

## 2017 Quality Improvement Activities for Network 4

AIM	Sub-Domain	Activities	Sample / Measures
<b>AIM 1:</b> Better Care for the Individual through Beneficiary and Family Centered Care	Conduct QIA to improve Facility Grievance Process	<ul style="list-style-type: none"> <li><b>QIA (1)</b> - Improve communication between patients and targeted facilities to reduce grievances</li> </ul>	<ul style="list-style-type: none"> <li>10 facilities with selected weighted measure</li> <li>Decrease average weighted score by 20%</li> </ul>
	Promote Use of In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) and/or Any Similar Survey Identified by CMS	<ul style="list-style-type: none"> <li><b>QIA (2)</b> - Improve the patients response to identified issues via the ICH-CAHPS</li> </ul>	<ul style="list-style-type: none"> <li>10% of patients and minimum 20 dialysis facilities</li> <li>Demonstrate a 5% relative improvement</li> </ul>
	Reduce Catheter Rates for Prevalent Patients	<ul style="list-style-type: none"> <li><b>QIA (3)</b> - Reduce the use of long-term catheters (LTC's)</li> </ul>	<ul style="list-style-type: none"> <li>All Eligible Facilities</li> <li>LTC &gt;10% at September 2016 baseline</li> <li>2% reduction</li> </ul>
	<ol style="list-style-type: none"> <li>Reduce Rates of Dialysis Events (HAI/bloodstream infection (BSI)/Sepsis)</li> <li>Increase Hepatitis B (HBV) and Pneumococcal Vaccination Rates</li> </ol>	<ul style="list-style-type: none"> <li><b>QIA (4)</b> – Reduce Blood Stream Infections (BSI)</li> <li><b>QIA(5)</b> – Improve HBV &amp; Pneumococcal, vaccination rates; then replaced by new facilities</li> </ul>	BSI <ul style="list-style-type: none"> <li>20% of facilities</li> <li>5% reduction in pooled mean BSI rate</li> </ul> Vaccination <ul style="list-style-type: none"> <li>10% of low-performing</li> <li>Facilities stay in project until they reach 60% vaccination rate</li> <li>2% increase over baseline</li> </ul>
<b>AIM 2:</b> Better Health for the ESRD Population	<ul style="list-style-type: none"> <li>Reduce Identified Disparity through:</li> <li>Project B: Improve Transplant Coordination (Referral)</li> </ul>	<ul style="list-style-type: none"> <li><b>QIA(6)</b> – Improve Transplant Referral</li> </ul>	<ul style="list-style-type: none"> <li>5% of the ESRD patient population in the Network service area</li> <li>5 percentage point increase; 1 percentage point disparity reduction</li> </ul>
<b>AIM 3:</b> Reduce Costs of ESRD Care by Improving Care	<ul style="list-style-type: none"> <li>Conduct Quality Improvement Activities to assist Facilities in Improving their Performance on ESRD QIP Measures</li> </ul>	<ul style="list-style-type: none"> <li><b>QIA(7)</b> - Improve High Calcium levels in patients (Hypercalcemia) for the first year</li> </ul>	<ul style="list-style-type: none"> <li>10 facilities with lowest QIP scores</li> <li>25% improvement</li> <li>8 facilities complete the PDSA cycle (achieve target three months in a row)</li> </ul>
	<ul style="list-style-type: none"> <li>Conduct Data Quality QIA for NHSN with hospitals and dialysis facilities</li> </ul>	<ul style="list-style-type: none"> <li><b>QIA (8)</b> - Identify 20 facilities without access to hospital EMRs; 5 hospitals that receive pts from those 20; to identify effective communication strategy to report positive blood culture results obtained at the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>20 facilities</li> <li>5 Hospitals</li> </ul>