



Quality
Insights
Renal Network 4

2014 Network Goals

Approval by Medical Review Board
May 6, 2014

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS), which oversees the Medicare program, contracts with 18 ESRD Network Organizations throughout the United States to perform oversight activities to ensure appropriateness of services and protection for ESRD patients. Quality Insights Renal Network 4 (QIRN 4) is the End Stage Renal Disease (ESRD) Network contractor selected to serve Pennsylvania and Delaware.

MISSION

The QIRN 4 Mission, in support of achieving national quality improvement goals and statutory requirements as set forth in Section 1881 of the Social Security Act and the Omnibus Budget Reconciliation Act of 1986, is to ensure Network activities align with the Department of Health and Human Services (HHS) National Quality Strategy (NQS), the Centers for Medicare & Medicaid Services (CMS) Three Aims, and other CMS priorities designed to result in improvements in the care of individuals with ESRD. To that end, QIRN 4 support is critical to achieving bold CMS goals for health care transformation for the patient with ESRD. The role of QIRN 4 will be to lead Network transformation by:

- Serving as convener, organizer, motivator, and change agents;
- Leveraging technology to provide outreach and education;
- Serving as partner in quality improvement with beneficiaries, practitioners, health care providers, other health care organizations, and other stakeholders;
- Securing commitments to create collaborative relationships;
- Achieving and measuring changes at the patient level through real time data collection, analysis and monitoring for improvement;
- Disseminating and spreading best practices including those relating to clinical care, quality improvement techniques, and data collection through information

and data exchange; and

- Participating in the CMS National Emergency Preparation Framework by providing emergency preparedness services as needed.

QIRN 4 will foster relationships with Medicare beneficiaries by:

- Ensuring representation of Medicare beneficiaries in shared decision making related to ESRD care in order to promote person-centeredness and family engagement (NQS Principle 1)
- Protecting Medicare beneficiaries' access to and quality of dialysis care, especially among vulnerable populations (NQS Principle 3).

QIRN 4 will cultivate relationships with ESRD facilities (NQS Principle 4) by:

- Identifying opportunities for quality improvement at the individual facility level and providing technical assistance (NQS Principle 5)
- Promoting all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes (NQS Principle 5)
- Facilitating processes to promote care coordination between different care settings (NQS Principle 8)
- Ensuring accurate, complete, consistent, and timely data collection, analysis, and reporting by facilities in accordance with national standards and the ESRD QIP (NQS Principle 6).

QIRN 4 will actively participate in coordination and sharing across all 18 ESRD Networks as evidenced by:

- Using standardized procedures to collect data and address grievances to promote consistency across Networks (NQS Principle 6)
- Collaborating to share information such as patient migration across Networks to promote care coordination (NQS Principle 8)
- Coordinating with regional Quality Improvement Organizations (QIOs) and other recognized subject matter experts in the quality improvement field
- Sharing information to promote care coordination for ESRD patients (NQS Principle 8)

- Sharing best practices to improve quality of care for ESRD patients, including Network involvement in LANs (NQS Principle 5).

QIRN 4, acting on behalf of CMS, will:

- Convey information from CMS to facilities on HHS and CMS goals, strategies, policies, and procedures including the ESRD QIP
- Maintain integrity of information and tone of messaging consistent with CMS expectations for entities acting on behalf of the agency
- Interpret and convey to CMS or its designee information relevant to the ESRD health care system to assist with monitoring and evaluation of policy and program impacts including the effects of the ESRD QIP.

NETWORK GOALS – TRIPLE AIM

The Institute for Healthcare Improvement (IHI) Triple Aim is a framework developed by IHI that describes an approach to optimizing health system performance. The design, which is called the health system, simultaneously pursues three dimensions:

- Aim 1: Improving the patient experience of care (including quality and satisfaction)
- Aim 2: Improving the health of populations
- Aim 3: Reducing the per capita cost of health care.

CMS adopted a Triple Aim approach to concurrently optimize health delivery for the ESRD population:

- Aim 1: Better Care for the Individual through Beneficiary and Family Centered Care
- Aim 2: Better Health for the ESRD Population
- Aim 3: Reduce Costs of ESRD Care by Improving Care.

AIM 1: Provide Better Care for the Individual through Beneficiary and Family Centered Care
All facilities within Network 4 will:

- Increase Patient and Family Engagement at the facility level by:
 - Increasing beneficiary participation in plan of care meetings
 - Ensuring facility Quality Assessment and Performance Improvement (QAPI) program includes and measures patient and family participation in facility decision making related to ESRD care.

- Promote Patient Experience of Care at the facility level by:
 - Utilizing the ICH CAHPS tool to develop a Quality Improvement Activity (QIA) to improve the patient’s experience of care.
- Promote Patient-Appropriate Access to In-Center Dialysis Care at the facility level by:
 - Decreasing Involuntary Discharges (IVDs) and Involuntary Transfers (IVTs)
 - Assisting other healthcare providers in the placement of patients at risk for involuntary discharge or transfer.
- Maintain expected levels of clinical performance to meet or exceed the CMS (current version of Measures Assessment Tool) or Network performance standards for the clinical indicators in the table below:

Hemodialysis	Minimum Threshold	Benchmark (Target Goal)
Annual Hgb >12 g/dL (ESA only) (HD & PD)	1.2%	0%
spKt/V ≥ 1.2 if 3x/wk	86%	97.4%
Hypercalcemia (uncorrected Calcium)	5.4%	0%
Fistula rate prevalent patients	49.9%	77%
Catheters >90 days	19.9%	1.8%
NHSN	12 Months of data	12 Months of data
Pediatric Hemodialysis		
spKt/V ≥ 1.2	83%	97.1%
Peritoneal Dialysis		
Adult spKt/V ≥ 1.7	67.8%	94.8%
Reporting Measures		
Anemia (ESA dosage and Hgb)	Measure Monthly	Measure Monthly
ICH CAHPS	Administer Annually	Administer Annually
Mineral Metabolism (Phosphorous)	Measure Monthly	Measure Monthly

- Identify opportunities for improvement through data analysis and the development of a comprehensive improvement plan to meet or exceed CMS and Network goals for Patient Access by:
 - Increasing AV fistula rates in prevalent patients
 - Increasing AV fistula rates in incident patients
 - Reducing Long Term Catheters (LTD) > 90 days rates in prevalent patients.
- Report Dialysis Events in the National Health Safety Network (NHSN) every month

- All dialysis facilities must be enrolled in the CDC NHSN and join QIRN 4. Facilities must report 12 months of data (Dialysis Events) into the CDC NHSN project in order to meet the NHSN requirement of the CMS QIP.
- Participate in the Centers for Disease Control and Prevention (CDC) Health Associated Infection (HAI) trainings and/or quality improvement activities as requested by QIRN 4.

AIM 2: Better Health for the ESRD Populations

All facilities within Network 4 will:

- Improve Transplant Coordination at the facility level by increasing transplant referral rates for all patients regardless of age
- Increase the percentage of patients vaccinated for Influenza, Pneumonia and Hepatitis B
- Increase the percentage of staff vaccinated for Influenza
- Increase the utilization of home dialysis therapies.

AIM 3: Reduce Costs of ESRD Care

All facilities within Network 4 will:

- Successfully meet the 2016 ESRD Quality Incentive Program (QIP) Measures
 - The ESRD QIP promotes ongoing CMS strategies to improve the quality of care provided to ESRD patients. CMS developed the ESRD QIP to be the nation's first pay-for-performance (also known as "value-based purchasing") quality incentive program as mandated by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) section 153(c).
 - Facilities are also required to display certificates containing their performance scores prominently in the facility. This certificate serves to notify patients about the facility's performance on the ESRD QIP and how CMS used quality measures to evaluate the quality of care at the facility. For more information on the QIP, visit the CMS website at: <https://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDQualityImproveInit/index.html>
 - Unit-specific dialysis facility reports and certificates are available at www.dialysisreports.org.
- Input/enter data accurately in CROWNWeb to meet CMS and Network timelines
 - Participation in CROWNWeb is mandatory for all Medicare certified dialysis facilities.

- Dialysis facilities must submit the following forms electronically in CROWNWeb:
 - CMS-2728 (Medicare Eligibility): The CMS-2728 form must be entered in a timely manner so that a patient's eligibility for Medicare will not be affected. The CMS-2728 form must be initiated within 45 days of the patient's current ESRD episode. Please note that an "original" CMS-2728 form may still be required by the local Social Security Office; sign your CMS-2728 forms in blue ink.
 - CMS-2746 (Death Notification): CMS-2746 forms must be entered timely as well. It must be submitted in CROWNWeb within 30 days of the patient's death.
 - CMS-2744 (ESRD Facility Survey): Facilities are required to review the PART report monthly. The Facility Survey is completed annually.
- Assure that the facility's demographic and unit personnel data are up-to-date and accurate on administrator, medical director, nurse manager, social worker, dietitian, nephrologists, etc.
- Process the "Action List" (i.e., Notifications/Accretions) regularly and within 60 days.
- Training resources and community information can be found on the Project CROWNWeb website at: www.projectcrownweb.org

COMMUNITY INFORMATION & RESOURCES

- Network Poster: Every dialysis facility will display the QIRN4/Network 4 Poster in a prominent location within all the patients' view.
- Disaster and Emergency Preparedness: All facilities will have plans in place (including back-up plans) and share them with physicians, staff members and patients. At least annually, facilities will evaluate the effectiveness of the emergency and disaster plans and update as necessary. The facility must conduct periodic drills or mock emergencies in order to determine staff's skill/educational needs and effectiveness of emergency and disaster plans. Facilities must notify the Network in the event of closure related to emergent or planned events. Facilities are required to contact their local emergency management offices at least annually.
- Qualified and Trained Staff: The facility staff must meet personnel qualification and demonstrated competencies needed to perform the specific duties of their positions.

- Educational Information: Resources provided by the Network will be made available to all patients and staff members as appropriate.
- Conflict Resolution: The dialysis facility will follow the Conditions for Coverage related to conflict resolution, internal grievances process, patients' rights and responsibilities, patient transfer and involuntary discharge. Facilities must notify the Network and State Agency prior to all Involuntary Discharges. Facilities will fill out the Network IVD/IVT packet as directed by the Patient Services Coordinator.
- Psychosocial Status: Survey physical and mental functioning annually. Each plan of care must include interventions individualized to meet the patient's psychosocial needs and aimed at optimizing the patient's adjustment to kidney failure and its treatment. The KDQOL-36 is the CMS suggested survey tool to measure the adult dialysis patient's quality of life annually or more often as needed.

ADMINISTRATION

- Network Council: All facilities will identify a Facility Representatives (Network Council Members) who will participate in Network Council Meetings, or if unable to attend, insure a facility representation. The facility will notify the Network when their representative changes.
- Facility Administrators: Facility Administrators will annually provide input to the Network, which evaluates current activities, identifies the needs of the facility and community, and includes ideas for future initiatives.
- Facility Staff Updates: The Facility Administrator is responsible to provide facility staff updates to the Network in writing when they occur. This includes any changes in key personnel, including the medical director, administrator, nurse manager, social worker, dietitian and/or emergency contact.
- Facility Goals: Network goals will be revised annually and distributed to every facility for acknowledgement.
- The Facility Administrator sign and return (fax or email) the acknowledgements of receipt form to the Network. NOTE: The Network reserves the right to update or revise goals based on CMS contractual and regulatory requirements.