Data Dictionary for Quarterly Dialysis Facility Compare

Release Date: January 2017

This document provides the variable name, variable type, maximum length and a description for each column included in the downloadable databases available on the Dialysis Facility Compare (DFC) website. The measures are obtained using the methodology described in the *Guide to the Dialysis Facility Compare Report* available for download from the Methodology tab of the Dialysis Data website (https://dialysisdata.org/sites/default/files/content/Methodology/DFCReportGuide.pdf). For each quality measure (Tables 2-9), a variable indicating the time period, patient count and data availability code (Table 10) are provided. Updates to the data dictionary are listed on page 2.

Updates to Data Dictionary

DATE	REVISIONS
4/29/2013	Access, CSV, CSV (Revised) variable names added.
9/13/2013	Added transfusion table (new Table 7)
6/20/2014	Added 3 Star Rating variables to Table 1 (five_star, date_five_star and five_star_c)
7/1/2014	Added 2 additional "Data Not Available" codes for Star Rating
9/12/2014	Added readmissions table (new Table 8)
9/24/2014	Removed URR variables from Table 2
12/5/2014	Removed readmissions variables and reordered tables
1/9/2015	Added readmissions table back in (Table 8)
6/22/2015	Changed readmission variable names (INDEXY4_f, SRRY4_f, SRRUCLY4_f, SRRLCLY4_f) (Table 8)
9/2/2015	Changed fistula measure description in Table 4 to "in use"
5/31/16-7/6/26	Table 2: new table Survey of Patients' Experiences, 6 measures Table 4: facility level transfusion rate, upper and lower confidence intervals and US rate Table 5: new table Standardized Infection Ratio Table 6: new variables names for adult HD, adult PD, pediatric HD Kt/V measures, new pediatric PD Kt/V measure Tables 9-11: facility level rates, confidence intervals and US rates added for hospitalization, readmission and deaths Table 12: new data availability codes added for new measures
8/22/2016	Added DATE_CAHPS2 variable to reflect 2nd data collection period for the ICH-CAHPS survey
10/26/2016	Changed CAHPS variables from character to numerical, rounded standardized measure values to tenths place, added state and US SIR count variables PTSIRS1-PTSIRS3, PTSIRU1-PTSIRU3
12/21/16	Removed variables response_rate_f and completed_surveys_f from Table 2

Table 1: Facility Identification Variables

Variable Name reported in the Access/CSV file	Variable Name reported in the CSV (Revised)	Type	Max. Length	Description
PROVNUM	Provider Number	Char	50	Lists the numeric code used to identify the provider listed.
FACNAME	Facility Name	Char	80	Lists the name of the facility listed.
PHYSTATE	State	Char	2	Lists the alphabetic postal code used to identify the state that corresponds to the facility listed.
NETWORK	Network	Char	2	Lists the numeric code for the network in which facility participates.
DATE_FIVE_STAR	Five Star Date	Char	19	Lists the data collection period for the five star rating.
FIVE_STAR	Five Star	Char	1	Lists the 5-star rating for the facility.
FIVE_STAR_C	Five Star Data Availability Code	Char	3	Lists whether the facility had sufficient five star data available or the reason for why the data is not available.
PHYADDR1	Address Line 1	Char	60	Lists the first line of the address that corresponds to the facility listed.
PHY ADDR2	Address Line 2	Char	60	Lists the second line of the address that corresponds to the facility listed.
PHYCITY	City	Char	30	Lists the name of the city that corresponds to the

				facility listed.
PHYZIP	Zip	Char	5	Lists the full postal ZIP code that corresponds to the facility listed.
PHYCOUNTY	County	Char	60	Lists the name of the county that corresponds to the facility listed.
PHONENUM	Phone Number	Char	14	Lists the telephone number that corresponds to the facility listed.
OWNTYPE	Profit or Non-Profit	Char	50	Indicates if the dialysis facility's operates as a for-profit or non-profit business.
CHAINYN	Chain Owned	Char	3	Indicates whether or not the facility is owned or managed by a chain organization.
CHAINNAM	Chain Organization	Char	50	Lists the name of the chain organization if applicable.
SHIFT	Late Shift	Bit (access)/text(CSV Rev)	5 (CSV Revised)	Lists whether or not the facility has a shift starting at 5:00 p.m. or later.
TOTSTAS	# of Dialysis Stations	int		Indicates the total number of dialysis stations at the dialysis facility.
HD	Offers in-center hemodialysis	Bit (access)/text(CSV Rev)	5 (CSV Revised)	Indicates whether the facility offers in-center hemodialysis.
PD	Offers in-center peritoneal dialysis	Bit (access)/text(CSV Rev)	5 (CSV Revised)	Indicates whether the facility offers in-center peritoneal dialysis.
HOMEHD	Offers home hemodialysis training.	Bit (access)/text(CSV Rev)	5 (CSV Revised)	Indicates whether the facility offers home hemodialysis

				training.
CERTDATE	Certification or Recertification Date	datetime		Lists the initial or recertification date for the facility listed. These facilities are certified if they pass inspection. Medicare or Medicaid only covers care provided by certified providers. Being certified is not the same as being accredited.

Table 2: Survey of Patients' Experiences

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
Date_CAHPS	ICH-CAHPS date	Char	19	Lists the data collection period for the earlier ICH-CAHPS survey
Date_CAHPS2	ICH-CAHPS date2	Char	19	Lists the data collection period for the later ICH-CAHPS survey
CAHPS_C	ICH-CAHPS data availability code	num	8	Lists whether the facility had sufficient ICH-CAHPS data available or the reason for why the data is not available.
NEPHCOMM_BOT_F	Lower box percent of patients-nephrologists' communication and caring	num	8	Lists the percent of patients who reported "Sometimes" or "Never"-nephrologists' communication and caring (FACILITY).
NEPHCOMM_MID_F	Middle box percent of patients-nephrologists' communication and caring	num	8	Lists the percent of patients who reported "Usually"-nephrologists' communication and caring (FACILITY).
NEPHCOMM_TOP_F	Top box percent of patients-	num	8	Lists the percent of patients who reported "Always"-

	nephrologists' communication and caring			nephrologists' communication and caring (FACILITY).
NEPHCOMM_BOT_S	Lower box percent of patients-nephrologists' communication and caring	num	8	Lists the percent of patients who reported "Sometimes" or "Never"-nephrologists' communication and caring (STATE).
NEPHCOMM_MID_S	Middle box percent of patients-nephrologists' communication and caring	num	8	Lists the percent of patients who reported "Usually"-nephrologists' communication and caring (STATE).
NEPHCOMM_TOP_S	Top box percent of patients-nephrologists' communication and caring	num	8	Lists the percent of patients who reported "Always"-nephrologists' communication and caring (STATE).
NEPHCOMM_BOT_U	Lower box percent of patients-nephrologists' communication and caring	num	8	Lists the percent of patients who reported "Sometimes" or "Never"-nephrologists' communication and caring (US).
NEPHCOMM_MID_U	Middle box percent of patients-nephrologists' communication and caring	num	8	Lists the percent of patients who reported "Usually"-nephrologists' communication and caring (US).
NEPHCOMM_TOP_U	Top box percent of patients-nephrologists' communication and caring	num	8	Lists the percent of patients who reported "Always"-nephrologists' communication and caring (US).
QUALITY_BOT_F	Lower box percent of patients-quality of dialysis center care and operations	num	8	Lists the percent of patients who reported "Sometimes" or "Never"-quality of dialysis center care and operations (FACILITY).
QUALITY_MID_F	Middle box percent of patients-quality of dialysis center	num	8	Lists the percent of patients who reported "Usually"-quality of dialysis center care and operations (FACILITY).

	care and operations			
QUALITY_TOP_F	Top box percent of patients-quality of dialysis center care and operations	num	8	Lists the percent of patients who reported “Always”- quality of dialysis center care and operations (FACILITY).
QUALITY_BOT_S	Lower box percent of patients-quality of dialysis center care and operations	num	8	Lists the percent of patients who reported “Sometimes” or “Never”- quality of dialysis center care and operations (STATE).
QUALITY_MID_S	Middle box percent of patients- quality of dialysis center care and operations	num	8	Lists the percent of patients who reported “Usually”- quality of dialysis center care and operations (STATE).
QUALITY_TOP_S	Top box percent of patients- quality of dialysis center care and operations	num	8	Lists the percent of patients who reported “Always”- quality of dialysis center care and operations (STATE).
QUALITY_BOT_U	Lower box percent of patients- quality of dialysis center care and operations	num	8	Lists the percent of patients who reported “Sometimes” or “Never”- quality of dialysis center care and operations (US).
QUALITY_MID_U	Middle box percent of patients- quality of dialysis center care and operations	num	8	Lists the percent of patients who reported “Usually”- quality of dialysis center care and operations (US).
QUALITY_TOP_U	Top box percent of patients- quality of dialysis center care and operations	num	8	Lists the percent of patients who reported “Always”- quality of dialysis center care and operations (US).

INFO_BOT_F	Lower box percent of patients-providing information to patients	num	8	Lists the percent of patients who reported "No"- providing information to patients (FACILITY).
INFO_TOP_F	Top box percent of patients-providing information to patients	num	8	Lists the percent of patients who reported "Yes"-providing information to patients (FACILITY).
INFO_BOT_S	Lower box percent of patients-providing information to patients	num	8	Lists the percent of patients who reported "No"- providing information to patients (STATE).
INFO_TOP_S	Top box percent of patients-providing information to patients	num	8	Lists the percent of patients who reported "Yes"-providing information to patients (STATE).
INFO_BOT_U	Lower box percent of patients-providing information to patients	num	8	Lists the percent of patients who reported "No"- providing information to patients (US).
INFO_TOP_U	Top box percent of patients-providing information to patients	num	8	Lists the percent of patients who reported "Yes"-providing information to patients (US).
NEPHRATE_BOT_F	Lower box percent of patients-rating of the nephrologist	num	8	Lists the percent of patients who gave their nephrologist a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (FACILITY).
NEPHRATE_MID_F	Middle box percent of patients- rating of the nephrologist	num	8	Lists the percent of patients who gave their nephrologist a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (FACILITY).
NEPHRATE_TOP_F	Top box percent of patients- rating of the nephrologist	num	8	Lists the percent of patients who gave their nephrologist a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (FACILITY).

NEPHRATE_BOT_S	Lower box percent of patients- rating of the nephrologist	num	8	Lists the percent of patients who gave their nephrologist a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (STATE).
NEPHRATE_MID_S	Middle box percent of patients- rating of the nephrologist	num	8	Lists the percent of patients who gave their nephrologist a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (STATE).
NEPHRATE_TOP_S	Top box percent of patients- rating of the nephrologist	num	8	Lists the percent of patients who gave their nephrologist a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (STATE).
NEPHRATE_BOT_U	Lower box percent of patients- rating of the nephrologist	num	8	Lists the percent of patients who gave their nephrologist a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (US).
NEPHRATE_MID_U	Middle box percent of patients- rating of the nephrologist	num	8	Lists the percent of patients who gave their nephrologist a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (US).
NEPHRATE_TOP_U	Top box percent of patients- rating of the nephrologist	num	8	Lists the percent of patients who gave their nephrologist a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (US).
STAFFRATE_BOT_F	Lower box percent of patients-rating of the dialysis center staff	num	8	Lists the percent of patients who gave their dialysis center staff a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (FACILITY).
STAFFRATE_MID_F	Middle box percent of patients-rating of the dialysis center staff	num	8	Lists the percent of patients who gave their dialysis center staff a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (FACILITY).
STAFFRATE_TOP_F	Top box percent of patients-rating of the dialysis center staff	num	8	Lists the percent of patients who gave their dialysis center staff a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (FACILITY).
STAFFRATE_BOT_S	Lower box percent of patients-rating of	num	8	Lists the percent of patients who gave their dialysis center staff a rating of 6 or lower on

	the dialysis center staff			a scale of 0 (lowest) to 10 (highest) (STATE).
STAFFRATE_MID_S	Middle box percent of patients-rating of the dialysis center staff	num	8	Lists the percent of patients who gave their dialysis center staff a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (STATE).
STAFFRATE_TOP_S	Top box percent of patients-rating of the dialysis center staff	num	8	Lists the percent of patients who gave their dialysis center staff a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (STATE).
STAFFRATE_BOT_U	Lower box percent of patients-rating of the dialysis center staff	num	8	Lists the percent of patients who gave their dialysis center staff a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (US).
STAFFRATE_MID_U	Middle box percent of patients-rating of the dialysis center staff	num	8	Lists the percent of patients who gave their dialysis center staff a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (US).
STAFFRATE_TOP_U	Top box percent of patients-rating of the dialysis center staff	num	8	Lists the percent of patients who gave their dialysis center staff a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (US).
FACRATE_BOT_F	Lower box percent of patients-rating of the dialysis facility	num	8	Lists the percent of patients who gave their dialysis facility a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (FACILITY).
FACRATE_MID_F	Middle box percent of patients-rating of the dialysis facility	num	8	Lists the percent of patients who gave their dialysis facility a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (FACILITY).
FACRATE_TOP_F	Top box percent of patients-rating of the dialysis facility	num	8	Lists the percent of patients who gave their dialysis facility a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (FACILITY).
FACRATE_BOT_S	Lower box percent of patients-rating of the dialysis facility	num	8	Lists the percent of patients who gave their dialysis facility a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (STATE).

FACRATE_MID_S	Middle box percent of patients-rating of the dialysis facility	num	8	Lists the percent of patients who gave their dialysis facility a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (STATE).
FACRATE_TOP_S	Top box percent of patients-rating of the dialysis facility	num	8	Lists the percent of patients who gave their dialysis facility a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (STATE).
FACRATE_BOT_U	Lower box percent of patients-rating of dialysis facility	num	8	Lists the percent of patients who gave their dialysis facility a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (US).
FACRATE_MID_U	Middle box percent of patients-rating of the dialysis facility	num	8	Lists the percent of patients who gave their dialysis facility a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (US).
FACRATE_TOP_U	Top box percent of patients-rating of the dialysis facility	num	8	Lists the percent of patients who gave their dialysis facility a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (US).

Table 3: Anemia Management

Variable Name reported in the Access/CSV file	**CSV (Revised) Label Name**	**Type**	**Max. Length**	**Description**
Date_Claims	Claims Date	Char	19	Lists the data collection period for claims-based summaries.
HGBRD_F	Number of Dialysis Patients with Hgb data	Num	8	Lists the number of patients included in the hemoglobin (hgb) greater than 12.0 g/dL summary (FACILITY).
HGBL10_C	HGB<10 data availability code	Char	3	Lists whether the facility had sufficient hemoglobin (hgb) data available or the reason for why the data is not available.
HGBL10_F	Percentage of Medicare patients with Hgb <10 g/dL	Num	8	Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL (FACILITY).
HGBL10_S	Percentage of patients with	Num	8	Lists the percentage of patients who had average hemoglobin (hgb) less

	Hgb<10 g/dL			than 10.0 g/dL.
HgbL10_U	Percentage of patients with Hgb<10 g/dL	Num	8	Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL (US).
HGBG12_C	Hgb > 12 data availability code	Num	50	Lists whether the facility had sufficient hemoglobin (hgb) data available or the reason for why the data is not available.
HGBG12_F	Percentage of Medicare patients with Hgb>12 g/dL	Num	8	Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (FACILITY).
HGBG12_S	Percentage of patients with Hgb>12 g/dL	Num	8	Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (STATE).
HGBG12_U	Percentage of patients with Hgb>12 g/dL	Num	8	Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (US).

Table 4: Transfusions: Transfusion Rate

Variable Name reported in the Access/CSV file	**CSV (Revised) Label Name**	**Type**	**Max. Length**	**Description**
DATE_STrR	STrR Date	Char	19	Lists the time period for patient transfusion summary (STrR).
PTTRAN_C	Patient Transfusion data availability Code	Char	3	Lists whether the facility had sufficient transfusion data available or the reason for why the data is not available.
DFCSTrRTEXT	Patient Transfusion category text	Char	20	Patient transfusion category.
PATSTR_F	Number of patients included in transfusion summary	Num	8	Lists the number of patients included in the facility's transfusion summary (FACILITY).
STRR_RATE_F	Transfusion Rate (Facility)	Num	8	Lists the facility's transfusion rate per 100 patient-years.
STRR_RATE_UCI_F	Transfusion Rate: Upper Confidence Limit (97.5%)	Num	8	Lists the upper confident limit (97.5%) for transfusion rate per 100 patient-years.
STRR_RATE_LCI_F	Transfusion Rate: Lower Confidence Limit (2.5%)	Num	8	Lists the lower confident limit (2.5%) for transfusion rate per 100 patient-years.
STRR_RATE_U	Transfusion Rate (US)	Num	8	Lists the national transfusion rate per 100 patient-years.

PTSTRS1	Transfusions-Better than expected (State)	Num	8	Lists the number of facilities in the State with patient transfusions categorized as “Better than expected” (STATE).
PTSTRS2	Transfusions- As expected (State)	Num	8	Lists the number of facilities in the State with patient transfusions categorized as “As expected” (STATE).
PTSTRS3	Transfusions-Worse than expected (State)	Num	8	Lists the number of facilities in the State with patient transfusions categorized as “Worse than expected” (STATE).
PTSTRU1	Transfusions-Better than expected (US)	Num	8	Lists the number of facilities in the Nation with patient transfusions categorized as “Better than expected” (US).
PTSTRU2	Transfusions- As expected (US)	Num	8	Lists the number of facilities in the Nation with patient transfusions categorized as “As expected” (US).
PTSTRU3	Transfusions-Worse than expected (US)	Num	8	Lists the number of facilities in the Nation with patient transfusions categorized as “Worse than expected” (US).

Table 5: Infections: Standardized Infection Ratio (SIR)

Variable Name reported in the Access/CSV file	**CSV (Revised) Label Name**	**Type**	**Max. Length**	**Description**
DATE_SIR	SIR Date	Char	19	Lists the time period for patient infection summary (SIR).
SIR_C	Patient Infection data availability Code	Char	50	Lists whether the facility had sufficient infection data available or the reason for why the data is not available.
DFCSIRTEXT	Patient Infection category text	Char	20	Patient infection category.
SIR_F	Standard Infection Ratio	Num	8	Lists the facility’s Standardized Infection Ratio (FACILITY).
SIR_UCI_F	SIR: Upper Confidence Limit (97.5%)	Num	8	Lists the upper confident limit (97.5%) for Standardized Infection Ratio (SIR).
SIR_LCI_F	SIR: Lower Confidence Limit (2.5%)	Num	8	Lists the lower confident limit (2.5%) for Standardized Infection Ratio (SIR).

PTSIRS1	Infection- Better than expected (State)	Num	8	Lists the number of facilities in the State with patient transfusions categorized as “Better than expected” (STATE).
PTSIRS2	Infection- As expected (State)	Num	8	Lists the number of facilities in the State with patient infection categorized as “As expected” (STATE).
PTSIRS3	Infection- Worse than expected (State)	Num	8	Lists the number of facilities in the State with patient infection categorized as “Worse than expected” (STATE).
PTSIRU1	Infection- Better than expected (US)	Num	8	Lists the number of facilities in the Nation with patient infection categorized as “Better than expected” (US).
PTSIRU2	Infection- As expected (US)	Num	8	Lists the number of facilities in the Nation with patient infection categorized as “As expected” (US).
PTSIRU3	Infection- Worse than expected (US)	Num	8	Lists the number of facilities in the Nation with patient infection categorized as “Worse than expected” (US).

Table 6: Dialysis Adequacy

Variable Name reported in the Access/CSV file	**CSV (Revised) Label Name**	**Type**	**Max. Length**	**Description**
Date_CW	CROWNWeb Date	Char	19	Lists the data collection period for CROWNWeb based measures.
HDKTV12_C	Adult HD Kt/V data availability code	Char	3	Lists whether the facility had sufficient adult HD Kt/V data available or the reason for why the data is not available.
CWHD_KTVpats_f	Number of adult HD patients with KT/V data	Num	8	Lists the number of adult HD patients included in Kt/V greater than or equal to 1.2 summary (FACILITY).
CWHD_KTVpm_f	Number of adult HD patient-months with Kt/V data	Num	8	Lists the number of adult HD patient-months included in Kt/V greater than or equal to 1.2 summary (FACILITY).

CWHD_KTVge12_f	Percentage of adult HD Patients with Kt/V >=1.2	Num	8	Lists the percentage of adult HD patients with Kt/V greater than or equal to 1.2 (FACILITY).
CWHD_KTVge12_s	Percentage of adult HD patients with Kt/V>=1.2	Num	8	Lists the percentage of adult HD patients with Kt/V greater than or equal to 1.2 (STATE).
CWHD_KTVge12_u	Percentage of adult HD patients with Kt/V>=1.2	Num	8	Lists the percentage of adult HD patients with Kt/V greater than or equal to 1.2 (US).
PDKTV17_C	Adult PD Kt/V data availability code	Char	3	Lists whether the facility had sufficient adult PD Kt/V data available or the reason for why the data is not available.
CWPD_KTVpats_f	Number of adult PD patients with KT/V data	Num	8	Lists the number of adult PD patients included in Kt/V greater than or equal to 1.7 summary (FACILITY).
CWPD_KTVpm_f	Number of adult PD patient-months with Kt/V data	Num	8	Lists the number of adult PD patient-months included in Kt/V greater than or equal to 1.7 summary (FACILITY).
CWPD_KTVge17_f	Percentage of adult PD patients with Kt/V>=1.7	Num	8	Lists the percentage of adult PD patients with Kt/V greater than or equal to 1.7 (FACILITY).
CWPD_KTVge17_s	Percentage of adult PD patients with Kt/V>=1.7	Num	8	Lists the percentage of adult PD patients with Kt/V greater than or equal to 1.7 (STATE).
CWPD_KTVge17_u	Percentage of adult PD patients with Kt/V>=1.7	Num	8	Lists the percentage of adult PD patients with Kt/V greater than or equal to 1.7 (US).
PHDKTV12_C	Pediatric HD Kt/V Data Availability Code	Char	3	Lists whether the facility had sufficient Pediatric HD Kt/V data available or the reason for why the data is not available.
p_CWHD_KTVpats_f	Number of pediatric HD patients with Kt/V data	Num	8	Lists the number of pediatric HD patients included in Kt/V greater

				than or equal to 1.2 summary (FACILITY).
p_CWHD_KTVpm_f	Number of pediatric HD patient-months with KT/V data	Num	8	Lists the number of pediatric HD patient-months included in Kt/V greater than or equal to 1.2 summary (FACILITY).
p_CWHD_KTVge12_f	Percentage of pediatric HD patents with Kt/V>=1.2	Num	8	Lists the percentage of pediatric HD patients with Kt/V greater than or equal to 1.2 (FACILITY).
p_CWHD_KTVge12_s	Percentage of pediatric HD patients with Kt/V>=1.2	Num	8	Lists the percentage of pediatric HD patients with Kt/V greater than or equal to 1.2 (STATE).
p_CWHD_KTVge12_u	Percentage of pediatric HD patients with Kt/V>=1.2	Num	8	Lists the percentage of pediatric HD patients with Kt/V greater than or equal to 1.2 (US).
PPDKTV18_C	Pediatric PD Kt/V Data Availability Code	Char	3	Lists whether the facility had sufficient pediatric PD Kt/V data available or the reason for why the data is not available.
p_CWPD_KTVpats_f	Number of pediatric PD patients with Kt/V data	Num	8	Lists the number of pediatric PD patients included in Kt/V greater than or equal to 1.8 summary (FACILITY).
p_CWPD_KTVpm_f	Number of pediatric PD patient-months with KT/V data	Num	8	Lists the number of pediatric PD patient months included in Kt/V greater than or equal to 1.8 summary (FACILITY).
p_CWPD_KTVge18_f	Percentage of pediatric PD patents with Kt/V>=1.8	Num	8	Lists the percentage of pediatric PD patients with Kt/V greater than or equal to 1.8 (FACILITY).
p_CWPD_KTVge18_s	Percentage of pediatric PD patients with Kt/V>=1.8	Num	8	Lists the percentage of pediatric PD patients with Kt/V greater than or equal to 1.8 (STATE).
p_CWPD_KTVge18_u	Percentage of pediatric PD patients with Kt/V>=1.8	Num	8	Lists the percentage of pediatric PD patients with Kt/V greater than or equal

				to 1.8 (US).

Table 7: Vascular Access (VA)

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
Date_Claims	Claims Date	Char	19	Lists the data collection period for claims-based summaries.
VAHDPAT_F	Number of Adult patients included in arterial venous fistula and catheter summaries	num	8	Lists the number of Adult patients included in arterial venous fistula and catheter summaries (FACILITY).
VAHDPM_F	Number of Adult patient-months included in arterial venous fistula and catheter summaries	num	8	Lists the number of Adult patient-months included in arterial venous fistula and catheter summaries (FACILITY).
VAVF_C	Arteriovenous fistulae in use data availability code	Char	3	Lists whether the facility had sufficient arterial venous fistula data available or the reason for why the data is not available.
VAVF_F	Percentage of patients with arteriovenous fistulae in use	num	8	Lists the percentage of Adult patients who received treatment through an arterial venous fistula (FACILITY).
VAVF_S	Percentage of patients with arteriovenous fistulae in use	num	8	Lists the percentage of Adult patients who received treatment through an arterial venous fistula (STATE).
VAVF_U	Percentage of patients with arteriovenous fistulae in use	num	8	Lists the percentage of Adult patients who received treatment through an arterial venous fistula (US).
VCG90_C	Vascular catheter data availability code	num	8	Lists whether the facility had sufficient vascular catheter data available or the reason for why the data is not available.
VCG90_F	Percentage of patients with vascular catheter in use for 90 days	num	8	Lists the percentage of Adult patients who had a catheter (tube) left in a vein longer than 90 days for their regular hemodialysis

	or longer			treatments (FACILITY).
VCG90_S	Percentage of patients with vascular catheter in use for 90 days or longer	num	8	Lists the percentage of Adult patients who had a catheter (tube) left in a vein longer than 90 days for their regular hemodialysis treatments (STATE).
VCG90_U	Percentage of patients with vascular catheter in use for 90 days or longer	num	8	Lists the percentage of Adult patients who had a catheter (tube) left in a vein longer than 90 days for their regular hemodialysis treatments (US).

Table 8: Mineral and Bone Disorder (CROWNWeb)

Variable Name reported in the Access/CSV file	**CSV (Revised) Label Name**	**Type**	**Max. Length**	**Description**
Date_CW	CROWNWeb Date	Char	19	Lists the data collection period for CROWNWeb based measures.
Hypercalpats_f	Number of patients in hypercalcemia summary	Num	8	Lists the number of patients included in the facility's hypercalcemia summary (FACILITY).
Hypercalpm_f	Number of patient-months in hypercalcemia summary	Num	8	Lists the number of patient-months included in the facility's hypercalcemia summary (FACILITY).
Hypercal_C	Hypercalcemia Data Availability Code	Char	3	Lists whether the facility had sufficient hypercalcemia data available or the reason for why the data is not available.
Hypercal_F	Percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL)	Num	8	Lists the percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL) (FACILITY).
Hypercal_S	Percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL)	Num	8	Lists the percentage of Adult patients with Hypercalcemia (serum calcium greater than 10.2 mg/dL) (STATE).

Hypercal_U	Percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL)	Num	8	Lists the percentage of Adult patients with Hypercalcemia (serum calcium greater than 10.2 mg/dL) (US).
Serumphospats_F	Number of patients in Serum phosphorus summary.	Num	8	Lists the number of patients included in the facility's serum phosphorus summary (FACILITY).
Serumphospm_F	Number of patient-months in Serum phosphorus summary.	Num	8	Lists the number of patient-months included in the facility's serum phosphorus summary (FACILITY).
Serumphos_C	Serum phosphorus Data Availability Code.	Char	3	Lists whether the facility had sufficient serum phosphorus data available or the reason for why the data is not available.
Serumphos1_F	Percentage of Adult patients with serum phosphorus less than 3.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus less than 3.5 mg/dL (FACILITY).
Serumphos2_F	Percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL (FACILITY).
Serumphos3_F	Percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL (FACILITY).
Serumphos4_F	Percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL (FACILITY).
Serumphos5_F	Percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL (FACILITY).
Serumphos1_S	Percentage of Adult patients with serum phosphorus less than 3.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus less than 3.5 mg/dL (STATE).

Serumphos2_S	Percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL (STATE).
Serumphos3_S	Percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL (STATE).
Serumphos4_S	Percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL (STATE).
Serumphos5_S	Percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL (STATE).
Serumphos1_U	Percentage of Adult patients with serum phosphorus less than 3.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus less than 3.5 mg/dL (US).
Serumphos2_U	Percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL (US).
Serumphos3_U	Percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL (US).
Serumphos4_U	Percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL (US).
Serumphos5_U	Percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL (US).

Table 9: Patient Hospitalization: Hospitalization Rate

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
DATE_SHR	SHR Date	Char	19	Lists the time period for patient hospitalization summary.
PTHOSP_C	Patient Hospitalization data availability Code	Char	3	Lists whether the facility had sufficient hospitalization data available or the reason for why the data is not available.
DFCHOSPTEXT	Patient hospitalization category text	Char	20	Patient hospitalization category.
RDSHY4_F	Number of patients included in hospitalization summary	num	8	Lists the number of patients included in the facility's hospitalization summary.
SHR_RATE_F	Hospitalization Rate (Facility)	num	8	Lists the facility's hospitalization rate per 100 patient-years.
SHR_RATE_UCI_F	Hospitalization Rate: Upper Confidence Limit (97.5%)	num	8	Lists the upper confident limit (97.5%) for hospitalization rate per 100 patient-years.
SHR_RATE_LCI_F	Hospitalization Rate: Lower Confidence Limit (2.5%)	num	8	Lists the lower confident limit (2.5%) for hospitalization rate per 100 patient-years.
OBHTRY4_U	Hospitalization Rate (US)	num	8	Lists the national hospitalization rate per 100 patient-years.
PTHOSPS1	Hospitalizations-Better than expected (State)	num	8	Lists the number of facilities in the State with patient hospitalizations categorized as "Better than expected" (STATE).
PTHOSPS2	Hospitalizations-As expected (State)	num	8	Lists the number of facilities in the State with patient hospitalizations categorized as "As expected" (STATE).
PTHOSPS3	Hospitalizations-Worse than expected (State)	num	8	Lists the number of facilities in the State with patient hospitalizations categorized as "Worse than expected" (STATE).
PTHOSPU1	Hospitalizations-Better than expected (US)	num	8	Lists the number of facilities in the Nation with patient hospitalizations categorized as "Better than expected" (US).

PTHOSPU2	Hospitalizations-As expected (US)	num	8	Lists the number of facilities in the Nation with patient hospitalizations categorized as "As expected" (US).
PTHOSPU3	Hospitalizations-Worse than expected (US)	num	8	Lists the number of facilities in the Nation with patient hospitalizations categorized as "Worse than expected" (US).

Table 10: Hospital Readmissions: Readmission Rate

Variable Name reported in the Access/CSV file	**CSV (Revised) Label Name**	**Type**	**Max. Length**	**Description**
DATE_SRR	SRR Date	Char	19	Lists the time period for patient readmission summary.
PTREAD_C	Patient Hospital Readmission data availability Code	Char	3	Lists whether the facility had sufficient readmission data available or the reason for why the data is not available.
DFCSRRTEXT	Patient Hospital Readmission category text	Char	20	Patient readmission category.
INDEXY4_f	Number of hospitalizations included in hospital readmission summary	num	8	Lists the number of index discharges included in the facility's readmission summary.
SRR_RATE_F	Readmission Rate (Facility)	num	8	Lists the facility's readmission rate as a percentage of hospital discharges.
SRR_RATE_UCI_F	Readmission Rate: Upper Confidence Limit (97.5%)	num	8	Lists the upper confident limit (97.5%) for readmission rate as a percentage of hospital discharges.
SRR_RATE_LCI_F	Readmission Rate: Lower Confidence Limit (2.5%)	num	8	Lists the lower confident limit (2.5%) for readmission rate as a percentage of hospital discharges.
SRR_US_RATE	Readmission Rate (US)	num	8	Lists the national readmission rate as a percentage of hospital discharges.
PTSRRS1	Hospital Readmission - Better than expected (State)	num	8	Lists the number of facilities in the State with patient hospital readmission categorized as "Better than expected" (STATE).

PTSRRS2	Hospital Readmission - As expected (State)	num	8	Lists the number of facilities in the State with patient hospital readmission categorized as “As expected” (STATE).
PTSRRS3	Hospital Readmission - Worse than expected (State)	num	8	Lists the number of facilities in the State with patient hospital readmission categorized as “Worse than expected” (STATE).
PTSRRU1	Hospital Readmission - Better than expected (US)	num	8	Lists the number of facilities in the Nation with patient hospital readmission categorized as “Better than expected” (US).
PTSRRU2	Hospital Readmission - As expected (US)	num	8	Lists the number of facilities in the Nation with patient hospital readmission categorized as “As expected” (US).
PTSRRU3	Hospital Readmission - Worse than expected (US)	num	8	Lists the number of facilities in the Nation with patient hospital readmission categorized as “Worse than expected” (US).

Table 11: Patient Survival: Mortality Rate

Variable Name reported in the Access/CSV file	**CSV (Revised) Label Name**	**Type**	**Max. Length**	**Description**
DATE_SMR	SMR Date	Char	19	Lists the data collection period for patient survival summary.
PTSURV_C	Patient Survival data availability code	Char	3	Lists whether the facility had sufficient patient survival data available or the reason for why the data is not available.
DFCMORTTEXT	Patient Survival Category Text	Char	20	Patient survival CATEGORY (Better, Worse or As Expected).
RDSMZ_F	Number of Patients included in survival summary	num	8	Lists the number of patients included in the facility’s survival summary.
SMR_RATE_F	Mortality Rate (Facility)	num	8	Lists the facility’s mortality rate per 100 patient-years.
SMR_RATE_UCI_F	Mortality Rate: Upper Confidence	num	8	Lists the upper confident limit (97.5%) for mortality rate per 100

	Limit (97.5%)			patient-years.
SMR_RATE_LCI_F	Mortality Rate: Lower Confidence Limit (2.5%)	num	8	Lists the lower confident limit (2.5%) for mortality rate per 100 patient-years.
OBDRZ_U	Mortality Rate (US)	num	8	Lists the national mortality rate per 100 patient-years.
PTSURVS1	Survival- Better than expected (State)	num	8	Lists the number of facilities in the State with patient deaths categorized as "Better than expected" (STATE).
PTSURVS2	Survival- As expected (State)	num	8	Lists the number of facilities in the State with patient deaths categorized as "As expected" (STATE).
PTSURVS3	Survival- Worse than expected (State)	num	8	Lists the number of facilities in the State with patient deaths categorized as "Worse than expected" (STATE).
PTSURVU1	Survival- Better than expected (US)	num	8	Lists the number of facilities in the Nation with patient deaths categorized as "Better than expected" (US).
PTSURVU2	Survival- As expected (US)	num	8	Lists the number of facilities in the Nation with patient deaths categorized as "As expected" (US).
PTSURVU3	Survival- Worse than expected (US)	num	8	Lists the number of facilities in the Nation with patient deaths categorized as "Worse than expected" (US).

Table 12: Data Availability Codes

Code "001" indicates data is available and therefore there is not a footnote associated with this data availability code.

	Data Availability Code	Footnote Number	Footnote Text	Measure
Data Available	"001"	n/a	n/a	All Measures
Data Not Available	"101"	1	Too few completed survey responses to report.	ICH-CAHPS Measures
Data Not Available	"102"	2	Survey data not available for this reporting period.	ICH-CAHPS

				Measures
Data Not Available	“103”	3	Not enough patients took the survey at the center during the reporting period; therefore, no survey results to report.	ICH-CAHPS Measures
Data Not Available	"199"	4	Not enough patients to report on this measure. Call the dialysis center to discuss this measure.	All Measures
Data Not Available	"201"	5	Data not reported. Call the dialysis center to discuss this quality measure.	All Measures
Data Not Available	"255"	6	Medicare determined that the percentage reported was not accurate.	All Measures
Data Not Available	"256”	7	The dialysis center does not provide hemodialysis during the reporting period.	Vascular Access Measures /Adult HD Kt/V
Data Not Available	“257”	8	The dialysis center does not provide peritoneal dialysis during the reporting period.	Adult PD Kt/V
Data Not Available	“258”	9	The dialysis center was not open long enough to supply sufficient measure data.	All Measures
Data Not Available	“259”	10	The dialysis center does not provide hemodialysis and/or peritoneal dialysis to pediatric patients during the reporting period.	Pediatric HD Kt/V/Pediatric PD Kt/V
Data Not Available	“260”	11	Not enough quality measure data to calculate a star rating.	Star Rating
Data Not Available	“261”	12	Medicare determined that at least one measure included in the star rating calculation was not accurate for this dialysis center.	Star Rating