Quarterly Dialysis Facility Compare -- Preview Report for July 2020 Refresh

- **This Quarterly DFC 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 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 2020. 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 dialysis, adult and pediatric). The measures reported in the Table "Quarterly Dialysis Facility Compare Preview", beginning on page 3, will be reported on the DFC website and available in the DFC downloadable databases at https://data.medicare.gov in July 2020.

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 Dialysis Facility Compare Quality of Patient Care Star Rating Methodology for the October 2018 Release*, both of which are available on the DialysisData website at www.dialysisdata.org.

- **What's New This Quarter**

The annual standardized ratio measures reported in Table 1 (Standardized Mortality Ratio, Standardized Hospitalization Ratio, Standardized Readmission Ratio, Standardized Transfusion Ratio, Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients) have not been updated this quarter. Standardized Fistula Rate and Percentage of Prevalent Patients Waitlisted, however, have been updated, using data during October 2018 - September 2019.

The standardized infection ratio reported in Table 2 has not been updated this quarter.

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 by one quarter, using data during October 2018 - September 2019.

ICH CAHPS patient experience of care measures in Table 5 have not been updated this quarter.

The DFC quality of patient care star rating has not been updated this quarter.

- **How to Submit Comments**

This preview period will be held during **May 1, 2020 - May 15, 2020**. 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. During the entire 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.

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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, transfusions, fistula rate, transplant waitlist ratio, or percentage of patients waitlisted, Table 2 for infection, Table 3 for hemoglobin, Table 4 for mineral and bone disorder, dialysis adequacy and nutritional status measures, and long-term catheter reported in CROWNWeb, Table 5 for patient experience of care, and Table 6 for the star rating calculation. The Quality of Patient Care Star Rating, Standardized Mortality, Hospitalization, Readmission, Transfusion, Waitlist, 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 (January 2015-December 2018, Table 6)**	★★★☆☆ **Average**
2	**Quality of patient care tab**	
	Avoiding hospitalizations and deaths (Table 1)	
2.1	Frequency of patient death [1] (2015-2018)	**24.7 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**16.2, 35.9**
	Classification Category [2]	**As Expected**
	Number of included patients	**199**
2.2	Frequency of hospital admission [1] (2018)	**188.1 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**123.8, 293.6**
	Classification Category [2]	**As Expected**
	Number of included patients	**63**
2.3	Frequency of hospital readmission [1] (2018, percentage of hospital discharges)	**28.9%**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**15.5% , 45.7%**
	Classification Category [2]	**As Expected**
	Number of hospital discharges	**64**
	Avoiding unnecessary transfusions (2018, Table 1)	
2.4	Rate of Transfusions [1]	**24.4 (per 100 patient-years)**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**7.5, 97.5**
	Classification Category [2]	**As Expected**
	Number of included patients	**52**
	Transplant Waitlist (Table 1)	
2.5	Transplant waitlist within a year of dialysis initiation (2015-2017)	**0.14**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.00, 0.80**
	Classification Category [4]	**Worse than Expected**
	Number of included patients	**55**
2.6	Patients who were on the kidney or kidney-pancreas transplant waiting list [3] (2018)	**14.6%**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**4.8%, 36.4%**
	Classification Category	**As Expected**
	Number of included patients	**76**
	Preventing bloodstream infections (2018, Table 2)	
2.7	Preventing bloodstream infections: Standardized Infection Ratio	**0.93**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**0.05, 4.56**
	Classification Category [2]	**As Expected**

(continued)

Quarterly Dialysis Facility Compare Preview (continued):

	Measure Name	This Facility
	Using the most effective access to the bloodstream [3] (October 2018-September 2019)	
2.8	Rate of fistula (Table 1)	**72.8%**
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	**56.3%, 88.2%**
	Classification Category [4]	**As Expected**
	Number of included patients	**94**
2.9	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)	**12%**
	Removing waste from blood and nutritional status [3] (October 2018-September 2019, Table 4)	
2.10	Adult patients who had enough waste removed from their blood during hemodialysis	**98%**
2.11	Adult patients who had enough waste removed from their blood during peritoneal dialysis	**93%**
2.12	Children who had enough waste removed from their blood during hemodialysis	**Not Available**
2.13	Children who had enough waste removed from their blood during peritoneal dialysis	**Not Available**
2.14	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] (October 2018-September 2019, Table 4)	
2.15	Adult patients who had too much calcium in their blood	**0%**

3	Survey of patients' experiences table [5] (Fall 2018-Spring 2019, Table 5)	% of Always (Yes) Responses	Star Rating
3.1	Kidney doctors' communication and caring	**56%**	★☆☆☆☆
3.2	Dialysis center staff care and operations	**65%**	★★★★☆
3.3	Providing information to patients	**80%**	★★★☆☆
3.4	Rating of kidney doctors	**47%**	★★☆☆☆
3.5	Rating of dialysis center staff	**72%**	★★★★☆
3.6	Rating of dialysis facility	**73%**	★★★☆☆
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 22.1, 188.8, 26.8, 21.1, 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 fewer than 11 patients will be reported as "Not Available" on DFC.

[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 (fewer than 11 patients or less than 2 expected events for SWR). Otherwise, the classification is "As Expected" on DFC.

[5] 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, Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients, Fistula Use, and Transplant Waitlist Summary for All Dialysis Patients [1]

The mortality summaries reported in the first part of the table include all Medicare dialysis patients treated at your facility between 2015 and 2018. The hospital admissions and transfusions summaries include all Medicare dialysis patients treated at your facility in 2018. The hospital readmissions summaries include all Medicare-covered hospitalizations that ended in 2018 for all patients in your facility. The fistula use summaries include all adult hemodialysis patients treated at your facility during October 2018-September 2019. The transplant waitlist summaries include incident dialysis patients who are younger than 75 years old treated at your facility during 2015-2017. The transplant waitlist percent summaries include dialysis patients who are younger than 75 years old treated at your facility during October 2018-September 2019. State and national averages are included to allow for comparisons. SMR, SHR, SRR, STrR, and SWR are updated annually in October; SFR and PPPW are updated quarterly in January, April, July, and October.

			Regional Averages [2], per Year	
	Measure Name	**This Facility**	**State [8]**	**U.S.**
	Standardized Mortality Ratio (SMR)	**2015-2018**	**2015-2018**	**2015-2018**
1a	Medicare patients (n=number) [3]	199	81.4	71.0
1b	Patient-years at risk (n)	111	52.2	43.0
1c	Deaths (n) [3]	27	11.0	9.5
1d	Expected deaths (n) [3]	24	10.8	9.5
1e	Standardized Mortality Ratio [4]	1.12	1.02	1.00
	Lower Confidence Limit [5] (2.5%)	0.74	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	1.62	n/a	n/a
1f	P-value [6]	0.620	n/a	n/a
1g	Mortality Rate (per 100 patient-years) [7]	24.7	n/a	22.1
	Lower Confidence Limit [5] (2.5%)	16.2	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	35.9	n/a	n/a
	Standardized Hospitalization Ratio (SHR): Admissions	**2018**	**2018**	**2018**
1h	Medicare patients (n)	63	82.5	66.8
1i	Patient-years at risk (n)	39	52.3	43.1
1j	Total admissions (n)	80	93.5	80.4
1k	Expected total admissions (n)	80.2	94.8	81.2
1l	Standardized Hospitalization Ratio (Admissions) [4]	1.00	0.99	1.00
	Lower Confidence Limit [5] (2.5%)	0.66	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	1.56	n/a	n/a
1m	P-value [6]	0.963	n/a	n/a
1n	Hospitalization Rate (per 100 patient-years) [7]	188.1	n/a	188.8
	Lower Confidence Limit [5] (2.5%)	123.8	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	293.6	n/a	n/a
	Standardized Readmission Ratio (SRR)	**2018**	**2018**	**2018**
1o	Index discharges (n)	64	86.0	72.8
1p	Total readmissions (n)	18	22.4	19.9
1q	Expected total readmissions (n)	16.6	22.8	20.4
1r	Standardized Readmission Ratio [4]	1.08	1.02	1.04
	Lower Confidence Limit [5] (2.5%)	0.58	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	1.70	n/a	n/a
1s	P-value [6]	0.887	n/a	n/a
1t	Readmission Rate (Percentage of hospital discharges) [7]	28.9%	n/a	26.8%
	Lower Confidence Limit [5] (2.5%)	15.5%	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	45.7%	n/a	n/a

(continued)

TABLE 1: Mortality, Hospitalization, Readmission, and Transfusion Summaries for Medicare Dialysis Patients, Fistula Use, and Transplant Waitlist Summary for All Dialysis Patients [1] (continued)

			Regional Averages [2], per Year	
	Measure Name	**This Facility**	**State [8]**	**U.S.**
	Standardized Transfusion Ratio (STrR)	**2018**	**2018**	**2018**
1u	Adult Medicare Patients (n)	52	72.2	57.0
1v	Patient-years at risk (n)	29	42.4	33.7
1w	Total transfusions (n)	7	8.6	7.0
1x	Expected total transfusions (n)	6.0	8.8	7.0
1y	Standardized Transfusion Ratio [4]	1.15	0.98	1.01
	Lower Confidence Limit [5] (2.5%)	0.36	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	4.61	n/a	n/a
1z	P-value [6]	0.706	n/a	n/a
1aa	Transfusion Rate (per 100 patient-years) [7]	24.4	n/a	21.1
	Lower Confidence Limit [5] (2.5%)	7.5	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	97.5	n/a	n/a
	Standardized Fistula Rate (SFR)	**Oct'18--Sep'19**	**Oct'18--Sep'19**	**Oct'18--Sep'19**
1ab	Eligible adult HD patients (n)	94	114.0	79.7
1ac	Patient-months at risk (n)	906	1,022.5	688.3
1ad	Total fistula-months (n)	673	690.4	434.2
1ae	Standardized Fistula Rate [4]	72.8%	66.9%	62.8%
	Lower Confidence Limit [5] (2.5%)	56.3%	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	88.2%	n/a	n/a
1af	P-value [6]	0.248	n/a	n/a
	Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)	**2015-2017**	**2015-2017**	**2015-2017**
1ag	Eligible patients (n=number) [3]	55	14.0	10.9
1ah	Patient-years at risk (n)	52	12.4	9.7
1ai	Transplant waitlist events or receipt of a living-donor transplant (n) [3]	1	1.6	1.0
1aj	Expected number of transplant waitlist or living-donor transplant events (n) [3]	7.0	1.4	1.0
1ak	Standardized Waitlist Ratio [4]	0.14	1.17	1.00
	Lower Confidence Limit [5] (2.5%)	0.00	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	0.80	n/a	n/a
1al	P-value [6]	0.014	n/a	n/a
	Percentage of Prevalent Patients Waitlisted (PPPW)	**Oct'18--Sep'19**	**Oct'18--Sep'19**	**Oct'18--Sep'19**
1am	Eligible patients (n)	76	92.1	65.0
1an	Patient-months at risk (n)	703	806.7	547.6
1ao	Total waitlisted months (n)	107	228.9	106.2
1ap	Percentage of prevalent patients waitlisted [4]	14.6%	29.6%	18.9%
	Lower Confidence Limit [5] (2.5%)	4.8%	n/a	n/a
	Upper Confidence Limit [5] (97.5%)	36.4%	n/a	n/a
1aq	P-value [6]	0.610	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 (SMR) or 3 years (SWR) used for calculations; should not be compared to regional averages.
[4] Calculated as a ratio of observed deaths (or admissions/readmissions/transfusions/transplants waitlisted) to expected deaths (or admissions/readmissions/transfusions/transplants waitlisted) (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), an adjusted rate of fistula use, or an adjusted percentage of patients waitlisted. Not shown if there are fewer than 3 expected deaths for SMR, fewer than 5 or 10 patient-years at risk for SHR or STrR, fewer than 11 index discharges for SRR, fewer than 11 eligible adult HD patients for SFR, fewer than 2 expected waitlisted events or fewer than 11 eligible patients for SWR, or fewer than 11 eligible patients for PPPW, respectively.
[5] The confidence interval range represents uncertainty in the value of the SMR, SHR, SRR, STrR, SFR, SWR, and PPPW due to random variation.
[6] A p-value less than 0.05 indicates that the difference between the observed and expected deaths (or admissions/readmissions/transfusions/transplants waitlisted), 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 22.1, 188.8, 26.8, 21.1, respectively. Calculation of rates using values in 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 based on National Healthcare Safety Network (NHSN) (January-December 2018) [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)	**2018**
2a	Eligible patient-months (n=number)	137
2b	Observed bloodstream infections (n)	1
2c	Predicted bloodstream infections (n)	1.1
2d	Standardized Infection Ratio [2]	0.93
	Lower Confidence Limit [3] (2.5%)	0.05
	Upper Confidence Limit [3] (97.5%)	4.56

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 for Medicare Dialysis Patients based on Medicare Dialysis Claims (October 2018-September 2019) [1]

Anemia management is reported by quarter and for a one-year period. 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 DFC. This measure is 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 [4]	U.S.
	Measure Name	Oct'18--Dec'18	Jan'19--Mar'19	Apr'19--Jun'19	Jul'19--Sep'19	Oct'18--Sep'19	Oct'18--Sep'19	Oct'18--Sep'19
	Hemoglobin [3]							
3a	Eligible patients (n=number)	76	80	80	82	80	51.9	36.3
3b	Hemoglobin < 10g/dL (% of 3a)	21.1	25.0	32.5	25.6	28.8	21.9	19.4
3c	Hemoglobin > 12g/dL (% of 3a)	0.0	2.5	1.3	3.7	1.3	0.8	0.3

[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.

TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on CROWNWeb (October 2018-September 2019) [1]

Hypercalcemia, serum phosphorus concentrations, Kt/V, long term catheter, and nPCR 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 [9]	U.S.
	Measure Name	Oct'18--Dec'18	Jan'19--Mar'19	Apr'19--Jun'19	Jul'19--Sep'19	Oct'18--Sep'19	Oct'18--Sep'19	Oct'18--Sep'19
	Hypercalcemia							
4a	Eligible adult patients (n=number)	113	109	109	109	135	83.2	82.7
4b	Eligible adult patient-months (n) [3]	313	314	311	310	1,248	733.7	724.2
4c	Average uncorrected serum or plasma calcium >10.2 mg/dL [8]	0.6	0.0	0.6	0.3	0.4	1.9	1.8
	Serum Phosphorus Concentrations							
4d	Eligible adult patients (n)	118	118	114	123	153	87.1	87.0
4e	Eligible adult patient-months (n) [3]	335	328	327	336	1,326	752.3	747.2
4f	Serum phosphorus categories (%, sums to 100%)							
	<3.5 mg/dL	8.1	9.1	4.6	4.8	6.6	7.6	8.0
	3.5-4.5 mg/dL	28.4	23.5	22.0	21.4	23.8	23.3	24.3
	4.6-5.5 mg/dL	30.4	38.7	27.8	31.3	32.1	31.0	30.9
	5.6-7.0 mg/dL	19.7	18.0	25.4	23.2	21.6	22.1	22.2
	>7.0 mg/dL	13.4	10.7	20.2	19.3	15.9	16.0	14.5
	Kt/V [4]							
4g	Eligible adult hemodialysis (HD) patients (n) [5]	95	93	85	84	112	75.9	73.4
4h	Eligible adult HD patient-months (n) [3 5]	265	264	245	239	1,013	664.1	636.0
4i	Eligible patient-months with Kt/V missing or out of range (n)	4	3	2	1	10	11.3	8.9
4j	Adult HD: Kt/V >=1.2 (% of 4h)	96.2	97.3	99.2	99.6	98.0	96.9	96.9
4k	Eligible adult peritoneal dialysis (PD) patients (n)	17	17	22	23	28	21.2	21.8
4l	Eligible adult PD patient-months (n) [3]	44	46	58	66	214	167.5	170.7
4m	Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	7.3	6.2
4n	Adult PD: Kt/V >=1.7 (% of 4l) [6]	95.5	97.8	89.7	89.4	92.5	90.4	91.3
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]	.	.	.	.	.	n/a	n/a
4q	Eligible patient-months with Kt/V missing or out of range (n)	.	.	.	.	.	n/a	n/a
4r	Pediatric HD: Kt/V >=1.2 (% of 4p)	.	.	.	.	.	94.1	92.1
4s	Eligible PD pediatric patients (n)	0	0	0	0	0	n/a	n/a
4t	Eligible PD pediatric patient-months (n) [3]	.	.	.	.	.	n/a	n/a
4u	Eligible patient-months with Kt/V missing or out of range (n)	.	.	.	.	.	n/a	n/a
4v	Pediatric PD: Kt/V >=1.8 (% of 4t) [7]	.	.	.	.	.	62.9	72.2

(continued)

TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on CROWNWeb (October 2018-September 2019) [1] (continued)

		This Facility					Regional Averages [2]	
		Q1	Q2	Q3	Q4	Q1-Q4	State [9]	U.S.
	Measure Name	Oct'18--Dec'18	Jan'19--Mar'19	Apr'19--Jun'19	Jul'19--Sep'19	Oct'18--Sep'19	Oct'18--Sep'19	Oct'18--Sep'19
	Long Term Catheter Rate							
4w	Eligible adult HD Patients (n)	99	98	91	93	122	81.2	79.7
4x	Patient-months at risk (n) [3]	284	272	263	258	1,077	708.6	688.3
4y	Long-Term Catheter Rate [8]	10.9	14.0	11.0	10.9	11.7	12.1	12.7
	nPCR							
4z	Eligible pediatric in-center HD patients	0	0	0	0	0	n/a	n/a
4aa	Eligible pediatric in-center HD patient-months [3]	.	.	.	.	.	n/a	n/a
4ab	Percentage of pediatric in-center hemodialysis patient-months with documented monthly nPCR measurements	.	.	.	.	.	92.1	91.3

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

TABLE 5: Patient Experience of Care based on ICH CAHPS (October 19, 2018-January 11, 2019 and April 19, 2019-July 12, 2019) [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 have been added. The data include the two most recent semi-annual surveys. State and National averages are included to allow for comparisons. These measures are updated semi-annually in April and October.

			Regional Statistics [2]	
	Measure Name	**This Facility**	**State**	**U.S.**
	ICH CAHPS [3]	**Fall 2018-Spring 2019**	**Fall 2018-Spring 2019**	**Fall 2018-Spring 2019**
5a	Number of Completed Surveys	56	19,954	201,625
5b	Response Rate (%)	29	30	31
	Composite Measures [3]			
5c	Percent of Patients reporting- Kidney doctors' communication and caring			
	Always	56	69	68
	Sometimes	14	14	14
	Never	30	17	18
	Linearized Score	72	82	81
	Star Rating	★☆☆☆☆	n/a	n/a
5d	Percent of Patients reporting- Dialysis center staff care and operations			
	Always	65	63	63
	Sometimes	19	18	19
	Never	16	19	18
	Linearized Score	82	80	80
	Star Rating	★★★★☆	n/a	n/a
5e	Percent of Patients reporting- Providing information to patients			
	Yes	80	80	81
	No	20	20	19
	Linearized Score	80	80	81
	Star Rating	★★★☆☆	n/a	n/a
	Global Items [3]			
5f	Percent of Patients- Rating of kidney doctors			
	Most favorable	47	62	60
	Middle favorable	27	25	26
	Least favorable	26	13	14
	Linearized Score	76	85	85
	Star Rating	★★☆☆☆	n/a	n/a
5g	Percent of Patients- Rating of dialysis center staff			
	Most favorable	72	63	64
	Middle favorable	20	26	25
	Least favorable	8	11	11
	Linearized Score	88	86	86
	Star Rating	★★★★☆	n/a	n/a

(continued)

TABLE 5: Patient Experience of Care based on ICH CAHPS (October 19, 2018-January 11, 2019 and April 19, 2019-July 12, 2019)[1] (continued)

			Regional Statistics[2]	
	Measure Name	**This Facility**	**State**	**U.S.**
	Global Items[3]	**Fall 2018-Spring 2019**	**Fall 2018-Spring 2019**	**Fall 2018-Spring 2019**
5h	Percent of Patients- Rating of dialysis facility			
	Most favorable	73	69	69
	Middle favorable	15	19	20
	Least favorable	12	12	11
	Linearized Score	87	87	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] 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 Report for the October 2019 Release and is updated annually each October on DFC. The time period for SMR in this table is January 2015-December 2018; all other measures are January-December 2018. Important: The time period reflected for these measures may not match the time periods in Tables 1 (SFR) and 4. 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, 6g, and 6i) [2]	-0.46
6b	Standardized Mortality Ratio (SMR) [3]	1.12
6c	Measure Score: SMR [4]	-0.66
6d	Standardized Hospitalization Ratio (Admissions) (SHR) [3]	1.00
6e	Measure Score: SHR [4]	-0.27
6f	Standardized Readmission Ratio (SRR) [3]	1.08
6g	Measure Score: SRR [4]	-0.57
6h	Standardized Transfusion Ratio (STrR) [3]	1.15
6i	Measure Score: STrR [4]	-0.36
6j	**Other Outcomes 1 Domain Score** [5] (average of 6l and 6n) [2]	0.15
6k	Standardized Fistula Rate (SFR) [6]	72.43
6l	Measure Score: SFR [4]	0.89
6m	Long Term Catheter Rate [6]	15.95
6n	Measure Score: Catheter [4]	-0.60
6o	**Other Outcomes 2 Domain Score** (average of 6u and 6w) [2]	0.35
6p	Adult HD: Percentage of patients with Kt/V >= 1.2 [6]	98.26%
6q	Adult PD: Percentage of patients with Kt/V >= 1.7 [6]	92.89%
6r	Pediatric HD: Percentage of patients with Kt/V >= 1.2 [6]	Not Available
6s	Pediatric PD: Percentage of patients with Kt/V >= 1.8 [6]	Not Available
6t	Overall: Percentage of patients with Kt/V >= specified threshold [7]	97.25%
6u	Measure Score: Kt/V [4]	0.55
6v	Percentage of patients with uncorrected serum or plasma calcium > 10.2 mg/dL [6]	1.95%
6w	Measure Score: Hypercalcemia [4]	0.14
6x	**Final score (average of 6a, 6j, 6o)** [8 9]	0.0105
6y	**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/readmissions/transfusions) to expected deaths (or admissions/readmissions/transfusions); 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, or fewer than 11 index discharges for readmissions, 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 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 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 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 (SFR 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.
[9] The final score value has been truncated for display purposes.