

2003 Dialysis Facility Report

Purpose of the Report

Enclosed is the *2003 Dialysis Facility Report (DFR)* for this facility based on data from the Centers for Medicare & Medicaid Services. This DFR includes data specific to this facility that could be useful in quality improvement and assurance activities. The information contained in this report facilitates comparison of patient characteristics, treatment patterns, transplantation rates, hospitalization rates, and mortality rates to local and national averages. Some of these comparisons account for the patient mix at this facility, including age, sex, race, and diabetic status. This report is provided as a resource for characterizing selected aspects of clinical experience at this facility relative to other caregivers in this state, Network, and across the United States.

In previous years, the *Unit-Specific Reports* and *Facility Data Reports for State Surveyors* differed somewhat. In order to improve consistency, these reports are now combined into this comprehensive *Dialysis Facility Report*. This simplifies the reporting of statistics and will facilitate communications about these statistics. In October 2003, state surveyors will receive the DFRs for all dialysis facilities in their state.

Collaborators

The University of Michigan Kidney Epidemiology and Cost Center has produced the *2003 Dialysis Facility Reports* with funding from the Centers for Medicare & Medicaid Services.

How to Submit Comments

Any comments regarding this report that you would like shared with the state surveyors in your state should be submitted at www.cfmc.org/esrddata by September 16, 2003. These comments will be provided to your state surveyor with this DFR.

To ask questions or suggest improvements, please contact the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) directly. Please note 'Year 2003 Dialysis Facility Reports' as the topic of your correspondence and include your contact information and your facility's Medicare Provider number. Your state surveyor will not receive information directed to the UM-KECC unless you also submit it on the website above.

UM-KECC
315 West Huron, Suite 240
Ann Arbor, MI 48103
Phone: (734) 998-6611
FAX: (734) 998-6620
kecc@umich.edu (e-mail)
www.sph.umich.edu/kecc

Dear Dialysis Facility Director:

This report has been prepared for this facility by the Kidney Epidemiology and Cost Center (KECC) at the University of Michigan with funding from the Centers for Medicare & Medicaid Services (CMS). It is the eighth in a series of annual reports. This is one of 4374 reports that have been sent to the ESRD Networks for distribution to ESRD providers in the U.S. Your State Survey Agency will receive this report in October 2003. Selected highlights from this report are given here. The information specific to this facility is printed in **bold type** so that you can easily identify it.

Overview: This report includes summaries of patient characteristics, treatment patterns, and patient outcomes for chronic dialysis patients treated in this facility between January 1999 and December 2002. Most statistics are reported separately for each year. Mortality, hospitalization, and transplantation statistics are also reported for a three or four year period. Regional and national averages are included to allow for comparisons. Several of the summaries of patient mortality, hospitalization, and transplantation are adjusted to account for the characteristics of the patient mix at this facility such as age, sex, race, and diabetes as a cause of ESRD. Unless otherwise specified, data refer to hemodialysis and peritoneal dialysis patients combined.

Summary data about the percent of patients with URR of 65% or higher, with hematocrit of 33% or higher, and with central catheters are included, as suggested by DOQI Clinical Practice Guidelines. These practice pattern measures are strongly correlated with the mortality and hospitalization measures found in these reports. Note that elevated mortality or hospitalization rates could be due to a variety of causes unrelated to clinical practices, so it may not always be possible to identify clinical practices that explain those rates.

Mortality: Mortality summaries are provided in Table 1 and also in Figure 1. A Standardized Mortality Ratio (SMR) is calculated for each facility. Although mortality statistics can vary substantially from year to year, they are reported here as a key outcome for dialysis patients. The SMR compares the observed death rate in this facility to the death rate that would be expected based on national death rates for patients with the characteristics of the patients at this facility. Time at risk and deaths within 60 days after transfer out of this facility are attributed to this facility. Time at risk and deaths after transplantation are excluded from the analysis. The SMR is adjusted for patient age, sex, race, and diabetes as a cause of ESRD as well as the comorbidity index at this facility (item 7s), the population death rates in this state, and the percentage of new patients at this facility. The rate of withdrawal from dialysis and the percentage of deaths due to infection are also reported to help in the interpretation of the mortality outcomes.

There was a 15% annual observed death rate among the patients treated at this facility during 1999-2002, while a rate of 15% would be expected, based on the age, sex, race and diabetes status of those patients; this facility's comorbidity index and percent of new patients; and state population death rates. The SMR of observed to expected deaths is 1.00, which agrees with the national reference value of 1.00.

Hospitalization: Hospitalization summaries are reported for Medicare patients in Table 2. The total admission rate reports the total number of hospital admissions per year, including multiple admissions per patient. As in the mortality calculation, time at risk and hospitalizations within 60 days after transfer out of this facility are attributed to this facility. Time at risk and hospitalizations starting 3 days before transplantation are excluded from the analysis.

The Standardized Total Admission Ratio of observed to expected number of admissions for patients at this facility is 0.49, which is 51% lower than expected.

Transplantation: Transplantation summaries are reported in Table 3 and Figure 2. The Standardized Transplantation Ratio (STR) represents relative transplantation rates (observed / expected) for patients at this facility adjusting for patient age. Patients aged 65 and above and those with a prior kidney transplant are excluded. As in the mortality and hospitalization calculations, time at risk and transplants within 60 days after transfer out of this facility are attributed to this facility.

Of the patients under age 65 treated at this facility during 1999-2002 who had not previously been transplanted, 14.8% were transplanted annually, while a rate of 8.9% would be expected for these patients. The STR of observed to expected number of patients transplanted for this facility is 1.67, which is 67% higher than expected for this facility. This difference is not statistically significant ($p > 0.05$) and could plausibly be due to random chance.

Transplant Waitlist: Table 4 summarizes waitlist information, at the end of each year, for patients under age 65 being treated at this facility. Unlike the mortality, hospitalization, and transplantation statistics, the waitlist statistics do not include patients who transferred out of the facility less than 60 days before.

Among the 25 dialysis patients under age 65 treated at this facility on December 31, 2002, 68% were on the kidney transplant waitlist compared to 23% nationally. This difference is statistically significant ($p < 0.05$) and is unlikely to be due to random chance.

Practice Patterns: Table 5 summarizes dialytic modality, hematocrit, and the urea reduction ratio. These data are derived from Medicare paid dialysis claim data from CMS. Vascular access type and reuse information, as reported by facilities for 2001 in the Centers for Disease Control (CDC) Surveillance of Dialysis-Associated Diseases, is summarized in Table 6.

Among the 11 dialysis patients included in the analysis of Medicare claims data of hematocrit for 2002 at this facility, 55% have hematocrit above DOQI guidelines ($HCT \geq 33\%$) compared to 86% nationally. There were no patients at this facility with URR (dose of dialysis) included in the analysis of Medicare claims data for 2002. We do not have information on the use of catheters (cuffed or noncuffed) at this facility. See Tables 5 and 6 for more information about practice patterns.

Infection: Information on infection is reported in Tables 2 (item 2g) and 6 (items 6f and 6g). The information in Table 2 is based on Medicare dialysis patient claims while that in Table 6 is self-reported by the facility in the CDC Surveillance of Dialysis-Associated Diseases.

The percentage of patients at this facility hospitalized due to septicemia during 1999-2001 was 3.0%, compared to 9.8% nationally.

Patient Characteristics: Characteristics of patients starting dialysis during 1999-2002 are reported in Table 7. Table 8 gives summaries for all dialysis patients being treated at the end of each year, 1999-2002.

There were 9 patients with Medical Evidence Forms (CMS 2728) indicating they started treatment at this facility during 2002. The average number of comorbidities reported on the CMS 2728 for these patients was 2.1, which is lower than the average of 2.7 reported nationally for patients starting treatment during 1999-2002. The average serum albumin calculated for these patients (before first dialysis) is 3.5 g/dl, which is higher than the 1999-2002 national average value of 3.1 g/dl. The average residual renal function (GFR) calculated for these patients from serum creatinine (before first dialysis)

and other parameters was 11.5 ml/min, which is higher than the 1999-2002 national average value of 8.5. The 2002 comorbidity index for this facility indicates that 9.0% lower mortality is expected at this facility due to lower than average patient comorbidity.

Sources of Patient Data: This report is based primarily on Medicare claims and data collected for CMS. Patients were assigned to this facility based on the Standard Information Management System (SIMS) database, Medicare claims, and Medical Evidence forms (CMS Form 2728). Network 10 has a list of the patients included in the analyses for this facility. Table 9 reports the number of patients placed in this facility for analyses in Tables 1, 2, 3, and 8 of this report. Table 9 also provides information on patient status at the end of the year, both for patients who remain in this facility until the end of each year, and for those who transfer out of this facility, receive a transplant, or die during the year.

The hospitalization, modality, URR, and Hematocrit statistics reported in Tables 2 and 5 are based on Medicare claims data. Claims data were incomplete for some facilities in 2001 (about 3% of facilities overall). For these facilities, the statistics in Tables 2 and 5 are based on a smaller number of patients. Footnotes on these tables will alert you to any patient counts which are less than 50% of what would be expected.

Facility Information: General information about this facility is provided in Tables 10 and 11. Table 10 provides counts of patients treated, Medicare eligibility, and treatment modality from the Annual Facility Survey (CMS Form 2744). Table 11 includes services provided by this facility as well as the certification date, ownership, and last survey action for the facility.

This facility reported caring for 38 patients at the end of 2001 and reported having 3 stations available in 2003. This facility provides peritoneal dialysis care only. Additional information regarding patient modality is available in Table 10.

These are just a few highlights of the statistics you will find in this report based on the data for this facility. We hope that this report is of interest to you and that you will discuss it with your staff. We welcome any questions or comments you might have about the content of the current report or any suggestions you might have for future reports of this type. Comments for your state surveyors can be submitted at www.cfmc.org/esrddata until September 16, 2003. If you have questions, please contact us directly at kecc@umich.edu or (734) 998-6611.

For a complete description of the methods used to calculate the statistics in this report please see the *Guide to the 2003 Dialysis Facility Reports*. The Guide is available from ESRD Network 10 and is also on the UM-KECC web site at www.sph.umich.edu/kecc.

Prepared by
The Kidney Epidemiology and Cost Center at the University of Michigan
under contract to the Centers for Medicare & Medicaid Services

TABLE 1: Mortality Summary for All Dialysis Patients¹, 1999-2002

	This Facility					Regional Averages ² , per year, 1999-2002		
	1999	2000	2001	2002	1999-2002	State	Network	U.S.
Death Rates								
1a Patients (n=number)	30	31	70	51		96.1	96.1	84.8
1b Patient years (PY) at risk (n)	16.7	19.7	44.3	30.7	111 ⁷	59.9	59.9	48.9
1c Deaths (n)	3	4	6	4	17 ⁷	15.3	15.3	11.8
1d Expected deaths (n)	2.9	3.2	6.3	4.5	17.0 ⁷	14.8	14.8	11.8
1e Death rate per 100 PY (% of 1b)	18.0	20.3	13.6	13.0	15.3	25.5	25.5	24.1
1f Expected death rate per 100 PY (% of 1b)	17.6	16.0	14.2	14.8	15.2	24.7	24.7	24.1
Categories of Death								
1g Withdrawal from dialysis prior to death (% of 1c)	33.3	0.0	0.0	25.0	11.8	16.0	16.0	20.3
1h Due to infections, not including AIDS (% of 1c)	0.0	25.0	16.7	0.0	11.8	15.8	15.8	21.1
1i Dialysis unrelated deaths ³ (n) (excluded from SMR)	0	0	0	0	0 ⁷	0.2	0.2	0.2
Standardized Mortality Ratio								
1j SMR ⁴ (see Figure 1)	1.02	1.26	0.95	0.88	1.00	1.03	1.03	1.00
1k P-value ⁵	0.56	0.39	0.56	0.52	0.53	n/a	n/a	n/a
1l C.I. for SMR ⁶								
High (95% limit)	2.64	2.89	1.88	2.01	1.50	n/a	n/a	n/a
Low (5% limit)	0.28	0.43	0.41	0.30	0.64	n/a	n/a	n/a
SMR Percentiles for This Facility (i.e. percent of facilities with lower mortality rates)								
1m In this State	50	79	47	30	53			
1n In this Network	50	79	47	30	53			
1o In U.S.	51	77	46	40	52			

n/a = not applicable.

[1] See Guide, Section IV.

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

[3] Defined as deaths due to AIDS, street drugs, and accidents unrelated to treatment.

[4] Calculated as a ratio of deaths (1c) to expected deaths (1d).

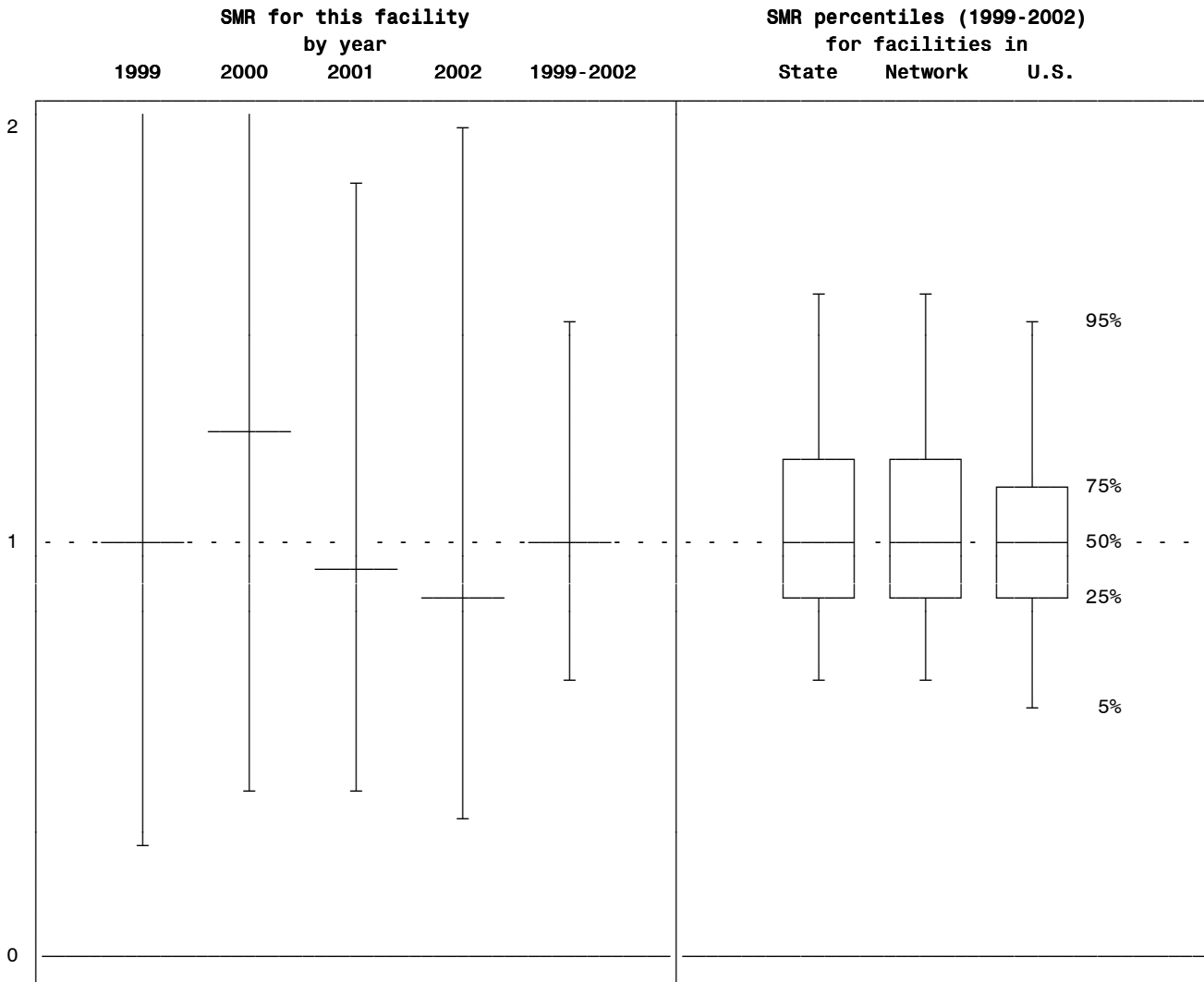
Not shown if there are too few expected deaths.

[5] A p-value less than or equal to 0.05 indicates that the difference between the actual and expected mortality is probably real and is not due to random chance alone, while a p-value greater than 0.05 indicates that the difference could plausibly be due to random chance.

[6] The confidence interval (C.I.) range represents uncertainty in the value of the SMR due to random variation.

[7] Sum of 4 years used for calculations; should not be compared to regional averages.

FIGURE 1: Standardized Mortality Ratio (SMR) for Dialysis Patients, 1999-2002



The horizontal line shows the value of the SMR (actual / expected mortality) for this facility. The vertical lines show the range of uncertainty due to random variation (90% confidence interval; significant if the vertical line does not cross the dotted line at 1)

The horizontal line in the middle of each box is the median SMR for facilities in a region. The lower and upper boundaries of the box are the 25th and 75th percentiles for facilities in the region. The vertical lines extend to the 5th and 95th percentiles

The mortality at this facility (SMR = 1.00) for 1999-2002, was higher than
 52 percent of facilities in the nation
 53 percent of facilities in this Network
 53 percent of facilities in this state

TABLE 2: Hospitalization Summary for Medicare Dialysis Patients¹, 1999-2001

	<u>This Facility</u>				<u>Regional Averages², 1999-2001, per year</u>		
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>1999-2001</u>	<u>State</u>	<u>Network</u>	<u>U.S.</u>
2a Medicare dialysis patients (n)	28	20	18		69.4	69.4	64.7
2b Patient years (PY) at risk ³ (n)	15.8	13.5	12.4	41.8 ⁵	46.4	46.4	39.0
Total Admission Count							
2c PY at risk for total admissions ³ (n)	15.4	13.3	12.0	40.7 ⁵	44.5	44.5	37.3
2d Total admissions (n)	15	9	15	39 ⁵	99.7	99.7	75.8
2e Expected total admissions (n)	30	26	23	79 ⁵	89.7	89.7	75.9
2f Standardized Total Admission Ratio ⁴	0.50	0.34	0.65	0.49	1.11	1.11	1.00
Diagnoses Present at Admission (% of 2a)							
2g Septicemia (% of 2a)	7.1	0.0	0.0	3.0	11.6	11.6	9.8
2h Acute Myocardial Infarction (% of 2a)	0.0	0.0	0.0	0.0	4.6	4.6	3.7
Length of Stay							
2i Unadjusted average length of admission (days)	11.5	5.3	11.2	10.0	7.3	7.3	8.0
2j One day admissions (% of 2d)	6.7	0.0	0.0	2.6	16.2	16.2	15.6
2k Unadjusted average days in the hospital per dialysis patient year	10.9	3.6	13.5	9.3	15.7	15.7	15.5

n/a= not applicable.

[1] Based on patients with Medicare as primary insurer, See Guide, Section V.

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

[3] Patient years at risk in 2b includes all time at risk. Patient years at risk for total admissions in 2c does not include time in the hospital.

[4] Standardized Total Admission Ratio calculated as ratio of actual (2c) to expected (2d) total admissions.

[5] Sum of 3 years used for calculations; should not be compared to regional averages.

TABLE 3: Transplantation Summary for Previously Untransplanted Dialysis Patients Under Age 65¹, 1999-2002

	<u>This Facility</u>					<u>Regional Averages², per year, 1999-2002</u>		
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>1999-2002</u>	<u>State</u>	<u>Network</u>	<u>U.S.</u>
Transplantation Rates (among eligible patients)								
3a Eligible patients (n) ¹	13	14	48	29		45.7	45.7	42.1
3b Patient years (PY) at risk (n)	5.9	9.1	28.5	17.3	61 ⁶	27.8	27.8	24.2
3c Actual 1st transplants (n)	1	0	3	5	9 ⁶	2.3	2.3	1.7
3d Expected 1st transplants (n)	0.6	0.7	2.5	1.6	5.4 ⁶	1.9	1.9	1.7
3e 1st transplant rate per 100 PY (% of 3b)	16.9	0.0	10.5	28.9	14.8	8.4	8.4	6.9
3f Expected 1st transplant rate per 100 PY at risk (% of 3b)	9.5	7.6	8.8	9.5	8.9	6.8	6.8	6.9
3g Number of cadaveric transplants	1	0	2	5	8 ⁶	1.5	1.5	1.1
Standardized Transplantation Ratio								
3h STR ³ (also shown in Figure 3)	.	.	1.20	3.04	1.67	1.23	1.23	1.00
3i P-value ⁴	.	.	0.46	0.03	0.1	n/a	n/a	n/a
3j C.I. for STR ⁵								
High (95% limit)	.	.	3.09	6.40	2.91	n/a	n/a	n/a
Low (5% limit)	.	.	0.33	1.20	0.87	n/a	n/a	n/a
STR Percentiles for This Facility (i.e. percent of facilities with lower transplantation rates)								
3k In this State	.	.	53	96	74			
3l In this Network	.	.	53	96	74			
3m In U.S.	.	.	67	96	83			

n/a= not applicable.

[1] See Guide, Section VI.

[2] Values are shown for the average facility.

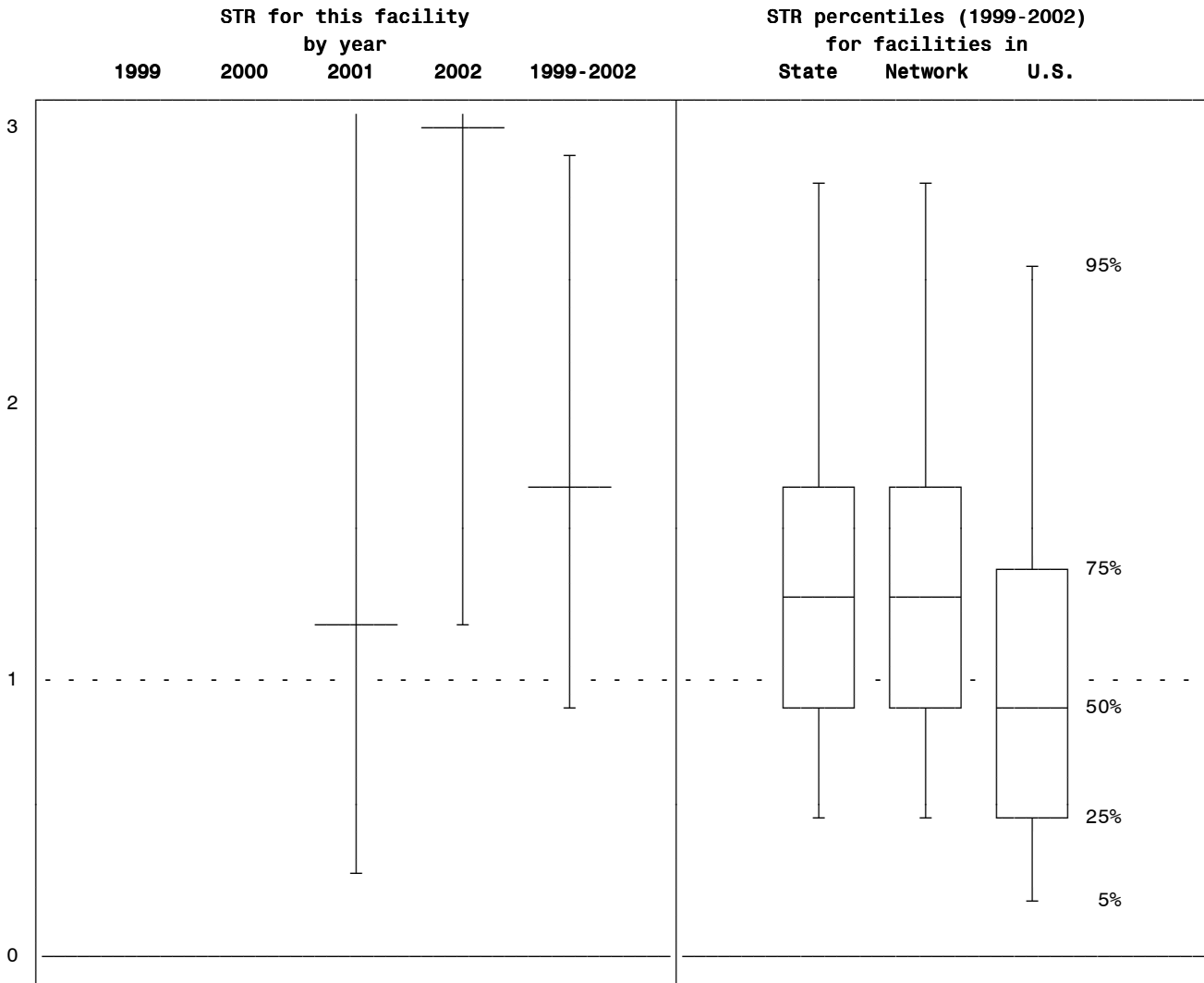
[3] Standardized Transplantation Ratio calculated as ratio of actual (3c) to expected (3d).
Not shown if 3d is too small.

[4] A p-value less than or equal to 0.05 indicates that the difference between the actual and expected transplant rate is probably real and is not due to random chance, while a p-value greater than 0.05 indicates that the difference is plausibly due to random chance.

[5] The confidence interval (C.I.) range represents uncertainty in the value of the STR due to random variation.

[6] Sum of 4 years used for calculations; should not be compared to regional averages.

FIGURE 2: Standardized Transplantation Ratio (STR) for Previously Untransplanted Dialysis Patients under Age 65, 1999-2002



The horizontal line shows the value of the STR (actual / expected transplantation) for this facility. The vertical lines show the range of uncertainty due to random variation (90% confidence interval; significant if the vertical line does not cross the dotted line at 1) ^ indicates STR > 3

The horizontal line in the middle of each box is the median STR for facilities in a region. The lower and upper boundaries of the box are the 25th and 75th percentiles for facilities in the region. The vertical lines extend to the 5th and 95th percentiles

The transplantation at this facility (STR = 1.67) for 1999-2002, was higher than
 83 percent of facilities in the nation
 74 percent of facilities in this Network
 74 percent of facilities in this state

TABLE 4: Percent of Patients on the Waitlist among Dialysis Patients under Age 65 Treated as of December 31 of each Year¹, 1999-2002

	<u>This Facility</u>				<u>Regional Averages², 2002</u>		
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>State</u>	<u>Network</u>	<u>U.S.</u>
4a Eligible patients on 12/31 (n) ¹	11	16	48	25	35.7	35.7	30.9
4b Eligible patients in 4a by subgroup (n)							
Age < 20	1	1	8	2	0.4	0.4	0.4
Age 20-64	10	15	40	23	35.3	35.3	30.5
Male	4	6	22	8	20.5	20.5	17.4
Female	7	10	26	17	15.2	15.2	13.5
Asian/Pacific Islander	0	0	1	1	0.9	0.9	1.1
Black	7	11	33	19	17.7	17.7	13.6
Native American	0	0	0	0	0.1	0.1	0.6
White	4	5	12	5	15.7	15.7	14.3
Other/Unknown race	0	0	2	0	1.4	1.4	1.2
Diabetes	1	2	5	6	12.2	12.2	11.9
Non-diabetes	10	14	43	19	23.5	23.5	18.9
Previous kidney transplant	4	5	11	8	4.8	4.8	3.8
No previous kidney transplant	7	11	37	17	30.9	30.9	27.0

Patients on the Waitlist

4c Patients on the waitlist (% of 4a)	54.5	75.0	58.3	68.0	28.0	28.0	22.7
4d P-value (compared to U.S. value) ³	0.02	<.01	<.01	<.01	n/a	n/a	n/a
4e Patients on the waitlist by subgroup (% of 4b)							
Age < 20	100	100	75.0	50.0	25.4	25.4	28.3
Age 20-64	50.0	73.3	55.0	69.6	28.1	28.1	22.7
Male	50.0	83.3	50.0	75.0	27.8	27.8	23.0
Female	57.1	70.0	65.4	64.7	28.4	28.4	22.4
Asian/Pacific Islander	.	.	100	100	48.2	48.2	36.7
Black	42.9	63.6	45.5	63.2	26.3	26.3	20.7
Native American	.	.	.	.	33.3	33.3	19.6
White	75.0	100	83.3	80.0	28.9	28.9	23.9
Other/Unknown race	.	.	100	.	26.4	26.4	19.8
Diabetes	0.0	50.0	20.0	66.7	21.2	21.2	16.4
Non-diabetes	60.0	78.6	62.8	68.4	31.6	31.6	26.7
Previous kidney transplant	50.0	80.0	90.9	100	53.8	53.8	44.5
No previous kidney transplant	57.1	72.7	48.6	52.9	24.0	24.0	19.6

n/a= not applicable.

[1] See Guide, Section VII.

[2] Values are shown for the average facility.

[3] Facility waitlist percentage is compared to the U.S. waitlist percentage for that year:

21.6% (1999), 22.0% (2000), 22.2% (2001), 22.7% (2002)

A p-value less than or equal to 0.05 indicates that the difference between the percent of patients waitlisted at the facility and the national percentage is probably real and is not due to random chance, while a p-value greater than 0.05 indicates that the difference is plausibly due to random chance.

TABLE 5: Facility Practice Patterns¹, 1999-2002

Modality	This Facility				Regional Averages ² , 2002		
	1999	2000	2001	2002	State	Network	U.S.
5a Patients treated during year (n) ¹	29	23	20	21	86.7	86.7	77.2
5b Modality (% of 5a; sums to 100%)							
Hemodialysis	3.4	0.0	0.0	0.0	90.7	90.7	92.7
CAPD/CCPD	93.1	95.7	75.0	85.7	8.0	8.0	5.4
Other dialysis	3.4	4.3	25.0	14.3	1.3	1.3	2.0
Hematocrit (HCT) (among dialysis patients with ESRD for at least 90 days and 4+ Hct claims from this facility)							
5c Eligible patients (n) ¹	13	11	12	11	55.5	55.5	47.0
5d Average hematocrit (%)	33.0	33.1	34.7	32.8	35.6	35.6	35.1
5e Hematocrit categories (% of pts. in 5c, sums to 100%)							
< 30.0 %	15.4	0.0	8.3	18.2	2.8	2.8	2.8
30.0-32.9 %	15.4	45.5	0.0	27.3	9.4	9.4	11.5
33.0-35.9 %	69.2	54.5	66.7	54.5	44.3	44.3	51.9
36+ %	0.0	0.0	25.0	0.0	43.5	43.5	33.8
5f Hematocrit 33+ (% of pts. in 5c) (meets DOQI guidelines)	69.2	54.5	91.7	54.5	87.8	87.8	85.7
5g C.I. for Hematocrit 33+							
High (95% limit)	87.3	78.7	98.5	78.7	n/a	n/a	n/a
Low (5% limit)	42.4	28.0	64.6	28.0	n/a	n/a	n/a
5h Hematocrit percentiles for this facility (i.e. percent of facilities with smaller % pts with Hct 33+)							
In this State	38	4	72	0			
In this Network	38	4	72	0			
In U.S.	31	6	77	2			
Urea Reduction Ratio (URR) (among HD patients with ESRD for at least 1 year and 4+ URR claims from this facility)							
5i Eligible patients (n) ¹	0	0	0	0	45.7	45.7	41.8
5j URR categories (% of pts. in 5i, sums to 100%)							
< 60.0 %	.	.	.	.	6.1	6.1	4.9
60.0-64.9 %	.	.	.	.	6.7	6.7	5.2
65.0-69.9 %	.	.	.	.	18.6	18.6	18.5
70.0-74.9 %	.	.	.	.	32.6	32.6	33.4
75+ %	.	.	.	.	36.0	36.0	38.0
5k URR 65+ (% of pts in 5i) (meets DOQI guidelines)	.	.	.	.	87.2	87.2	89.9
5l C.I. for URR 65+							
High (95% limit)	.	.	.	.	n/a	n/a	n/a
Low (5% limit)	.	.	.	.	n/a	n/a	n/a
5m URR percentiles for this facility (i.e. percent of facilities with smaller % pts with URR 65+)							
In this State	.	.	.	.
In this Network	.	.	.	.
In U.S.	.	.	.	.

n/a= not applicable.

[1] See Guide, Section VIII.

[2] Values are shown for the average facility.

TABLE 6: Self Reported Practice Pattern Information¹, 2001

	This Facility	Regional Averages ²		
		State	Network	U.S.
6a Reuse method ³ : [% using this method in region; sums to 100%]				
No Reuse	.	22.9	22.9	23.6
Formaldehyde	.	8.4	8.4	22.1
Glutaraldehyde	.	28.2	28.2	3.4
Peracetic acid	.	38.2	38.2	47.4
Heat	.	1.5	1.5	2.1
Other	.	0.8	0.8	1.3
6b Bleach used to reuse [% using bleach in region] ³	.	27.5	27.5	23.4
6c Hemodialysis patients as of December 3-8, 2001 (chronic, non-transient, in-center patients only)	.	80.3	80.3	65.5
6d Vascular access type (% of 6c) ³ : (sums to 100%)				
AV Graft	.	40.9	40.9	44.6
AV Fistula	.	31.0	31.0	30.7
Cuffed Catheter	.	24.1	24.1	21.9
Non-cuffed Catheter	.	4.0	4.0	2.8
6e Reason for catheter use ³ : (% of pts with catheters in 6d; sums to 100%)				
New HD pts awaiting fistula/graft	.	25.6	25.6	24.8
Fistula/graft failed, new one planned	.	27.1	27.1	28.3
Fistula/graft placement impossible	.	39.4	39.4	40.6
Other	.	7.9	7.9	6.3
6f Hemodialysis patients who have ever received at least 3 doses of hepatitis B vaccine (% of 6c).	.	46.7	46.7	61.1
6g Number of chronic, non-transient in-center hemodialysis patients treated at any time during 2001 who have converted from hepatitis B surface antigen negative to positive (n)	.	0.05	0.05	0.04

n/a= not applicable.

[1] See Guide, Section IX.

[2] Regional averages are for the average facility unless otherwise noted in [] in description at left of table.

[3] Source: 2001 CDC Surveillance.

TABLE 7: Patient Characteristics as Reported on the Medical Evidence Form (CMS Form 2728) for Patients Starting Dialysis¹, 1999-2002

Patient Characteristic [range] ²	This Facility				Regional Averages 1999-2002		
	1999	2000	2001	2002	State	Network	U.S.
7a Total number of patients with forms	0	1	20	9			
7b Age (average Years [0-95])	.	30.8	48.7	46.7	62.3	62.3	62.2
7c Sex (% Female)	.	100	35.0	66.7	46.6	46.6	46.8
7d Ethnicity (% Hispanic)	.	0.0	0.0	11.1	8.7	8.7	12.1
7e Race (% of 7a; sums to 100%)							
White	.	0.0	5.0	33.3	63.4	63.4	63.4
Black	.	100	90.0	55.6	32.4	32.4	28.4
Asian	.	0.0	0.0	11.1	1.7	1.7	2.5
American Indian/Alaskan Native	.	0.0	0.0	0.0	0.2	0.2	1.2
Pacific Islander	.	0.0	0.0	0.0	0.3	0.3	0.9
Middle East/Arabian	.	0.0	0.0	0.0	0.4	0.4	0.4
Indian Subcontinent	.	0.0	0.0	0.0	0.5	0.5	0.3
Other/Multiracial	.	0.0	0.0	0.0	0.9	0.9	2.6
Unknown	.	0.0	5.0	0.0	0.2	0.2	0.4
7f Body Mass Index ³ (Weight/Height ²)							
Male	.	.	22.6	27.5	25.3	25.3	25.2
Female	.	34.6	24.8	24.4	26.6	26.6	26.2
7g Primary cause of ESRD (% of 7a; sums to 100%)							
Diabetes	.	0.0	30.0	44.4	40.9	40.9	44.5
Hypertension	.	0.0	25.0	11.1	31.5	31.5	26.9
Primary Glomerulonephritis	.	100	0.0	11.1	8.1	8.1	8.9
Other	.	0.0	45.0	33.3	19.5	19.5	19.6
7h Employment ⁴							
Six months prior to ESRD treatment	.	100	33.3	14.3	40.9	40.9	37.9
At first ESRD treatment	.	100	33.3	14.3	26.0	26.0	23.0
Average Lab Values Prior to Dialysis [range]²							
7i Hematocrit (% [9-54])	.	28.6	29.7	28.4	29.4	29.4	29.6
7j Hemoglobin (g/dl [3-18])	.	9.6	9.8	9.4	9.8	9.8	9.8
7k Serum Albumin (g/dl [0.8-6.0])	.	3.5	3.3	3.5	3.1	3.1	3.1
7l Serum Creatinine (mg/dl [2-33])	.	6.0	8.5	5.4	7.3	7.3	7.4
7m BUN (mg/dl [24-250])	.	45	91	78	87	87	87
7n GFR (ml/min [0-25])	.	10.9	9.2	11.5	8.8	8.8	8.5

n/a= not applicable.

[1] See Guide, Section X.

[2] For continuous variables, all summaries are computed based only on responses in range indicated in brackets for the variable.

[3] The median is computed for adult patients at least 20 years old.

[4] Full-time, part-time, or student (% of 18-60 year olds).

TABLE 7 (CONTINUED): Patient Characteristics as Reported on the Medical Evidence Form (CMS Form 2728) for Patients Starting Dialysis¹, 1999-2002

Patient Characteristic [range] ²	This Facility				Regional Averages 1999-2002		
	1999	2000	2001	2002	State	Network	U.S.
7o Pre-existing Comorbidity (% yes of 7a)							
Congestive Heart Failure	.	0.0	5.0	11.1	29.5	29.5	31.7
Ischemic Heart Disease, CAD	.	0.0	0.0	0.0	23.4	23.4	24.4
Myocardial Infarction	.	0.0	0.0	0.0	7.9	7.9	8.8
Cardiac Arrest	.	0.0	0.0	0.0	0.6	0.6	0.8
Cardiac Dysrhythmia	.	0.0	0.0	0.0	3.9	3.9	6.0
Pericarditis	.	0.0	0.0	0.0	0.4	0.4	0.7
CVD, CVA, TIA	.	0.0	0.0	0.0	8.6	8.6	9.3
Peripheral Vascular Disease	.	0.0	0.0	0.0	11.2	11.2	14.3
History of Hypertension	.	100	20.0	77.8	77.1	77.1	77.2
Diabetes ³	.	0.0	30.0	55.6	50.8	50.8	52.2
Diabetes/on insulin (% of total)	.	0.0	5.0	44.4	22.5	22.5	22.7
Chronic Obstructive Pulmonary Disease	.	0.0	0.0	0.0	6.4	6.4	7.3
Current Smoker	.	0.0	0.0	0.0	4.4	4.4	5.0
Cancer	.	0.0	0.0	22.2	6.7	6.7	5.7
Alcohol Dependence	.	0.0	0.0	0.0	1.6	1.6	1.3
Drug Dependence	.	0.0	0.0	0.0	1.3	1.3	0.9
Inability to Ambulate	.	0.0	0.0	0.0	2.8	2.8	4.0
Inability to Transfer	.	0.0	0.0	0.0	1.0	1.0	1.4
7p HIV status (% of 7a; sums to 100%)							
Positive	.	0.0	5.0	0.0	0.9	0.9	0.7
Cannot disclose	.	0.0	0.0	0.0	21.0	21.0	32.6
Negative/Missing/Unknown	.	100	95.0	100	78.1	78.1	66.7
7q AIDS status (% of 7a; sums to 100%)							
Positive	.	0.0	0.0	0.0	0.3	0.3	0.4
Cannot disclose	.	0.0	0.0	0.0	21.1	21.1	32.6
Negative/Missing/Unknown	.	100	100	100	78.6	78.6	67.0
7r Average number of comorbid conditions	.	1.0	0.7	2.1	2.6	2.6	2.7
7s Average Comorbidity Index ⁴	.	-29.4	-24.2	-9.0	-1.8	-1.8	0.0

n/a= not applicable.

[1] See Guide, Section X.

[2] For continuous variables, all summaries are computed based only on responses in range. indicated in brackets for the variable.

[3] Also includes patients with diabetes as the primary cause of ESRD.

[4] Expected impact of patient comorbidity on mortality at the facility as a percent difference from US average.

TABLE 8: Summaries for All Dialysis Patients Treated as of December 31 of each Year¹, 1999-2002

	<u>This Facility</u>				<u>Regional Averages², 2002</u>		
	1999	2000	2001	2002	State	Network	U.S.
8a Patients treated on 12/31 of year (n)	16	21	50	23	66.1	66.1	55.1
8b Average age (yrs)	51.4	48.4	43.9	46.0	61.9	61.9	60.7
8c Age (% of 8a; sums to 100%)							
< 20	6.3	4.8	14.0	4.3	0.5	0.5	0.7
20-64	62.5	81.0	74.0	87.0	50.2	50.2	53.7
65+	31.3	14.3	12.0	8.7	49.3	49.3	45.7
8d Cause of ESRD (% of 8a; sums to 100%)							
Diabetes	6.3	9.5	10.0	17.4	35.9	35.9	40.7
Hypertension	25.0	38.1	26.0	26.1	31.4	31.4	27.5
Glomerulonephritis	18.8	14.3	10.0	17.4	11.0	11.0	12.1
Other/Unknown	37.5	23.8	32.0	26.1	17.8	17.8	17.8
Missing	12.5	14.3	22.0	13.0	3.8	3.8	2.0
8e Race (% of 8a; sums to 100%)							
Asian/Pacific Islander	0.0	0.0	2.0	0.0	2.7	2.7	3.9
Black	62.5	66.7	72.0	78.3	39.9	39.9	37.6
Native American	0.0	0.0	0.0	0.0	0.2	0.2	1.7
White	37.5	33.3	20.0	21.7	54.0	54.0	53.6
Other/Unknown/Missing	0.0	0.0	6.0	0.0	3.3	3.3	3.3
8f Female (% of 8a)	50.0	71.4	60.0	69.6	46.2	46.2	46.9
8g Average duration of ESRD (yrs)	4.7	5.4	4.5	6.4	3.9	3.9	4.0

[1] See Guide, Section XI.

[2] Values are shown for the average facility.

TABLE 9: How Patients were Assigned to this Facility and End of Year Patient Status¹, 1999-2002²

	<u>This Facility</u>				<u>Regional Averages², 2002</u>		
	1999	2000	2001	2002	State	Network	U.S.
9a Number of patients placed in facility ¹ (n)	30	31	70	51	104.5	104.5	84.7
9b Initial patient placement for the year in this facility (% of 9a; sums to 100%)							
Continuing at facility on 1/1	53.3	51.6	30.0	64.7	61.8	61.8	62.7
Incident (new to ESRD)	6.7	3.2	18.6	11.8	25.6	25.6	23.6
Transferred into facility	40.0	45.2	51.4	23.5	12.6	12.6	13.7
9c Patient status at end of year (% of 9a; sums to 100%)							
Alive in this facility on 12/31	53.3	67.7	71.4	45.1	63.2	63.2	65.0
Alive in another facility on 12/31	20.0	16.1	8.6	9.8	7.1	7.1	8.2
Received a transplant	6.7	3.2	7.1	15.7	3.6	3.6	3.0
Died; death attributed to this facility	10.0	12.9	8.6	7.8	16.8	16.8	15.3
Died; death attributed to another facility	3.3	0.0	1.4	0.0	1.9	1.9	1.9
Other ²	6.7	0.0	2.9	21.6	7.4	7.4	6.6

[1] See Guide, Section XII.

[2] Includes patients who recovered renal function, discontinued dialysis, or were lost to follow-up. Also includes dialysis unrelated deaths. (Dialysis unrelated deaths are not attributed to any facility for the purposes of the mortality calculations in this report.)

TABLE 10: Patient Counts from Annual Facility Survey (CMS Form 2744)¹, 1999-2001

	<u>This Facility</u>			<u>Regional Averages², 2001</u>		
	1999	2000	2001	State	Network	U.S.
10a Patients treated during year (n)	.	163	55	124.3	124.3	103.0
10b Incident patients (% of 10a)	.	10.4	14.5	23.1	23.1	22.0
10c Transferred into facility (% of 10a)	.	3.1	23.6	12.8	12.8	13.5
10d Transferred out of facility (% of 10a)	.	1.8	20.0	13.6	13.6	13.7
Patients Treated as of 12/31						
10e Patients treated as of 12/31 (n)	.	137	38	81.8	81.8	68.4
10f Medicare eligibility status as of 12/31 (% of 10e; sums to 100%)						
Medicare	.	78.1	68.4	74.0	74.0	83.5
Medicare application pending	.	9.5	5.3	8.1	8.1	8.1
Non-Medicare	.	12.4	26.3	17.9	17.9	8.4
10g Patient modality (n; sums to 10e)						
In-center HD	.	137	0	74.9	74.9	61.7
In-center IPD	.	0	0	0.0	0.0	0.0
In-center CAPD	.	0	0	0.0	0.0	0.0
In-center CCPD	.	0	0	0.1	0.1	0.0
Home HD	.	0	0	0.1	0.1	0.3
Home IPD	.	0	0	0.0	0.0	0.0
Home CAPD	.	0	9	2.6	2.6	2.8
Home CCPD	.	0	29	4.0	4.0	3.6
Transient Patients						
10h Transient patients treated during year (n)	.	4	0	9.5	9.5	18.3
10i In-center treatments for transient patients (n)	.	14	0	30.0	30.0	85.0

[1] See Guide, Section XIII.

[2] Values are shown for the average facility.

TABLE 11: Facility Information¹, 2003

Date of last survey: 03/12/2003

Type of action at last survey: RECERTIFICATION

Ownership: Nonprofit

Organization: INDEPENDENT

Initial Medicare certification date: 01/01/1995

Number of stations: 3

Services provided: Peritoneal Dialysis

[1] See Guide, Section XIV.