

Quarterly Dialysis Facility Care Compare on Medicare.gov - Preview Report for July 2023 Refresh

- **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/dialysisfacilitycompare/>).

- **Overview**

This report was created for all Medicare certified dialysis facilities that were open as of December 2022. 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 July 2023.

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*, *Guide to the New and Modified Measures Table for the Quarterly Dialysis Facility Care Compare Report*, *Technical Notes on the Dialysis Facility Quality of Patient Care Star Rating Methodology*, and the *Technical Notes on the Dialysis Facility Compare Quality of Patient Care Star Rating Methodology for the October 2018 Release*, all of which are 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 that include 2020 data.

This report continues to provide a preview of two new measures and modifications to four existing measures as well as the Quality of Patient Care Star Rating. The two new measures are: Standardized Emergency Department Ratio (SEDR) and Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities. SEDR uses data in 2021 and ED30 uses data during 2020-2021. Meanwhile, modifications were made to SMR, SHR, STrR, SRR, and the Quality of Patient Care Star Rating as explained in the *Guide to the New and Modified Measures Table for the Quarterly Dialysis Facility Care Compare Report* and the *Technical Notes on the Dialysis Facility Quality of Patient Care Star Rating Methodology*. These new and modified measures will not appear on DFCC in the July 2023 Refresh and are not included in the star rating at this time.

The 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 and continue to report data during 2018-2021 for SMR, 2018-2020 for SWR, and 2021 for the other standardized measures. The Standardized Fistula Rate and Percentage of Prevalent Patients Waitlisted have been updated using data from October 2021 - September 2022.

The standardized infection ratio reported in Table 2 has not been updated this quarter, using data from 2021.

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 October 2021 - September 2022.

ICH CAHPS patient experience of care measures in Table 5 have not been updated this quarter, using data from Fall 2021 - Spring 2022.

The DFCC 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, 2023 - May 15, 2023**. As part of a 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 ten 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 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 mortality and Standardized Waitlist Ratio.

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 hospitalization (admissions and readmissions), death, transfusion, 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 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, Transfusion, First Waitlist, and 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 (2016-2019, Table 6)	★ ★ ★ ☆ ☆ Average
2 Quality of Patient Care Table	
Avoiding hospitalizations and deaths (Table 1)	
2.1 Frequency of patient death* ¹ (2018-2021) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of included patients	25.6 (per 100 patient-years) 18.0, 36.8 As Expected 280
2.2 Frequency of hospital admission* ¹ (2021) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of included patients	164.7 (per 100 patient-years) 108.7, 262.9 As Expected 60
2.3 Frequency of hospital readmission* ¹ (2021, percentage of hospital discharges) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of hospital discharges	16.7% 7.7% , 29.5% As Expected 61
Avoiding unnecessary transfusions (2021, Table 1)	
2.4 Rate of Transfusions* ¹ Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ² Number of included patients	7.5 (per 100 patient-years) 0.6, 182.6 As Expected 26
Transplant waitlist (Table 1)	
2.5 Transplant waitlist within a year of dialysis initiation (2018-2020) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ⁴ Number of included patients	0.37 0.01, 2.04 As Expected 43
2.6 Patients who were on the kidney or kidney-pancreas transplant waiting list* ³ (Oct 2021 - Sep 2022) Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category Number of included patients	9.2% 2.2%, 31.2% As Expected 46
Preventing bloodstream infections (2021, Table 2)	
2.7 Preventing bloodstream infections: Standardized Infection Ratio Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%) Classification Category* ²	0.68 0.03, 3.37 As Expected

Quarterly Dialysis Facility Compare Preview (continued):

Measure Name		This Facility
Using the most effective access to the bloodstream^{*3} (Oct 2021 - Sep 2022)		
2.8	Rate of fistula (Table 1)	58.8%
	Lower Confidence Limit (2.5%), Upper Confidence Limit (97.5%)	32.2%, 82.9%
	Classification Category ^{*4}	As Expected
	Number of included patients	63
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)	21%
Removing waste from blood and nutritional status^{*3} (Oct 2021 - Sep 2022, Table 4)		
2.10	Adult patients who had enough waste removed from their blood during hemodialysis	99%
2.11	Adult patients who had enough waste removed from their blood during peritoneal dialysis	96%
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} (Oct 2021 - Sep 2022, Table 4)		
2.15	Adult patients who had too much calcium in their blood	1%
3	Survey of Patients' Experiences Table^{*5} (Fall 2021-Spring 2022, Table 5)	% of Always (Yes) Responses Star Rating
3.1	Kidney doctors' communication and caring	66% ★★★★★
3.2	Dialysis center staff care and operations	59% ★★★★★
3.3	Providing information to patients	79% ★★★★★
3.4	Rating of kidney doctors	62% ★★★★★
3.5	Rating of dialysis center staff	63% ★★★★★
3.6	Rating of dialysis facility	68% ★★★★★
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 21.4, 144.2, 26.3, 35.1, 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 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 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 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 (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.

Quarterly Dialysis Facility Care Compare - Preview Report for July 2023 Refresh

Sample DFC Dialysis Facility State: XX Network: XX CCN: XXXXXX

Upcoming New and Modified Measures (not currently reported on DFCC) *1

Only partial year of 2020 has been included in the calculations of ED30 and SMR.

The following table displays a preview of new and modified measures for this facility as they will potentially appear in future DFCC reports. Risk adjustment for COVID has been incorporated into SMR, SHR, SRR and STTr. The measures in this table will not appear on DFCC in the upcoming release and are not included in the star rating at this time.

Annual Measures	This Facility	Regional Averages, per Year *2	
		State	U.S.
1 Standardized Emergency Department Encounter Ratio (SEDR)	2021	2021	2021
1.1 Medicare patients (n)	39	36.5	42.8
1.2 Patient-years at risk (n)	24	23.9	28.5
1.3 Emergency department events (n)	37	32.8	39.5
1.4 Expected number of emergency department events (n)	35.5	34.3	40.1
1.5 Standardized Emergency Department Ratio *3	1.04	0.96	0.99
Lower Confidence Limit *4 (2.5%)	0.55	n/a	n/a
Upper Confidence Limit *4 (97.5%)	1.98	n/a	n/a
1.6 P-value *5	0.891	n/a	n/a
1.7 Classification Category *6	As Expected	n/a	n/a
2 Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30)	2020-2021	2020-2021	2020-2021
2.1 Index hospital discharges (n) *7	44	51.8	60.4
2.2 Total ED visits within 30 days of hospital discharge (n) *7	11	8.2	9.3
2.3 Expected total ED visits within 30 days of hospital discharge (n) *7	7.3	8.6	9.7
2.4 Standardized ED visits within 30 days of hospital discharge *3	1.51	1.02	1.03
Lower Confidence Limit *4 (2.5%)	0.77	n/a	n/a
Upper Confidence Limit *4 (97.5%)	2.49	n/a	n/a
2.5 P-value *5	0.231	n/a	n/a
2.6 Classification Category *6	As Expected	n/a	n/a
3 Standardized Mortality Ratio (SMR)	2018-2021	2018-2021	2018-2021
3.1 Medicare patients (n) *7	214	60.9	73.1
3.2 Patient-years at risk (n) *7	132	39.0	43.9
3.3 Deaths (n) *7	35	8.9	9.4
3.4 Expected deaths (n) *7	27.5	8.3	9.4
3.5 Standardized Mortality Ratio *3	1.27	1.07	1.00
Lower Confidence Limit *4 (2.5%)	0.82	n/a	n/a
Upper Confidence Limit *4 (97.5%)	1.91	n/a	n/a
3.6 P-value *5	0.262	n/a	n/a
3.7 Classification Category *6	As Expected	n/a	n/a
3.8 Mortality Rate (per 100 patient-years) *8	27.2	n/a	21.4
Lower Confidence Limit *4 (2.5%)	17.5	n/a	n/a
Upper Confidence Limit *4 (97.5%)	40.9	n/a	n/a
4 Standardized Hospitalization Ratio (SHR): Admissions	2021	2021	2021
4.1 Medicare patients (n)	60	60.6	67.3
4.2 Patient-years at risk (n)	39	42.1	47.2
4.3 Total admissions (n)	49	56.8	64.3
4.4 Expected total admissions (n)	54.0	57.8	65.1
4.5 Standardized Hospitalization Ratio (Admissions) *3	0.91	0.98	1.00
Lower Confidence Limit *4 (2.5%)	0.57	n/a	n/a
Upper Confidence Limit *4 (97.5%)	1.55	n/a	n/a

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Sample DFC Dialysis Facility State: XX Network: XX CCN: XXXXXX

Annual Measures		Regional Averages, per Year ^{*2}		
		This Facility	State	U.S.
4.6	P-value ^{*5}	0.804	n/a	n/a
4.7	Classification Category ^{*6}	As Expected	n/a	n/a
4.8	Hospitalization Rate (per 100 patient-years) ^{*8}	126.0	n/a	138.9
	Lower Confidence Limit ^{*4} (2.5%)	78.7	n/a	n/a
	Upper Confidence Limit ^{*4} (97.5%)	215.6	n/a	n/a
5	Standardized Readmission Ratio (SRR)	2021	2021	2021
5.1	Index discharges (n)	45	50.3	57.3
5.2	Total readmissions (n)	8	13.0	15.1
5.3	Expected total readmissions (n)	10.6	13.3	15.5
5.4	Standardized Readmission Ratio ^{*3}	0.75	1.03	1.04
	Lower Confidence Limit ^{*4} (2.5%)	0.32	n/a	n/a
	Upper Confidence Limit ^{*4} (97.5%)	1.39	n/a	n/a
5.5	P-value ^{*5}	0.444	n/a	n/a
5.7	Classification Category ^{*6}	As Expected	n/a	n/a
5.8	Readmission Rate (Percentage of hospital discharges) ^{*8}	19.8%	n/a	26.3%
	Lower Confidence Limit ^{*4} (2.5%)	8.5%	n/a	n/a
	Upper Confidence Limit ^{*4} (97.5%)	36.6%	n/a	n/a
6	Standardized Transfusion Ratio (STrR)	2021	2021	2021
6.1	Adult Medicare Patients (n)	35	31.0	35.9
6.2	Patient-years at risk (n)	20	18.8	22.0
6.3	Total transfusions (n)	15	7.3	7.5
6.4	Expected total transfusions (n)	6.7	6.6	7.7
6.5	Standardized Transfusion Ratio ^{*3}	2.23	1.10	1.00
	Lower Confidence Limit ^{*4} (2.5%)	1.15	n/a	n/a
	Upper Confidence Limit ^{*4} (97.5%)	5.05	n/a	n/a
6.6	P-value ^{*5}	0.019	n/a	n/a
6.7	Classification Category ^{*6}	Worse than Expected	n/a	n/a
6.8	Transfusion Rate (per 100 patient-years) ^{*8}	78.3	n/a	35.1
	Lower Confidence Limit ^{*4} (2.5%)	40.5	n/a	n/a
	Upper Confidence Limit ^{*4} (97.5%)	177.5	n/a	n/a

n/a = not applicable

[1] See *Guide to the New and Modified Measures in the Quarterly Dialysis Facility Care Compare Report*.

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

[3] Calculated as a ratio of observed events to expected events; not shown if there are fewer than 5 patient-years at risk for SEDR and SHR, fewer than 11 index discharges for ED30 and SRR, fewer than 3 expected deaths for SMR and fewer than 10 patient-years at risk for STrR.

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

[5] A p-value less than 0.05 indicates that the difference between the observed and expected events 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.

[6] If a facility's ratio is less than 1.00 and statistically significant ($p < 0.05$), the classification is 'Better than Expected'. If the ratio is more than 1.00 and statistically significant ($p < 0.05$), the classification is 'Worse than Expected'. The classification is 'Not Available' if a facility ratio is not shown. Otherwise, the classification is 'As Expected'.

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

[8] The facility rate was calculated by multiplying the facility ratio by the national rate. National rates for mortality, hospitalization, readmission, and transfusion are 21.4, 138.9, 26.3, 35.1, respectively. Calculation of rates using values in report may not equal actual rates shown due to rounding of values.

Upcoming Modified Quality of Patient Care Star Rating (not currently reported on DFCC) *1

This star rating is based on the measures reported in the QDFCC-Preview Report for the January 2023 Release, except for the COVID-adjusted versions of SMR, SHR, SRR, STrR which are in the 'Upcoming New and Modified Measures' table in the April 2023 preview report. The time period for SMR in this table is 2018-2021, SWR is 2018-2020; all other measures are 2021. Important: The time periods reflected for these measures do not match the time periods in Tables 1 and 4.

The updates to the Quality of Patient Care Star Rating methodology include:

- The Star Rating distribution has been reset to 10% 1-Star, 20% 2-Star, 40% 3-Star, 20% 4-Star, and 10% 5-Star facilities.
- Risk adjustment for COVID has been incorporated into Domain 1 measures (SMR, SHR, SRR, and STrR).
- Domain 3, which includes the Total Kt/V and Hypercalcemia measures, has been down-weighted to 50% of its original weight in the overall calculation of the Star Ratings.
- Two transplant waitlist measures, Standardized Waitlisting Ratio (SWR) and Percentage of Prevalent Patients Waitlisted (PPPW), have been added to the Star Rating calculation as Domain 4.

Calculation Definition		This Facility
1	Domain 1 (average of 1.2, 1.4, 1.6, and 1.8) *2	-0.69
1.1	Standardized Mortality Ratio (SMR) *3	1.27
1.2	Measure Score: SMR *4	-1.06
1.3	Standardized Hospitalization Ratio (Admissions) (SHR) *3	1.22
1.4	Measure Score: SHR *4	-0.92
1.5	Standardized Readmission Ratio (SRR) *3	0.95
1.6	Measure Score: SRR *4	0.18
1.7	Standardized Transfusion Ratio (STrR) *3	1.58
1.8	Measure Score: STrR *4	-0.97
2	Domain 2 *5 (average of 2.2 and 2.4) *2	0.21
2.1	Standardized Fistula Rate (SFR) *6	53.44
2.2	Measure Score: SFR *4	-0.62
2.3	Long Term Catheter Rate *6	7.37
2.4	Measure Score: Catheter *4	1.03
3	Domain 3 (average of 3.6 and 3.8) *2	0.34
3.1	Adult HD: Percentage of patients with Kt/V >= 1.2 *6	98.07
3.2	Adult PD: Percentage of patients with Kt/V >= 1.7 *6	94.61
3.3	Pediatric HD: Percentage of patients with Kt/V >= 1.2 *6	83.33%
3.4	Pediatric PD: Percentage of patients with Kt/V >= 1.8 *6	0.00%
3.5	Overall: Percentage of patients with Kt/V >= specified threshold *7	96.31
3.6	Measure Score: Kt/V *4	-0.15
3.7	Percentage of patients with uncorrected serum or plasma calcium > 10.2 mg/dL (%) *6	0.23
3.8	Measure Score: Hypercalcemia *4	0.83
4	Domain 4 (average of 4.2 and 4.4) *2	0.08
4.1	Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR) *3	0.99
4.2	Measure Score: SWR *4	0.25
4.3	Percentage of Prevalent Patients Waitlisted (PPPW) *6	16.07
4.4	Measure Score: PPPW *4	-0.09
5	Final Score (average of Domain 1, 2, 3, and 4) *8 *9	-0.0665
6	Quality of Patient Care Star Rating	★ ★ ★ ☆ ☆

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Sample DFC Dialysis Facility State: XX Network: XX CCN: XXXXXX

- [1] See *Guide to the New and Modified Measures in the Quarterly Dialysis Facility Care Compare Report* for details about the modified methods used in the calculation of the star ratings.
- [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/transplants waitlisted) to expected deaths (or 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, 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; however, Domain 3 is given half the weight (50%) of the other three domains. 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.

SAMPLE

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

Only partial year of 2020 has been included in the calculations of mortality and Standardized Waitlist Ratio.

The mortality summaries reported in the first part of the table include all Medicare dialysis patients treated at your facility during 2018-2021. The hospital admission and transfusion summaries include all Medicare dialysis patients treated at your facility in 2021. The hospital readmission summaries include all Medicare-covered hospitalizations that ended in 2021 for all patients in your facility. The fistula use summaries include all adult hemodialysis patients treated at your facility during October 2021 - September 2022. The transplant waitlist summaries include incident dialysis patients who are younger than 75 years old treated at your facility during 2018-2020. The transplant waitlist percent summaries include dialysis patients who are younger than 75 years old treated at your facility during October 2021 - September 2022.

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)		2018-2021	2018-2021	2018-2021
1a	Medicare patients (n) ^{*3}	280	60.9	73.1
1b	Patient-years at risk (n)	165	39.0	43.9
1c	Deaths (n) ^{*3}	58	8.9	9.4
1d	Expected deaths (n) ^{*3}	48.6	8.3	9.4
1e	Standardized Mortality Ratio ^{*4}	1.19	1.07	1.00
	Lower Confidence Limit ^{*5} (2.5%)	0.84	n/a	n/a
	Upper Confidence Limit ^{*5} (97.5%)	1.72	n/a	n/a
1f	P-value ^{*6}	0.275	n/a	n/a
1g	Mortality Rate (per 100 patient-years) ^{*7}	25.6	n/a	21.4
	Lower Confidence Limit ^{*5} (2.5%)	18.0	n/a	n/a
	Upper Confidence Limit ^{*5} (97.5%)	36.8	n/a	n/a
Standardized Hospitalization Ratio (SHR): Admissions		2021	2021	2021
1h	Medicare patients (n)	60	60.6	67.3
1i	Patient-years at risk (n)	40	42.1	47.2
1j	Total admissions (n)	67	58.7	66.8
1k	Expected total admissions (n)	58.6	59.7	67.6
1l	Standardized Hospitalization Ratio (Admissions) ^{*4}	1.14	0.98	1.00
	Lower Confidence Limit ^{*5} (2.5%)	0.75	n/a	n/a
	Upper Confidence Limit ^{*5} (97.5%)	1.82	n/a	n/a
1m	P-value ^{*6}	0.479	n/a	n/a
1n	Hospitalization Rate (per 100 patient-years) ^{*7}	164.7	n/a	144.2
	Lower Confidence Limit ^{*5} (2.5%)	108.7	n/a	n/a
	Upper Confidence Limit ^{*5} (97.5%)	262.9	n/a	n/a
Standardized Readmission Ratio (SRR)		2021	2021	2021
1o	Index discharges (n)	61	50.3	57.3
1p	Total readmissions (n)	10	13.0	15.1
1q	Expected total readmissions (n)	15.8	12.9	14.9
1r	Standardized Readmission Ratio ^{*4}	0.63	1.06	1.08
	Lower Confidence Limit ^{*5} (2.5%)	0.29	n/a	n/a
	Upper Confidence Limit ^{*5} (97.5%)	1.12	n/a	n/a
1s	P-value ^{*6}	0.123	n/a	n/a
1t	Readmission Rate (Percentage of hospital discharges) (%) ^{*7}	16.7	n/a	26.3
	Lower Confidence Limit ^{*5} (2.5%)	7.7	n/a	n/a
	Upper Confidence Limit ^{*5} (97.5%)	29.5	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)

Measure Name	This Facility	Regional Averages *2, per Year	
		State *8	U.S.
Standardized Transfusion Ratio (STrR)	2021	2021	2021
1u Adult Medicare Patients (n)	26	31.0	35.9
1v Patient-years at risk (n)	12	18.8	22.0
1w Total transfusions (n)	1	7.3	7.5
1x Expected total transfusions (n)	4.6	6.5	7.7
1y Standardized Transfusion Ratio *4	0.21	1.10	1.00
Lower Confidence Limit *5 (2.5%)	0.02	n/a	n/a
Upper Confidence Limit *5 (97.5%)	5.20	n/a	n/a
1z P-value *6	0.402	n/a	n/a
1aa Transfusion Rate (per 100 patient-years) *7	7.5	n/a	35.1
Lower Confidence Limit *5 (2.5%)	0.6	n/a	n/a
Upper Confidence Limit *5 (97.5%)	182.6	n/a	n/a
Standardized Fistula Rate (SFR)	Oct 2021 - Sep 2022	Oct 2021 - Sep 2022	Oct 2021 - Sep 2022
1ab Eligible adult HD patients (n)	63	62.9	75.0
1ac Patient-months at risk (n)	466	515.8	625.5
1ad Total fistula-months (n)	264	298.8	373.0
1ae Standardized Fistula Rate (%) *4	58.8	57.9	59.3
Lower Confidence Limit *5 (2.5%)	32.2	n/a	n/a
Upper Confidence Limit *5 (97.5%)	82.9	n/a	n/a
1af P-value *6	0.891	n/a	n/a
Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)	2018-2020	2018-2020	2018-2020
1ag Eligible patients (n) *3	43	9.5	9.9
1ah Patient-years at risk (n)	32	7.5	7.9
1ai Transplant waitlist events or receipt of a living-donor transplant (n) *3	1	0.8	0.8
1aj Expected number of transplant waitlist or living-donor transplant events (n) *3	2.7	0.8	0.8
1ak Standardized Waitlist Ratio *4	0.37	1.01	1.00
Lower Confidence Limit *5 (2.5%)	0.01	n/a	n/a
Upper Confidence Limit *5 (97.5%)	2.04	n/a	n/a
1al P-value *6	0.483	n/a	n/a
Percentage of Prevalent Patients Waitlisted (PPPW)	Oct 2021 - Sep 2022	Oct 2021 - Sep 2022	Oct 2021 - Sep 2022
1am Eligible patients (n)	46	58.3	64.5
1an Patient-months at risk (n)	330	470.7	534.6
1ao Total waitlisted months (n)	31	79.3	92.1
1ap Percentage of prevalent patients waitlisted (%) *4	9.2	15.8	16.7
Lower Confidence Limit *5 (2.5%)	2.2	n/a	n/a
Upper Confidence Limit *5 (97.5%)	31.2	n/a	n/a
1aq P-value *6	0.371	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/transplant waitlistings), 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 21.4, 144.2, 26.3, 35.1, 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) (2021) ^{*1}

This table displays bloodstream infection information for dialysis facilities as collected from the National Healthcare Safety Network.

Measure Name		This Facility
Standardized Infection Ratio (SIR)		2021
2a	Eligible patient-months (n)	261
2b	Observed bloodstream infections (n)	1
2c	Predicted bloodstream infections (n)	1.5
2d	Standardized Infection Ratio ^{*2}	0.68
	Lower Confidence Limit ^{*3} (2.5%)	0.03
	Upper Confidence Limit ^{*3} (97.5%)	3.37

[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.

SAMPLE

TABLE 3: Facility Hemoglobin for Medicare Dialysis Patients based on Medicare Dialysis Claims (October 2021 - September 2022)^{*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 Oct'21-Dec'21	Q2 Jan'22-Mar'22	Q3 Apr'22-Jun'22	Q4 Jul'22-Sep'22	Q1-Q4 Oct'21-Sep'22	State ^{*4} Oct'21-Sep'22	U.S. Oct'21-Sep'22
Hemoglobin^{*3}							
3a Eligible patients (n)	36	29	28	27	26	21.4	26.0
3b Hemoglobin < 10g/dL (% of 3a)	36.1	10.3	35.7	25.9	19.2	21.8	20.0
3c Hemoglobin > 12g/dL (% of 3a)	0.0	0.0	3.6	0.0	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.

SAMPLE

TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on EQRS (October 2021 - September 2022) *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 Oct'21-Dec'21	Q2 Jan'22-Mar'22	Q3 Apr'22-Jun'22	Q4 Jul'22-Sep'22	Q1-Q4 Oct'21-Sep'22	State *9 Oct'21-Sep'22	U.S. Oct'21-Sep'22
Hypercalcemia							
4a Eligible adult patients (n)	45	40	36	36	58	62.3	78.8
4b Eligible adult patient-months (n) *3	113	105	98	103	419	506.3	669.5
4c Uncorrected serum or plasma calcium >10.2 mg/dL (%) *8	4.4	0.0	0.0	0.0	1.2	2.1	2.1
Serum Phosphorus Concentrations							
4d Eligible adult patients (n)	48	46	39	41	64	65.5	83.1
4e Eligible adult patient-months (n) *3	129	117	108	114	468	521.5	690.4
4f Serum phosphorus categories (%; sums to 100%)							
<3.5 mg/dL	7.0	0.9	4.6	3.5	4.1	6.9	7.4
3.5-4.5 mg/dL	40.3	44.4	42.6	33.3	40.2	22.9	23.3
4.6-5.5 mg/dL	29.5	27.4	16.7	23.7	24.6	29.9	29.9
5.6-7.0 mg/dL	10.9	20.5	26.9	23.7	20.1	23.7	23.0
>7.0 mg/dL	12.4	6.8	9.3	15.8	11.1	16.6	16.3
Kt/V *4							
4g Eligible adult hemodialysis (HD) patients (n) *5	30	25	26	29	40	53.8	68.5
4h Eligible adult HD patient-months (n) *3 *5	74	71	72	82	299	431.2	574.6
4i Eligible patient-months with Kt/V missing or out of range (n)	0	0	0	0	0	8.2	10.1
4j Adult HD: Kt/V >=1.2 (% of 4h)	98.6	98.6	100	100	99.3	96.0	96.4
4k Eligible adult peritoneal dialysis (PD) patients (n)	9	9	6	5	11	18.5	23.1
4l Eligible adult PD patient-months (n) *3	19	23	16	13	71	135.8	177.6
4m Eligible patient-months with Kt/V missing or out of range (n)	1	2	0	0	3	2.8	5.7
4n Adult PD: Kt/V >=1.7 (% of 4l) *6	94.7	91.3	100	100	95.8	93.6	91.7
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)	.	.	.	.	.	91.8	89.9
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	.	.	.	.	.	78.8	75.3

(continued)

TABLE 4: Facility Dialysis Adequacy, Nutritional Status, Long Term Catheter Use, and Mineral and Bone Disorder for Dialysis Patients based on EQRS (October 2021 - September 2022) *1(continued)

Measure Name	This Facility					Regional Averages *2	
	Q1 Oct'21-Dec'21	Q2 Jan'22-Mar'22	Q3 Apr'22-Jun'22	Q4 Jul'22-Sep'22	Q1-Q4 Oct'21-Sep'22	State *9 Oct'21-Sep'22	U.S. Oct'21-Sep'22
Long Term Catheter Rate							
4w Eligible adult HD Patients (n)	40	37	32	34	55	60.0	75.0
4x Patient-months at risk (n) *3	103	94	89	93	379	476.8	625.5
4y Long-Term Catheter Rate (%) *8	26.2	18.1	20.2	19.4	21.1	20.2	16.4
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 (%)	.	.	.	.	.	98.5	89.3

[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.

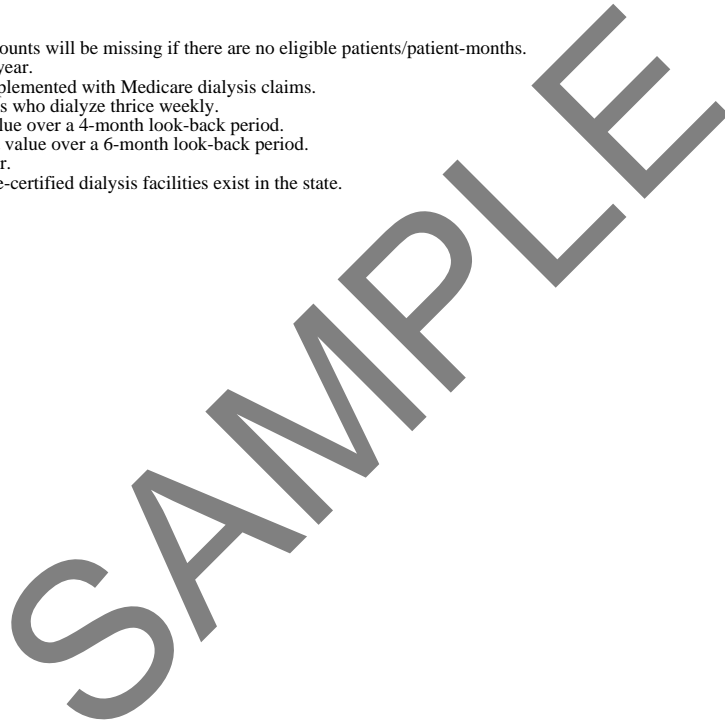


TABLE 5: Patient Experience of Care based on ICH CAHPS (Fall 2021-Spring 2022) *1*4

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	This Facility	Regional Statistics*2	
		State	U.S.
ICH CAHPS*3	Fall 2021-Spring 2022	Fall 2021-Spring 2022	Fall 2021-Spring 2022
5a Number of Completed Surveys	55	20,896	152,128
5b Response Rate (%)	29	22	22
Composite Measures*3			
5c Percent of Patients reporting- Kidney doctors' communication and caring			
Always	66	67	67
Sometimes	18	15	15
Never	16	18	18
Linearized Score	82	81	81
Star Rating	★★★★☆	n/a	n/a
5d Percent of Patients reporting- Dialysis center staff care and operations			
Always	59	64	63
Sometimes	26	19	19
Never	15	17	18
Linearized Score	80	81	80
Star Rating	★★★☆☆	n/a	n/a
5e Percent of Patients reporting- Providing information to patients			
Yes	79	79	79
No	21	21	21
Linearized Score	79	79	79
Star Rating	★★★☆☆	n/a	n/a
Global Items*3			
5f Percent of Patients- Rating of kidney doctors			
Most favorable	62	61	60
Middle favorable	31	25	26
Least favorable	7	14	14
Linearized Score	87	85	84
Star Rating	★★★★☆	n/a	n/a
5g Percent of Patients- Rating of dialysis center staff			
Most favorable	63	67	64
Middle favorable	26	23	25
Least favorable	11	10	11
Linearized Score	85	87	86
Star Rating	★★★☆☆	n/a	n/a

(continued)

TABLE 5: Patient Experience of Care based on ICH CAHPS (Fall 2021-Spring 2022) ^{*1*}^{*4}(continued)

Measure Name	This Facility	Regional Statistics ^{*2}	
		State	U.S.
Global Items ^{*3}	Fall 2021-Spring 2022	Fall 2021-Spring 2022	Fall 2021-Spring 2022
5h Percent of Patients- Rating of dialysis facility			
Most favorable	68	71	69
Middle favorable	16	19	20
Least favorable	16	10	11
Linearized Score	84	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] Not shown if there are 29 or fewer completed surveys over the two survey periods.

[4] Due to the suspension of users entering clinical data as a result of issues from the transition of CROWNWeb to EQRS, the sample for the 2021 Fall Survey is from new data provided by the ESRD National Coordinating Center (instead of CROWNWeb) and reusing the April-June 2020 clinical data provided prior to CROWNWeb closing. The sample for the 2022 Spring Survey is from updated EQRS data.

SAMPLE

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

This star rating is based on the measures reported in the QDFCC-Preview Report for the October 2020 Release. It has not been updated for the July 2023 refresh. The time period for SMR in this table is 2016-2019; all other measures are 2019. Important: The time period reflected for these measures do not match the time periods in Tables 1 and 4. 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 Standardized Outcomes Domain Score (average of 6c, 6e, 6g, and 6i) *2	-0.64
6b Standardized Mortality Ratio (SMR) *3	0.86
6c Measure Score: SMR *4	0.35
6d Standardized Hospitalization Ratio (Admissions) (SHR) *3	1.19
6e Measure Score: SHR *4	-1.02
6f Standardized Readmission Ratio (SRR) *3	1.19
6g Measure Score: SRR *4	-1.04
6h Standardized Transfusion Ratio (STrR) *3	1.64
6i Measure Score: STrR *4	-0.86
6j Other Outcomes 1 Domain Score *5 (average of 6l and 6n) *2	-1.14
6k Standardized Fistula Rate (SFR) (%) *6	47.71
6l Measure Score: SFR *4	-1.44
6m Long Term Catheter Rate (%) *6	17.41
6n Measure Score: Catheter *4	-0.83
6o Other Outcomes 2 Domain Score (average of 6u and 6w) *2	0.28
6p Adult HD: Percentage of patients with Kt/V >= 1.2 (%) *6	95.56
6q Adult PD: Percentage of patients with Kt/V >= 1.7 (%) *6	96.98
6r Pediatric HD: Percentage of patients with Kt/V >= 1.2 *6	100.00%
6s Pediatric PD: Percentage of patients with Kt/V >= 1.8 *6	50.00%
6t Overall: Percentage of patients with Kt/V >= specified threshold (%) *7	95.66
6u Measure Score: Kt/V *4	0.09
6v Percentage of patients with uncorrected serum or plasma calcium > 10.2 mg/dL (%) *6	1.24
6w Measure Score: Hypercalcemia *4	0.47
6x Final Score (average of 6a, 6j, 6o) *8 *9	-0.5003
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 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 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.