*6} | 79.25% |
| 6t Overall: Percentage of patients with Kt/V \geq specified threshold (%) ^{*7} | 95.19 |
| 6u Measure Score: Kt/V ^{*4} | -0.54 |
| 6v Percentage of patients with uncorrected serum or plasma calcium $>$ 10.2 mg/dL (%) ^{*6} | 1.82 |
| 6w Measure Score: Hypercalcemia ^{*4} | -0.31 |
| 6x Domain 4 Score (average of 6z and 6ab) ^{*2} | -0.07 |
| 6y Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR) ^{*3} | 0.35 |
| 6z Measure Score: SWR ^{*4} | -0.79 |
| 6aa Percentage of Prevalent Patients Waitlisted (PPPW) ^{*6} | 23.38 |
| 6ab Measure Score: PPPW ^{*4} | 0.64 |
| 6ac Final Score (average of 6a, 6j, 6o, 6x) ^{*8*9} | 0.0916 |
| 6ad 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/admissions/readmissions/transfusions/transplants waitlisted to expected deaths/admissions/readmissions/transfusions/transplants waitlisted; not included in star rating calculation if there are fewer than 3 expected deaths for mortality, fewer than 5 or 10 patient-years at risk for admissions or transfusions, fewer than 11 index discharges for readmissions, or fewer than 2 expected waitlist events or fewer than 11 eligible patients for SWR, 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 serve 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 DFCC.

[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 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 four respective patient types (adult PD patients, adult HD patients, pediatric HD patients, and pediatric PD 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 4 domain scores, with half-weight given to Domain 3. 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 Domain 2 (SFR and catheter), therefore, they are only scored on Domains 1, 3, and 4 if they have at least one measure value in each of these three domains.

[9] The final score value has been truncated for display purposes.