

Measure at a Glance

CBE #3565: Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities

Measure Summary (Where does this measure seek to improve care?)

The Standardized Emergency Department Encounter Ratio (SEDR) measures how often adult patients with end-stage renal disease (ESRD, kidney failure that requires dialysis) go to the emergency department (ED). The measure applies to adult Medicare patients who receive dialysis, including those enrolled in Fee-for Service Medicare and those with Medicare Advantage.

This measure looks at how often patients who receive dialysis go to a hospital ED. It compares the number of ED visits that actually happened to the number of ED visits that would be expected for those patients. The expected number is calculated using patient characteristics and national data. This helps account for differences in patients and patient health across facilities.

An “observed” number means the actual number of ED visits. An “expected” number means the number of ED visits that would be predicted based on similar patients across the country. The measure score is calculated by dividing the observed number by the expected number. The measure includes outpatient ED visits and observation stays (short stays under 48 hours). It does not include ED visits that result in hospital admission.

SEDR uses one calendar year of data. It includes patients who have had ESRD for more than 90 days and received care at the facility for at least 60 days. The measure reports results at the facility level, so it reflects how each dialysis center performs.

A lower score means better performance because it shows fewer ED visits than expected. This measure helps show how well a dialysis facility manages care and reduces unplanned emergency visits.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

This measure uses ED visits as an indicator of the quality of care coordination for patients receiving dialysis.

The measure may help dialysis facilities better understand patterns of ED use and identify areas where communication, coordination, or patient education could reduce ED visits. Of note, limited communication between providers results in higher ED use for care that could have been managed earlier. Among patients with ESRD who receive dialysis, about 27% visit the ED within 30 days after being discharged from the hospital, and about 55% visit the ED during their first year of dialysis. Patients with ESRD average 2.7 ED visits per year, which is about six times higher than the general adult population.

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Experts, including patients, noted that ED visits that do not lead to a hospital stay are not always tracked well. This measure helps make those visits more visible and may give a clearer picture of patient care.

Usability (How will providers and facilities/hospitals use this measure to improve care delivery?)

The Centers for Medicare & Medicaid Services (CMS) uses this measure in programs such as Dialysis Facility Care Compare and Dialysis Facility Reports. These programs allow patients to view and compare information about different facilities across the United States.

CMS reports this measure at the facility level and includes only facilities with at least 5 patient-years at risk. This means the results are based on enough patient data to be reliable. A “patient-year” represents one patient followed for one year. For example, 5 patient-years could mean 5 patients followed for one year, or 10 patients followed for six months each. Requiring at least 5 patient-years helps make sure the results are stable and meaningful when reported.

Dialysis facilities can review their results to better understand their performance and identify where care processes could improve. The developer collects feedback on the measure from dialysis facilities during review periods or by contacting a helpdesk. Dialysis facilities provide feedback that focuses on technical details, such as the measure calculation or patient assignment.

Feasibility (How can this measure be implemented without adding burden for providers, facilities/hospitals, and patients while still improving care?)

This measure uses data already collected as part of routine care. The data come from structured systems such as the End Stage Renal Disease Quality Reporting System (EQRS) and Medicare claims. Because dialysis facilities already report this information, they do not need to collect new data for this measure. Facilities also review their data regularly, and reports show that missing or incorrect data are rare.

The measure does not add extra cost or workload because it relies on existing data systems. It also includes data from Medicare Advantage patients, which expands the measured population without adding complexity to data collection.

Overall, this measure may be practical for facilities to use while maintaining confidentiality and minimizing burden.

Impact (How will using this measure improve patient experiences and outcomes?)

This measure looks at how often patients on dialysis go to the ED, which may help show how well a dialysis facility manages care and prevents unplanned visits. These visits are common for patients with ESRD. About 55% of patients go to the ED during their first year of dialysis, with an average of 2.7 visits per patient-year. These visits happen more often than in the general adult population.

Some factors result in higher ED use. For example, missing dialysis treatments lead to more than twice the risk of an ED visit.

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The measure may also support improvements in care processes by helping facilities identify problems such as missed treatments or gaps in care. Some programs have shown about a 3% reduction in patient ED use when facilities focus on coordination and patient support.

Results may vary depending on patient needs and facility practices.

Performance Gap (Based on current performance, where and how much care can improve?)

Performance results use 2023 data from ESRD patient treatment history files and related claims and registry sources. The dataset includes 7,488 dialysis facilities and 517,165 patients.

This measure shows performance as a ratio of actual ED visits to the number of ED visits that were expected. An average score across facilities is about 0.99, which means that, on average, the number of ED visits that occurred was close to the number that was expected.

Results vary across facilities. When results are sorted into 10 equal groups (called deciles), scores range from about 0.51 in the lowest group to 1.65 in the highest group. This shows that some facilities perform better or worse than expected after accounting for differences in patient health and other factors.

These results show that ED use is a common issue across many dialysis facilities and patients. Tracking results across many facilities may help identify differences in performance and highlight where care can improve.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.