2021 Network 4 Goals

Quality Insights
Renal Network 4

Approved:
Medical Review Board
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REQUIRED NETWORK GOALS FOR ALL FACILITIES WITHIN NETWORK 4:

- All facilities will participate in Network 4 initiatives/projects as assigned

BACKGROUND: The Centers for Medicare & Medicaid Services (CMS), which oversees the Medicare program, contracts with 18 End Stage Renal Disease (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 ESRD Network contractor selected to serve Pennsylvania and Delaware.

RECOMMENDATIONS FOR ALL FACILITIES WITHIN NETWORK 4:

- All facilities shall make every effort to appoint at least one patient representative per treatment schedule and make sure all patients have access to a patient representative
- Increase patient and family engagement at the facility level by:
  - Identifying strategies to increase beneficiary participation in plan of care meetings
  - Ensuring the 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-appropriate access to in-center dialysis care at the facility level by:
  - Avoiding involuntary discharges (IVDs) and involuntary transfers (IVTs)
  - Assisting in the placement of patients at risk for IVDs or IVTs
- Maintain expected levels of clinical performance to meet or exceed the CMS ESRD Quality Incentive Program (QIP) standards for the clinical indicators and reporting measures for Performance Year 2021 (Payment Year 2023) in the tables below:

Finalized Performance Standards for the PY2023 ESRD QIP Clinical Measures

Measure	Achievement Threshold (15th Percentile of National Performance)	Median (50th Percentile of National Performance)	Benchmark (90th Percentile of National Performance)
Vascular Access Type (VAT)			
Standardized Fistula Rate	53.29%	64.36%	76.77%
Catheter Rate	18.35%	11.04%	4.69%
Kt/V Comprehensive	94.33%	97.61%	99.42%
Hypercalcemia	1.54%	0.49%	0.00%
Standardized Readmission Ratio (SRR)	1.268	0.998	0.629
NHSN Bloodstream Infection	1.193	0.516	0
Standardized Hospitalization Ratio (SHR)	1.248	0.967	0.670
Percentage of Prevalent Patients Waitlisted (PPPW)	8.12%	16.73%	33.90%
ICH CAHPS: Nephrologists' Communication and Caring	58.2%	67.90%	79.15%
ICH CAHPS: Quality of Dialysis Center Care & Operations	54.64%	63.08%	72.66%
ICH CAHPS: Providing Information to Patients	74.49%	81.09%	87.80%
ICH CAHPS: Overall Rating of Nephrologists	49.33%	62.22%	76.57%
ICH CAHPS: Overall Rating of Dialysis Center Staff	50.02%	63.37%	78.30%
ICH CAHPS: Overall Rating of the Dialysis Facility	54.51%	69.04%	83.72%

Note: Achievement Threshold – the 15th percentile of performance rates nationally (the facility performed better than 15% of facilities nationally)
Median – The 50th percentile of performance rates national (the median score of all facilities nationally)
Benchmark – the 90th percentile of performance rates nationally (the facility performed better than 90% of facilities nationally)

Requirements for Successful Reporting for the PY2023 ESRD QIP Reporting Measures

Measure	Reporting frequency	Data elements
Ultrafiltration	4 data elements are reported for every HD Kt/V session during the week of the monthly Kt/V draw, and Kt/V date is reported monthly.	• In-Center Hemodialysis (ICHD) Kt/V Date. • Post-Dialysis Weight. • Pre-Dialysis Weight. • Delivered Minutes of BUN Hemodialysis. • Number of sessions of dialysis delivered by the dialysis unit to the patient in the reporting Month.
MedRec	Monthly	• Date of the medication reconciliation. • Type of eligible professional who completed the medication reconciliation: ○ Physician, ○ nurse, ○ ARNP, ○ PA, ○ pharmacist, or ○ pharmacy technician personnel. • Name of eligible professional.
Clinical Depression Screening and Follow-Up.	1 of 6 conditions reported annually	• Screening for clinical depression is documented as being positive and a follow-up plan is documented. • Screening for clinical depression documented as positive, a follow-up plan is not documented, and the facility possesses documentation that the patient is not eligible. • Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given. • Screening for clinical depression documented as negative and no follow-up plan required. • Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible. • Clinical depression screening not documented, and no reason is given.
NHSN Dialysis Event	Monthly data reported quarterly	Three types of dialysis events reported: • IV antimicrobial start; • positive blood culture; and • pus, redness, or increased swelling at the vascular access site.
STrR		At least 10 patient-years at risk during the performance period.

- Identify opportunities for improvement through data analysis and development of a comprehensive improvement plan to meet or exceed CMS and Network goals for patient vascular access by:
    - Increasing AV fistula rates in prevalent patients
    - Increasing AV fistula rates in incident patients
    - Reducing long term catheter (>90 days) rates in prevalent patients
- All National Healthcare Safety Network (NHSN) eligible facilities will report 12 months of data in order to meet the CMS ESRD QIP NHSN clinical measures
- Participate in the Centers for Disease Control and Prevention's (CDC) Health-Associated Infection (HAI) trainings and/or quality improvement activities as required by QIRN4
- Increase the number of dialysis patients receiving the influenza and pneumococcal vaccinations
- Increase the percentage of patients accurately screened as having depression
- Improve dialysis care coordination with a focus on:
    - reducing the number of COVID-19 hospitalization
    - reducing hospital admissions for certain primary diagnoses categories
    - decreasing 30-day unplanned readmissions for certain primary diagnoses categories

    - decreasing outpatient emergency department visits for certain primary diagnoses categories
- Increase the percentage of patients added to a kidney transplant waiting list and patients receiving a kidney transplant
- Increase the number of incident ESRD patients starting dialysis using a home modality and the number of prevalent ESRD patients moving to a home modality. Additional focus on:
    - Decreasing hemodialysis catheter and peritonitis infection rates in patients receiving home dialysis in the nursing homes
    - Decreasing the rate of blood transfusions being given to dialysis patients receiving dialysis in the nursing homes
- Follow the EQRS (formerly CROWNWeb) Data Management Guidelines to meet CMS and Network timelines https://mycrownweb.org/wp-content/uploads/2020/10/ESRD-Systems-Data-Managment-Guidelines_2020_v4.pdf
- Maintain accurate facility demographic and unit personnel data including facility administrator, medical director, nurse manager, social worker, dietitian, nephrologist and emergency contact in EQRS.

FACILITY ADMINISTRATION

- Network goals will be revised annually and distributed to every facility for acknowledgement. Note: The Network reserves the right to update or revise goals based on CMS contractual and regulatory requirements
- The Facility Administrator must click the link below and attest that he/she has received and understands the **2021 Network Goals**

HTTPS://WWW.SURVEYMONKEY.COM/R/DFCPK8Z