Plantinga et al, AJKD," Referral for Kidney Transplantation and Indicators of Quality of Dialysis Care: A Cross-sectional Study"

Table S2. Associations of patient referral for kidney transplantation within 1 year of dialysis initiation among Georgia incident dialysis patients (2005–2011) with patient- and facility-level dialysis quality-of-care indicators, among 198 facilities with at least 25 patients.

	Adjusted* odds ratio for referral for kidney transplantation
Quality indicator	within 1 year of dialysis start
Patient-level quality indicator	within I year of diarysis start
Pre-ESRD nephrology care	1.32 (1.16-1.50)
Starting dialysis on PD	**
Starting dialysis with a permanent access	1.37 (1.22-1.54)
ESA prior to dialysis	0.94 (0.81-1.08)
Informed of transplant option	1.67 (1.43-1.95)
Facility-level quality indicator	
Standardized transplant ratio	
Intermediate vs. low	1.14 (0.91-1.44)
High vs. low	1.23 (0.97-1.55)
% waitlisted	` ,
Intermediate vs. low	1.30 (1.05-1.61)
High vs. low	1.60 (1.28-2.00)
Standardized mortality ratio	` ,
Intermediate vs. low	1.10 (0.87-1.38)
High vs. low	1.16 (0.91-1.47)
Standardized hospital admission ratio	` ,
Intermediate vs. low	0.84 (0.67-1.06)
High vs. low	0.97 (0.77-1.22)
% readmitted	· ,
Intermediate vs. low	0.82 (0.65-1.03)
High vs. low	0.97 (0.77-1.23)
% vaccinated	· ,
Intermediate vs. low	0.89 (0.70-1.12)
High vs. low	1.10 (0.88-1.38)
% hemoglobin <10 mg/dl	
Intermediate vs. low	1.02 (0.81-1.29)
High vs. low	1.18 (0.94-1.49)
% Kt/V <1.2	
Intermediate vs. low	1.06 (0.85-1.32)
High vs. low	0.71 (0.57-0.89)
% URR ≥65 after 183 days	
Intermediate vs. low	1.18 (0.93-1.50)
High vs. low	1.37 (1.10-1.69)
% with fistula	
Intermediate vs. low	1.20 (0.96-1.50)
High vs. low	1.26 (1.00-1.59)
% with catheter only at 90 days	
Intermediate vs. low	1.19 (0.95-1.50)
High vs. low	1.39 (1.11-1.74)

URR, urea reduction ratio.

^{*}All models include a random intercept for dialysis facility. Adjusted for age, race/ethnicity, sex, insurance, atherosclerotic cardiovascular disease, cancer, BMI, smoking, pre-ESRD care, PD, permanent access, and informed of transplant option (excluding variables for collinearity).

^{**}Failure predicted perfectly by variable in at least one facility and no estimate given.