Data Dictionary for Quarterly Dialysis Facility Compare

Release Date: July 2013

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 Reports website (http://www.dialysisreports.org/pdf/esrd/public/DFCReportGuide.pdf). For each quality measure (Tables 2-6), a variable indicating the time period, patient count and data availability code (Table 7) are provided.

Table 1: Facility Identification Variables

Variable Name reported in the Access/CSV file	Variable Name reported in the CSV (Revised)	Туре	Max. Length	Description
PROVNUM	Provider Number	Varchar	50	Lists the numeric code used to identify the provider listed.
FACNAME	Facility Name	Varchar	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	Varchar	2	Lists the numeric code for the network in which facility participates.
PHYADDR1	Address Line 1	Varchar	60	Lists the first line of the address that corresponds to the facility listed.
PHY ADDR2	Address Line 2	Varchar	60	Lists the second line of the address that corresponds to the facility listed.
PHYCITY	City	Varchar	30	Lists the name of the city that corresponds to the facility listed.
PHYZIP	Zip	Varchar	5	Lists the full postal ZIP code that corresponds to the facility listed.
PHYCOUNTY	County	Varchar	60	Lists the name of the county that corresponds to the facility listed.
PHONENUM	Phone Number	Varchar	14	Lists the telephone number that corresponds to the facility listed.
OWNTYPE	Profit or Non-Profit	Varchar	50	Indicates if the dialysis facility's operates as a forprofit or non-profit

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				business.
CHAINYN	Chain Owned	Varchar	3	Indicates whether or not the facility is owned or managed by a chain organization.
CHAINNAM	Chain Organization	Varchar	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 incenter hemodialysis.
PD	Offers in-center peritoneal dialysis	Bit (access)/text(CSV Rev)	5 (CSV Revised)	Indicates whether the facility offers incenter 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 Date	datetime		Lists the certification 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: Adequacy of Dialysis

Variable Name	CSV (Revised) Label	Type	Max.	Description
reported in the Access/CSV file	Name		Length	
Date_Claims	Claims Date	datetime		Lists the data collection period for claims-based summaries
	ts who had enough waste reater than or equal to 65		from their	blood during dialysis:
URRG65_C	URR Data Availability Code		50	Lists whether the facility had sufficient URR data available or the reason for why the data is not available.
PURR_F	No. of HD patients with URR data	Varchar	250	Lists the number of heomodialysis patients included in the URR greater than or equal 65 percent summary (FACILITY).
URRG65_F	Percentage of HD patients with URR >=65% (FACILITY)	Varchar	250	Lists the percentage of patients who had urea reduction ratio (URR) greater than or equal to 65 percent (FACILITY).
URRG65_S	Percentage of HD patients with URR >=65% (STATE)	Varchar	250	Lists the percentage of hemodialysis patients who had urea reduction ratio (URR) greater than or equal to 65 percent (STATE).
URRG65_U	Percent of HD Patients with URR >=65	Varchar	250	Lists the percentage of hemodialysis patients who had urea reduction ratio (URR) greater than or equal to 65 percent (US).
(2) Adult hemodialysis j dialysis: Kt/V greater tl	patients who had enough	wastes rem	oved fron	n their blood during
HDKTV12_C	Adult HD Kt/V data availability code	Varchar	50	Lists whether the facility had sufficient Adult HD Kt/V data available or the reason for why the data is not available.
HDKTVPATS_F	Number of Adult HD patients with KT/V	Varchar	250	Lists the number of Adult hemodialysis (HD)

HDKTVPM_F	Number of Adult HD patient-months with Kt/V data	Varchar	250	patients included in Kt/V greater than or equal to 1.2 summary (FACILITY). Lists the number of Adult hemodialysis (HD) patient-months included in Kt/V greater than or equal to 1.2 summary (FACILITY).
HDKTVPM12_F	Percentage of Adult HD Patients with Kt/V >=1.2	Varchar	250	Lists the percentage of Adult hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (FACILITY).
HDKTVPM12_S	Percentage of Adult HD patients with Kt/V>=1.2	Varchar	250	Lists the percentage of Adult hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (STATE).
HDKTVPM12_U	Percentage of Adult HD patients with Kt/V>=1.2	Varchar	250	Lists the percentage of Adult hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (US).
(3) Adult peritoneal dia greater than or equal t	llysis patients who had end to 1.7	ough wastes	s removeo	I from their blood: Kt/V
PDKTV17_C	Adult PD Kt/V data availability code	Varchar	50	Lists whether the facility had sufficient Adult PD Kt/V data available or the reason for why the data is not available.
PDPATS_F	Number of Adult PD patients with KT/V data	Varchar	250	Lists the number of Adult peritoneal dialysis (PD) patients included in Kt/V greater than or equal to 1.7 summary (FACILITY).
PDKTVPM_F	Number of Adult PD patient-months with Kt/V data	Varchar	250	Lists the number of Adult peritoneal dialysis (PD) patient-months included in Kt/V greater than or equal to 1.7 summary
				(FACILITY). Lists the percentage of

				1.7 (FACILITY).
PDKTVPM17_S	Percentage of Adult PD PTS with Kt/V>=1.7	Varchar	250	Lists the percentage of Adult peritoneal dialysis (PD) patients with Kt/V greater than or equal to 1.7 (STATE).
PDKTVPM17_U	Percentage of Adult PD PTS with Kt/V>=1.7	Varchar	250	Lists the percentage of Adult peritoneal dialysis (PD) patients with Kt/V greater than or equal to 1.7 (US).
PHDKTV12_C	Pediatric HD Kt/V Data Availability Code	Varchar	50	Lists whether the facility had sufficient Pediatric HD Kt/V data available or the reason for why the data is not available.
	enough wastes removed fi	rom their b	lood duri	ng hemodialysis: Kt/V
greater than or equal		** 1	2.50	
PHDKTVpats_F	Number of Pediatric HD patients with Kt/V data	Varchar	250	Lists the number of Pediatric hemodialysis (HD) patients included in Kt/V greater than or equal to 1.2 summary (FACILITY).
PHDKTVPM_F	Number of Pediatric HD patient-months with KT/V data	Varchar	250	Lists the number of Pediatric hemodialysis (HD) patient-months included in Kt/V greater than or equal to 1.2 summary (FACILITY).
PHDKTVPM12_F	Percentage of Pediatric HD patents with Kt/V>=1.2	Varchar	250	Lists the percentage of Pediatric hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (FACILITY).
PHDKTVPM12_S	Percentage of Pediatric HD patients with Kt/V>=1.2	Varchar	250	Lists the percentage of Pediatric hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (STATE).
PHDKTVPM12_U	Percentage of Pediatric HD patients with Kt/V>=1.2	Varchar	250	Lists the percentage of Pediatric hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (US).

Table 3: Adequacy of Anemia Management

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Туре	Max. Length	Description
Date_Claims	Claims Date			Lists the data collection period for claims-based summaries.
HGBRD_F	Number of Dialysis Patients with Hgb data	Varchar	250	Lists the number of patients included in the hemoglobin (hgb) greater than 12.0 g/dL summary (FACILITY).
(1) Patient(s) who	had an average hemo	oglobin va	lue less th	an 10.0 g/dL
HGBL10_C	HGB<10 data availability code	Varchar	50	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	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL (FACILITY).
HGBL10_S	Percentage of patients with Hgb<10 g/dL	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL.
HgbL10_U	Percentage of patients with Hgb<10 g/dL	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL (US).
(2) Patient(s) who	had an average hemo	oglobin va	lue greate	
HGBG12_C	Hgb > 12 data availability code	Varchar	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	Varchar	250	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	Varchar	250	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	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (US).

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Table 4: Vascular Access (VA)

Teported in the Access/CSV file	nts ıla nt-
Date_Claims	nts ıla nt-
VAHDPAT_F Number of Adult patients included in arterial venous fistula and catheter summaries VAHDPM_F Number of Adult patients who received treatment through an arteriovenous fistula available. VAVF_F Percentage of patients with arteriovenous Varchar Varchar 250 Lists the number of Adult included in arterial venous fistula and catheter summaries (FACILITY). Lists the number of Adult patien included in arterial venous fistula and catheter summaries (FACILITY). Lists the number of Adult patients who received treatment through an arteriovenous fistula and catheter summaries Varchar Varchar So Lists whether the facility had sufficient arterial venous fistula available or the reason for why data is not available. VAVF_F Percentage of patients with arteriovenous Varchar So Lists the percentage of Adult patients who received treatment through an arterial venous fistula available arteriovenous in through arteriorenes in throug	nt-
patients included in arterial venous fistula and catheter summaries VAHDPM_F Number of Adult patient-months included in arterial venous fistula and catheter summaries Varchar 250 Lists the number of Adult patient months included in arterial venous fistula and catheter summaries (FACILITY). (1) Adult patients who received treatment through an arteriovenous fistula VAVF_C fistulae in place data availability code VAVF_F Percentage of patients with patients with patients with arteriovenous fistule and catheter summaries (FACILITY). Lists whether the facility had sufficient arterial venous fistula available or the reason for why data is not available. VAVF_F Percentage of Varchar 250 Lists the percentage of Adult patients with arteriovenous fistule arterial venous fistule patients with received treatment through an arterial venous fistule patients who received treatment through an arterial venous fistule patients with arteriovenous fistule patients with arteriovenous fistule patients who received treatment through an arterial venous fistule patients who received treatment through an arterial venous fistule patients who received treatment through an arterial venous fistule patients who received treatment through an arterial venous fistule patients who received treatment through an arterial venous fistule and catheter summaries (FACILITY).	nt-
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arteriovenous through an arterial venous fistu	
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fistulae in place (FACILITY).	
VAVF_S Percentage of Varchar 250 Lists the percentage of Adult	
patients with patients who received treatmen	
arteriovenous through an arterial venous fistu	la
fistulae in place (STATE).	
VAVF_U Percentage of Varchar 250 Lists the percentage of Adult	
patients with patients who received treatmen	
arteriovenous through an arterial venous fistu	la
fistulae in place (US).	_
(2) Adult patients who had a catheter (tube) left in a vein longer than 90 days, for their replacements	gular
VCG90_C Vascular catheter Varchar 50 Lists whether the facility had	
data availability sufficient vascular catheter data	ı l
code available or the reason for why	
data is not available.	-
VCG90_F Percentage of Varchar 250 Lists the percentage of Adult	
patients with patients who had a catheter (tul	
vascular catheter left in a vein longer than 90 day	ie)
in use for 90 days their regular hemodialysis	

	or longer			treatments (FACILITY).
VCG90_S	Percentage of patients with vascular catheter in use for 90 days or longer	Varchar	250	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	Varchar	250	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 5: Patient Survival: Standardized Mortality Ratio (SMR)

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Туре	Max. Length	Description
DATE_SMR	SMR Date	datetime		Lists the data collection period for patient survival summary (SMR).
PTSURV_C	Patient Survival data availability code	Varchar	50	Lists whether the facility had sufficient patient survival data available or the reason for why the data is not available.
DFCMORTTEX T	Patient Survival Category Text	Varchar	250	Patient survival CATEGORY (Better, Worse or As Expected).
RDSMZ_F	Number of Patients included in survival summary	Varchar	250	Lists the number of patients included in the facility's survival summary (FACILITY).
SMRZ_F	Standardized Mortality Ratio	Varchar	250	Lists the facility's Standardized Mortality Ratio (FACILITY).
CHIMZ_F	SMR: Upper Confidence Limit (97.5%)	Varchar	250	Lists the upper confident limit (97.5%) for Standardized Morality Ratio (SMR).
CLOMZ_F	SMR: Lower Confidence Limit (2.5%)	Varchar	250	Lists the lower confident limit (2.5%) for Standardized Morality Ratio (SMR).
PTSURVS1	Survival- Better than expected	Varchar	250	Lists the number of facilities in the State with patient deaths categorized as "Better than expected" (STATE).
PTSURVS2	Survival- As expected	Varchar	250	Lists the number of facilities in the State with patient deaths categorized as "As expected" (STATE).
PTSURVS3	Survival- Worse than expected	Varchar	250	Lists the number of facilities in the State with patient deaths categorized as "Worse than expected" (STATE).

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PTSURVU1	Survival- Better	Varchar	250	Lists the number of facilities in the
	than expected			Nation with patient deaths
				categorized as "Better than
				expected" (US).
PTSURVU2	Survival- As	Varchar	250	Lists the number of facilities in the
	expected			Nation with patient deaths
				categorized as "As expected" (US).
PTSURVU3	Survival- Worse	Varchar	250	Lists the number of facilities in the
	than expected			Nation with patient deaths
				categorized as "Worse than
				expected" (US).

Table 6: Patient Hospitalization: Standardized Hospitalization Ratio (SHR) for Admissions

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Туре	Max. Length	Description
DATE_SHR	SHR Date	datetime		Lists the time period for patient hospitalization summary (SHR).
PTHOSP_C	Patient Hospitalization data availability Code	Varchar	50	Lists whether the facility had sufficient hospitalization data available or the reason for why the data is not available.
DFCHOSPTEXT	Patient hospitalization category text	Varchar	250	Patient hospitalization category.
RDSHY4_F	Number of patients included in hospitalization summary	Varchar	250	Lists the number of patients included in the facility's hospitalization summary (FACILITY).
SHRTY4_F	Standard Hospitalization Ratio	Varchar	250	Lists the facility's Standardized Hospitalization Ratio (FACILITY).
CHICHTAY4_F	SHR: Upper Confidence Limit (97.5%)	Varchar	250	Lists the upper confident limit (97.5%) for Standardized Hospitalization Ratio (SHR).
CLOCHTAY4_F	SHR: Lower Confidence Limit (2.5%)	Varchar	250	Lists the lower confident limit (2.5%) for Standardized Hospitalization Ratio (SHR).
PTHOSPS1	Hospitalizations- Better than expected	Varchar	250	Lists the number of facilities in the State with patient hospitalizations categorized as "Better than expected" (STATE).
PTHOSPS2	Hospitalizations- As expected	Varchar	250	Lists the number of facilities in the State with patient hospitalizations categorized as "As expected"

				(STATE).
PTHOSPS3	Hospitalizations-	Varchar	250	Lists the number of facilities in the
	Worse than			State with patient hospitalizations
	expected			categorized as "Worse than
				expected" (STATE).
PTHOSPU1	Hospitalizations-	Varchar	250	Lists the number of facilities in the
	Better than			Nation with patient hospitalizations
	expected			categorized as "Better than
				expected" (US).
PTHOSPU2	Hospitalizations-	Varchar	250	Lists the number of facilities in the
	As expected			Nation with patient hospitalizations
				categorized as "As expected" (US).
PTHOSPU3	Hospitalizations-	Varchar	250	Lists the number of facilities in the
	Worse than			Nation with patient hospitalizations
	expected			categorized as "Worse than
				expected" (US).

Table 7: 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	"199"	1	The number of patients is too small to report. Call the facility to discuss this quality measure.	All Measures
	"201"	2	Data not reported – Call the facility to discuss this quality measure.	All Measures
	"255"	3	CMS determined that the percentage was not accurate.	All Measures
	"258"	4	The facility was not open for the entire reporting period.	All Measures
	"256"	5	The facility does not provide hemodialysis.	URR, HD Kt/V, and Vascular Access Measures

"254"	6	The facility does not provide hemodialysis to pediatric patients.	Pediatric Kt/V
"257"	7	The facility does not provide peritoneal dialysis.	PD Kt/V

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