End Stage Renal Disease (ESRD) Population Public Use File

Data Descriptions

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ESRD Population Public Use File

Introduction

Revision Date: May 2019

The End Stage Renal Disease (ESRD) Population Public Use File (PUF) available for download includes the most recent quarter and all historical accumulated data. The PUF will contain multiple text files; the text files contain data at the patient level, patient entitlement level, patient treatment level, patient, facility, clinical month, and modality level. Files are provided as comma separated value (CSV) text files with column names in the first row. Because PUF text files are CSV, individual record length in each text file will vary, and the reported positions indicate the order of appearance of the data elements instead of specific columns (as in a fixed record length text file).

ESRD_Population_PUF (Patient Summary)

For this patient table, demographic columns may be excluded or grouped, to maintain privacy. This data element is reported at the patient level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
STATE	Patient State or Territory of Residence	2	CHARACTER/8	Two letter postal abbreviation (Territories=Other)
AGE_RANGE	Patient Age Range	3	CHARACTER/8	0 to 18 18 to 44 45 to 54 55 to 64 65 to 74 75 to 84 85+
RACE	Patient Race if more than one race is reported, each race format will be separated by a comma	4	CHARACTER/200	American Indian/Alaska Native Asian Black or African American White Unknown Native Hawaiian or Other Pacific Islander Mid-East Arabian Indian Subcontinent Other/Multiracial
GENDER	Patient Gender	5	CHARACTER/6	Male Female
ETHNICITY	Patient Ethnicity	6	CHARACTER/22	Not Hispanic or Latino Hispanic or Latino
MCSTAT	Medicare coverage status from 1/1/1973 to 4/30/2012	7	CHARACTER/17	Aged without ESRD Aged with ESRD DIB without ESRD DIB with ESRD ESRD
CVRG_STAT	Medicare coverage status from 5/1/2012 to the end of the current quarter	8	CHARACTER/39	Currently enrolled in Medicare Coverage Medicare application pending No Medicare coverage
PRIMDIAG	The primary cause of renal failure	9	CHARACTER/255	Short description of ICD9 or ICD10 code
DOFD	Patient date of the first dialysis	10	NUMBER/4	YYYY

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Data Element	Description	Position	Data Type/Size	Format
DOD	Patient date of death	11	NUMBER/4	YYYY
PRIMCAUSE	Primary Cause of death	12	CHARACTER/255	Short description of ICD9 or ICD10 code
NETNUMB	Network Number	13	CHARACTER/2	1-18

ESRD_Population_PUF (Patient Admit Treatment Summary)

For this patient table, demographic columns may be excluded or grouped, to maintain privacy. This data element is reported at the patient treatment level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
Admit_date	The date the patient started receiving dialysis treatment, transplant or training at the current facility.	2	NUMBER/8	Relative Study Days
PROV_NBR	Unique facility identifier	3	CHARACTER/19	Number
Admit_Reason	The reason a patient is being admitted for renal treatment at a facility.	4	CHARACTER/255	New ESRD Patient Transfer In Restart Dialysis after transplant failed Dialysis in support of transplant
Discharge_Date	Date a patient is discharged from a facility	5	NUMBER/8	Relative Study Days
Discharge_Reason	The reason a patient was discharged from renal care at a facility.	6	CHARACTER/255	Death Discontinue Lost to follow up Recover function Involuntary Other Transplant in the US Transplant outside the US Transfer Transplant failed Acute System Discharge
Treatment_start_date	The first day the patient starts receiving a treatment regimen at a facility.	7	NUMBER/8	Relative Study Days
Dialysis_setting	Long-term dialysis treatment setting for the patient receiving a regular course of dialysis treatment.	8	CHARACTER/255	Home Dialysis Facility/Center SNF/Long Term Care Facility
Primary Type of Treatment	Treatment Type	9	CHARACTER/255	Transplant Dialysis
Sessions per week	The number of hemodialysis sessions the patient receives per week as prescribed by a nephrologist.	10	NUMBER/8	Number

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Data Element	Description	Position	Data Type/Size	Format
Dialysis Type	Dialysis Type	11	CHARACTER/255	Hemodialysis CAPD CCPD Other
Transplant Type	Transplant Type	12	CHARACTER/255	Living related Living unrelated Deceased Unknown
Modality	Treatment Description	13	CHARACTER/255	CAPD CCPD Home IPD Home Hemo In-Center IPD In-center-Hemodialysis Home Assisted Hemodialysis Living related donor (LRD) transplant Living unrelated donor(LUD) transplant Coronary artery disease (CAD) transplant Unknown (Transplant) Training IPD Training hemo Training CAPD Training CCPD In-Center Self Transplant unknown graft type Frequent ICH Frequent home hemo

ESRD_Population_PUF (Patient Form 2728 Summary)

This data element is reported at the patient entitlement level. Note that the co-morbidity descriptions vary by the form version. The description for the form from 1997. [1]

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
FORM_VERSION	Form version 1997	2	CHARACTER/25	YYYY
MORBIDA	Co-morbid condition A indicator congestive heart failure	3	CHARACTER/1	Y or N
MORBIDB	Co-morbid condition B indicator ischemic heart disease, CAD*	4	CHARACTER/1	Y or N
MORBIDC	Co-morbid condition C indicator myocardial infarction	5	CHARACTER/1	Y or N
MORBID D	Co-morbid condition D indicator cardiac arrest	6	CHARACTER/1	Y or N
MORBID E	Co-morbid condition E indicator cardiac dysrhythmia	7	CHARACTER/1	Y or N
MORBID F	Co-morbid condition F indicator pericarditis	8	CHARACTER/1	Y or N
MORBID G	Co-morbid condition G indicator cerebrovascular disease, CVA, TIA	9	CHARACTER/1	Y or N

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[1] Researchers Guide to USRDS Database Appendix

Data Element	Description	Position	Data Type/Size	Format
MORBID H	Co-morbid condition H indicator peripheral vascular disease	10	CHARACTER/1	Y or N
MORBID I	Co-morbid condition I indicator history of hypertension	11	CHARACTER/1	Y or N
MORBID J	Co-morbid condition J indicator diabetes (primary or contributing)	12	CHARACTER/1	Y or N
MORBID K	Co-morbid condition K indicator diabetes, currently on insulin	13	CHARACTER/1	Y or N
MORBID L	Co-morbid condition L indicator chronic obstructive pulmonary disease	14	CHARACTER/1	Y or N
MORBID M	Co-morbid condition M indicator tobacco use (current smoker)	15	CHARACTER/1	Y or N
MORBID N	Co-morbid condition N indicator malignant neoplasm, Cancer	16	CHARACTER/1	Y or N
MORBID O	Co-morbid condition O indicator alcohol dependence	17	CHARACTER/1	Y or N
MORBID P	Co-morbid condition P indicator drug dependence	18	CHARACTER/1	Y or N
MORBID Q	Co-morbid condition Q indicator HIV positive status	19	CHARACTER/1	Y or N
MORBID R	Co-morbid condition R indicator AIDS	20	CHARACTER/1	Y or N
MORBID S	Co-morbid condition S indicator inability to ambulate	21	CHARACTER/1	Y or N
MORBID T	Co-morbid condition T indicator inability to transfer	22	CHARACTER/1	Y or N

This data element for the Patient Form Summary 2728 is reported at the patient entitlement level — the description for the 2005 and 2015 form versions.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
FORM_VERSION	Form version 2005 and 2015	2	CHARACTER/25	YYYY
MORBIDA	Co-morbid condition A indicator congestive heart failure	3	CHARACTER/1	Y or N
MORBIDB	Co-morbid condition B indicator atherosclerotic heart disease ASHD	4	CHARACTER/1	Y or N
MORBIDC	Co-morbid condition C indicator other cardiac disease	5	CHARACTER/1	Y or N
MORBID D	Co-morbid condition D indicator cerebrovascular disease, CVA, TIA	6	CHARACTER/1	Y or N
MORBID E	Co-morbid condition E indicator peripheral vascular disease	7	CHARACTER/1	Y or N
MORBID F	Co-morbid condition F indicator history of hypertension	8	CHARACTER/1	Y or N
MORBID G	Co-morbid condition G indicator amputation	9	CHARACTER/1	Y or N
MORBID H	Co-morbid condition H indicator diabetes, currently on insulin	10	CHARACTER/1	Y or N
MORBID I	Co-morbid condition I indicator diabetes, on oral medications	11	CHARACTER/1	Y or N
MORBID J	Co-morbid condition J indicator diabetes, without medications	12	CHARACTER/1	Y or N

Data Element	Description	Position	Data Type/Size	Format
MORBID K	Co-morbid condition K indicator diabetic retinopathy	13	CHARACTER/1	Y or N
MORBID L	Co-morbid condition L indicator chronic obstructive pulmonary disease	14	CHARACTER/1	Y or N
MORBID M	Co-morbid condition M indicator tobacco use (current smoker)	15	CHARACTER/1	Y or N
MORBID N	Co-morbid condition N indicator malignant neoplasm, Cancer	16	CHARACTER/1	Y or N
MORBID O	Co-morbid condition O indicator toxic nephropathy	17	CHARACTER/1	Y or N
MORBID P	Co-morbid condition P indicator alcohol dependence	18	CHARACTER/1	Y or N
MORBID Q	Co-morbid condition Q indicator drug dependence	19	CHARACTER/1	Y or N
MORBID R	Co-morbid condition R indicator inability to ambulate	20	CHARACTER/1	Y or N
MORBID S	Co-morbid condition S indicator inability to transfer	21	CHARACTER/1	Y or N
MORBID T	Co-morbid condition T indicator needs assistance with daily activities	22	CHARACTER/1	Y or N

CL_HD_ADQCY (Clinical Hemodialysis Adequacy)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
Hd_ktv	Kt/V Hemodialysis	5	CHARACTER/10	Number or N/A
hd_ktv_coll_date	Kt/V Hemodialysis Collection Date	6	NUMBER/8	Relative Study Days
hd_ktv_method	Kt/V Hemodialysis Method	7	CHARACTER/28	UKM (Urea Kinetic) Daugirdas
hd_bun_pre	Hemodialysis BUN pre-dialysis run	8	CHARACTER/10	Number or N/A
hd_bun_post	Hemodialysis BUN post-dialysis run	9	CHARACTER/10	Number or N/A
hd_weight_pre	Weight before Hemodialysis	10	CHARACTER/8	Number or N/A
hd_weight_pre_uom	Pre-dialysis weight unit of measure	11	CHARACTER/8	lbs kg
hd_weight_post	Weight after Hemodialysis	12	CHARACTER/9	Number or N/A
hd_weight_post_uom	Post-dialysis weight unit of measure	13	CHARACTER/8	lbs kg
hd_delivered_mins	Minutes taken to complete hemodialysis	14	CHARACTER/8	Number or N/A
hd_height	Patient Height	15	CHARACTER/12	Number or N/A
hd_height_uom	Patient height unit of measure	16	CHARACTER/10	in cm
hd_nPCR	Normalized Protein Catabolic (nPCR) rate	17	CHARACTER/11	Number or N/A

Data Element	Description	Position	Data Type/Size	Format
hd_nPCR_uom	Normalized Protein Catabolic(nPCR)unit of measure	18	CHARACTER/10	g/kg/day
hd_nPCR_coll_date	Normalized Protein Catabolic (nPCR) date	19	NUMBER/8	Relative Study Days
hd_RRF_test	Residual Renal Function Testing performed	20	CHARACTER/5	Yes/No
hd_interdialytic_time	Intradialytic Time	21	NUMBER/11	Number or N/A
hd_residual_urea_clearance	Residual Urea Clearance for HD	22	NUMBER/7	Number or N/A

CL_ANEMIA_MGT (Clinical Anemia Management)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
Hemoglobin	Hemoglobin	5	NUMBER/13	Decimal values with one decimal place
hgb_coll_date	Hemoglobin collection date	6	NUMBER/8	Relative Study Days
Ferritin	Serum Ferritin	7	NUMBER/8	Number
Ferritin_col_date	Serum Ferritin Collection Date	8	NUMBER/8	Relative Study Days
Iron_sat_percent	Iron Saturation (TSAT) Percentage	9	NUMBER/10	Number
Iron_sat_coll_date	Iron Saturation (TSAT) Percentage Collection Date	10	NUMBER/8	Relative Study Days
Chr	Reticulocyte Hemoglobin (CHr)	11	NUMBER/8	Number
Chr_col_date	Reticulocyte Hemoglobin (CHr) collection date	12	NUMBER/8	Relative Study Days
Esa_administered	ESA Administered	13	CHARACTER/5	Yes/No
Esa_rx_change_date	Date ESA Administered Changed	14	NUMBER/8	Relative Study Days
Iron_iv_adminstered	Intravenous (IV) Iron Administered	15	CHARACTER/5	Yes/No
Iron_iv_administered_date	Date Intravenous (IV)Iron administered	16	NUMBER/8	Relative Study Days

CL_ESA (Clinical Erythropoietin Stimulating Agent)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days

Data Element	Description	Position	Data Type/Size	Format
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
Esa_agent	ESA Agent	5	CHARACTER/16	Epoetin Alfa Epoetin Beta Darbepoetin Alfa Other
Esa_dose_uom	ESA unit of measure	6	CHARACTER/5	Units mcg Other
Esa_route	ESA Route	7	CHARACTER/3	IVP (Intravenous Push) SC (Subcutaneous)
Esa_monthly_dose	ESA Monthly dose	8	CHARACTER/28	Number

CL_FLUID_WT_MGT (Clinical Fluid Weight Management)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS- internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
Post_Dial_Target_Weight_Presc	Post Dialysis Target Weight for the session	5	CHARACTER/5	True-Was prescribed False-Was not prescribed
Post_Dial_Weight_asses_Date	Post Dialysis Weight Assessment Date	6	NUMBER/8	Relative Study Days
No_Sod_Edu	No Education on Sodium restriction received	7	CHARACTER/5	True/False
Sod_Edu_Date	Date Patient Education on Sodium Restriction	8	NUMBER/8	Relative Study Days
Sod_Profil_Prescribed	Sodium Profiling/Modeling Prescribed	9	CHARACTER/5	True/False
Sod_Dial_Prescribed	Constant Dialysate Sodium	10	CHARACTER/5	True/False
Dial_Sod_Concentration	Dialysate Sodium Concentrate Greater than 138mEq/L	11	CHARACTER/5	Yes-Dialysate sodium concentration greater than 138mEq/L No-Dialysate sodium concentration greater than 138 mEq/L was not used
Echocardiogram_Date	Echocardiogram date	12	NUMBER/8	Relative Study Days
Home_Bld_Pressure_Provided	Home Blood Pressure Values Provided	13	CHARACTER/5	True/False
Home_Bld_Pressure_Status	Home Blood Pressure Status	14	CHARACTER/18	Low High Standard Deviation
Dry_Weight_Order_Prescribed	Dry Weight Order	16	CHARACTER/5	True/False
Edema_Presence	Presence of Edema	17	CHARACTER/5	True/False

Data Element	Description	Position	Data Type/Size	Format
Abnormal_Breath_Sds	Presence of Abnormal Breath Sounds	18	CHARACTER/5	True/False
L_Ventri_Hypertrophy	Presence of Left Ventricular Hypertrophy	19	CHARACTER/5	True/False
L_Ventri_Hypertrophy_change	Change in Left Ventricular Hypertrophy	20	CHARACTER/5	True/False

CL_HD_INFECTION (Clinical Hemodialysis Infection)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
Infect_Req_Hosp	Infection Requires Hospitalization	5	CHARACTER/5	True/False
Dial_Acc_Infect_type	Dialysis Access Infection Type	6	CHARACTER/16	HD-Arteriovenous Fistula HD-Arteriovenous Graft Not Access Related HD-Tunneled Catheter HD Temporary, Uncuffed Catheter
VA_infect_confm_date	Dialysis Vascular Access Infection Confirmed	7	NUMBER/8	Relative Study Days
Organism_Pos_culture	Indicate Organism of Positive Culture	8	CHARACTER/255	Unstructured text
Antibio_UOM	Antibiotic Unit of Measure	9	CHARACTER/8	Mg G Other

CL_HD_VA (Clinical Hemodialysis Vascular Access)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD
access_type_change_date	Date Access Type for Dialysis Changed for Dialysis	5	NUMBER/8	Relative Study Days

Data Element	Description	Position	Data Type/Size	Format
Access_type	Access Type for Dialysis	6	CHARACTER/36	AV Fistula Only (with two needles) AV Fistula Combined with an AV Graft AV Fistula combined with a catheter AV Graft Only (with two needles) AV Graft Combined with a Catheter Catheter Only Port Access Only Other/Unknown AV Fistula single needle device AV graft single needle device
date_reported_session	Date of Reported Dialysis Session	7	NUMBER/8	Relative Study Days
avf_maturing_present	Maturing AV F Present	8	CHARACTER/5	True/False
graft_maturing_present	Maturing Graft Present	9	CHARACTER/5	True/False
avf_create_date	AVF Creation Date	10	NUMBER/8	Relative Study Days
avf_usable_date	AVF Usable Date	11	NUMBER/8	Relative Study Days
avf_state	AV Fistula State	12	CHARACTER/15	Not yet present Created Active Inactive Removed N/A
graft_state	AV Graft State	13	CHARACTER/15	Not yet present Created Active Inactive Removed N/A
graft_survey	Graft Survey	14	CHARACTER/5	True/False

CL_HOSPITALIZATION (Clinical Hospitalization)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
Hospitalizations	Hospitalizations	5	CHARACTER/39	Emergency Room Visit (ER) Hospitalization ER Visit Resulted in Hospital Admission
Hospital_Admit_Date	Hospital Admission Date	6	NUMBER/8	Relative Study Days
Hospital_Discharge_Date	Hospital Discharge Date	7	NUMBER/8	Relative Study Days
Hospital_Discharge_Diag	Hospital Discharge Diagnosis	8	CHARACTER/255	ICD9 Codes. ICD10 Codes beginning October 2015

Data Element	Description	Position	Data Type/Size	Format
Facility2Hospital	Hospital Admission from Dialysis Facility	9	CHARACTER/5	True/False
Advanced_Directives	Advanced Directives	10	CHARACTER/24	DNR (Do Not Resuscitate) DNI (Do Not Intubate) Both None
Transplant_Referral	Transplant Referral	11	CHARACTER/5	True/False
Transplant_Wait_List	Transplant Waiting List	12	CHARACTER/5	True/False
Presump_Diag2Hospitalization	Hospitalization Due to Presumptive Diagnosis	13	CHARACTER/5	True/False
Hospital_Admit_Diag	Hospital Admission Diagnosis	14	CHARACTER/23	Cardiovascular Neurological Musculoskeletal Respiratory Genitourinary Gastrointestinal Endocrine Sepsis Vascular Access Related
Length_of_Stay	Length of stay in the hospital	15	NUMBER/8	Number of days

CL_IRON (Clinical Iron)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
Iron_IV_Agent	Intravenous (IV) Iron Agent	5	CHARACTER/35	Iron Dextran (Dexferrum,Infed) Sodium Ferric Gluconate (Ferrlecit) Iron Sucrose(Venofer) N/A
Iron_IV_Dose	Intravenous (IV) Iron Dose	6	NUMBER/20	Number
Iron_IV_UOM	Intravenous (IV) Unit of Measure	7	CHARACTER/5	Mg G Other N/A
Iron_Oral_Prescribed	Oral Iron Prescribed	8	CHARACTER/5	True/False
Iron_Oral_Prescribed_date	Date Oral Iron Prescribed	9	NUMBER/8	Relative Study Days
Iron_Oral_Agent	Oral (PO) Iron Agent	10	CHARACTER/17	Ferrous Fumarate Ferrous Sulfate Ferrous Gluconate Other
Iron_Oral_Dose	Oral (PO)Dose	11	NUMBER/10	Number
Iron_Oral_UOM	Oral (PO)Iron Unit of Measure	12	CHARACTER/7	Mg G Other

CL_MINERALMET (Clinical Mineral Metabolism)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
phosphorus	Serum Phosphorus	5	CHARACTER/255	Decimal values with one decimal place
phosphorus_coll_date	Serum Phosphorous Collection Date	6	NUMBER/8	Relative Study Days
calcium_corrected	Corrected Serum Calcium	7	NUMBER/11	Decimal values with one decimal place
calcium_corrected_coll_date	Corrected Serum Calcium Collected date	8	NUMBER/8	Relative Study Days
albumin	Serum Albumin	9	NUMBER/9	Decimal values with two decimal places
albumin_coll_date	Serum Albumin Collection Date	10	NUMBER/8	Relative Study Days
albumin_lower_limit	Serum Albumin Lower Limit	11	NUMBER/7	Decimal values with two decimal places
albumin_method	Lab Method for Serum Albumin	12	CHARACTER/3	BCG BCP
calcium_uncorrected	Uncorrected Serum Calcium	13	NUMBER/10	Number
calcium_uncorrected_coll_date	Uncorrected Serum Calcium Collection Date	14	NUMBER/8	Relative Study Days
PHSPHRS_MTHD_NAME	Type of Phosphorus Method Sample	15	CHARACTER/29	Serum Plasma Unable to Determine (UTD)

CL_PD_ADQCY (Clinical Peritoneal Dialysis Adequacy)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
pd_ktv_coll_date	Date of PD Adequacy Measurement	5	NUMBER /8	Relative Study Days
pd_ktv	Kt/V Peritoneal Dialysis	6	NUMBER/8	Decimal values with two decimal places

Data Element	Description	Position	Data Type/Size	Format
pd_ktv_method	Kt/V PD Method	7	CHARACTER/14	Other %Body Weight Hume Watson
pd_bsa_method	Kt/V bsa Method	8	CHARACTER/15	Other Dubois&Dubois
pd_residual_renal_func	Residual Renal Function Assessed in Calculating Kt/V	9	CHARACTER/5	True/False
pd_weight	Clinic Weight	10	NUMBER/6	Decimal values with one decimal place
pd_weight_uom	Clinic Weight Unit of Measure	11	CHARACTER/8	LBS KGS N/A
pd_bsa_corrected	Body Surface Area Corrected	12	CHARACTER/5	True/False
pd_creatinine_clearance	Creatinine Clearance	13	NUMBER/7	Decimal values with one decimal place
pd_creatinine_clearance_uom	Creatinine Clearance Unit of Measure	14	CHARACTER/255	Unstructured text
pd_urine_vol	Urine Volume	15	NUMBER/7	24-hr urine volume in mL
pd_height	Patient Height	16	NUMBER/7	Decimal values with one decimal place
pd_height_uom	Patient Height Unit of Measure	17	NUMBER/10	In Cm
pd_nPCR	Normalized Protein Catabolic (nPCR) Rate	18	NUMBER/11	Number
pd_nPCR_UOM	Normalized Protein Catabolic (nPCR) Unit of Measure	19	CHARACTER/10	g/kg/day
pd_nPCR_coll_date	Normalized Protein Catabolic (nPCR) Rate Collection Date	20	NUMBER/8	Relative Study Days
pd_rx_change_after_adequacy	Prescription Change after Adequacy Measurement	21	CHARACTER/5	True/False
pd_dialysate_urea_nitrogen	Dialysate Urea Nitrogen	22	NUMBER/7	Decimal values with one decimal place

CL_PD_INFECTION (Clinical Peritoneal Dialysis Infection)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
Dial_Acc_Infect_type	Dialysis Access Infection Type	5	CHARACTER/255	PD-Catheter Not Access Related
VA_infect_confm_date	Date Vascular Access Infection Confirmed	6	CHARACTER/8	Relative Study Days

Data Element	Description	Position	Data Type/Size	Format
Organism_Pos_culture	Indicative Organism(s) of Positive Culture	7	CHARACTER/255	Unstructured text
Antibio_prescribed	Antibiotic Therapy Prescribed	8	CHARACTER/5	True/False
Antibio_UOM	Antibiotic Unit of Measure	9	CHARACTER/8	Mg G Other
Infect_Req_Hosp	Infection Requires Hospitalization	10	CHARACTER/5	True/False
Soft_Tissue_infect_signs	Signs of Soft Tissue Infection including (Pus OR exudates, and at least two of the following: redness, pain or swelling)	11	CHARACTER/5	True/False

CL_VA_INFECTION (Clinical Vascular Access Infection)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD For patients with no data, left blank
VA_infect_confm_date	Date Vascular Access Infection Confirmed	5	NUMBER/8	Relative Study Days
New_Susp_infect	New Suspected Infection	6	CHARACTER/5	True/False

CL_VACCINATION (Clinical Vaccination)

This data element is reported at the patient facility month modality level.

Data Element	Description	Position	Data Type/Size	Format
PAT_ID	Patient ID from REMIS-internal system generated ID	1	NUMBER/19	Number
PROV_NBR	Unique facility identifier	2	NUMBER/19	Number
CLNCL_MO_YR	Clinical reporting period	3	NUMBER/8	Relative Study Days
MODALITY	Dialysis modality	4	CHARACTER/2	HD PD For patients with no data, left blank
No_Pneumo_vac_reason	Reason No Pneumococcal Vaccination	5	CHARACTER/17	Medical Reason(s) Patient Reason(s)
Pneumo_exclusion_reason	Pneumococcal Exclusion Reason	6	CHARACTER/34	Patient Allergic History Potential Adverse Drug Interaction Other Medical Cultural Reasons Personal Choice
No_HBV_vac_reason	Reason No Hepatitis B Vaccination	7	CHARACTER/17	Medical Reason(s) Patient Reason(s)

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Data Element	Description	Position	Data Type/Size	Format
HBV_exclusion_reason	Hepatitis B Exclusion Reason	8	CHARACTER/34	Patient Allergic History Potential Adverse Drug Interaction Other Medical Cultural Reasons Personal Choice
No_flu_vac_reason	Reason No Influenza Vaccination	9	CHARACTER/17	Medical Reason (s) Patient Reason (s)
Flu_exclusion_reason	Influenza Exclusion Reason	10	CHARACTER/34	Patient Allergic History Potential Adverse Drug Interaction Other Medical Cultural Reasons Personal Choice
HBV_vac_not_recv	Hepatitis B Vaccination Not Received	11	CHARACTER/5	True/False
HBV_vac_date_1	Hepatitis B Vaccination Date 1	12	NUMBER/4	YYYY
HBV_vac_date_2	Hepatitis B Vaccination Date 2	13	NUMBER/4	YYYY
HBV_vac_date_3	Hepatitis B Vaccination Date 3	14	NUMBER/4	YYYY
HBV_vac_date_4	Hepatitis B Vaccination Date 4	15	NUMBER/4	YYYY
Anti_HBs_Measure	Hepatitis B surface antibody (anti-HBs)	16	NUMBER/30	Unstructured Text
Anti_HBs_UOM	Anti-HBs Unit of Measure	17	CHARACTER/8	Character, N/A
Anti_HBs_year	Anti-HBs Date Performed	18	NUMBER/4	YYYY
Flu_Vac_Not_Recv	Influenza Vaccination Not Received	19	CHARACTER/5	True/False
Influ_Vac_Date	Influenza Vaccination Date	20	NUMBER/4	YYYY
Pneum_Vac_Not_Recv	Pneumococcal Vaccination Not Received	21	CHARACTER/5	True/False
Pneum_Vac_Year	Pneumococcal Vaccination Year	22	NUMBER/4	YYYY
Influ_Vac_site	Site Influenza Vaccination Received	23	CHARACTER/25	Received in Facility Received Outside Facility
HBV_booster_date_1	Hepatitis B Vaccination Date 1	24	NUMBER/4	YYYY
HBV_booster_date_2	Hepatitis B Vaccination Date 2	25	NUMBER/4	YYYY
HBV_booster_date_3	Hepatitis B Vaccination Date 3	26	NUMBER/4	YYYY
HBV_booster_date_4	Hepatitis B Vaccination Date 4	27	NUMBER/4	YYYY
HBV_test_type	Hepatitis B Test Type (HBsAg)	28	CHARACTER/49	HBsAg (Hepatitis B surface antigen) Anti-HBc (Antibody to hepatitis B core antigen) Anti-HBs (Antigen to hepatitis B surface antigen) IgM Anti-HBc (antibody subclass of anti-HBc) Other
HBsAg_Test_Date	Hepatitis B (HBsAg) Test Date	29	NUMBER/4	YYYY

Data Element	Description	Position	Data Type/Size	Format
HCV_Screen_Test	Hepatitis C Screening Tests	30	CHARACTER/44	Enzyme Immunoassay (EIA) Enhanced Chemiluminescence Immunoassay (CIA) Recombinant Immunoblot Assay (RIBA) Other
HCV_Screen_Test_date	Hepatitis C Screening Test Date	31	NUMBER/4	YYYY