



# 2018 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:**

1. All facilities will participate in Network 4 initiative/projects as assigned
2. All facilities will make every effort to identify at least one Patient Representative who will participate in Patient Representative Committee calls

**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:**

- Increase Patient and Family Engagement at the facility level by:
  - Identifying strategies to increase 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-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 involuntary discharge or transfer
- Maintain expected levels of clinical performance to meet or exceed the CMS QIP standards for Payment Year 2020 (Performance Year 2018) the clinical indicators in the table below:

Measure	Achievement	Benchmark	Performance Standard
Vascular Access Type (VAT)			
%Fistula	53.95%	79.90%	65.98%
%Catheter	17.22%	3.11%	9.40%
Kt/V Dialysis Adequacy Comprehensive	91.09%	98.56%	95.64%
Hypercalcemia	2.41%	0.00%	0.86%
Standardized Transfusion Ratio (STRr)	1.444	0.429	0.889
Standardized Remission Ratio (SRR)	1.273	0.629	0.998
NHSN Bloodstream Infection	1.598	0	0.740
Standardized Hospitalization Ratio (SHR)	1.249	0.670	0.967
ICH CAHPS: Nephrologists' Communication and Caring	57.36%	78.09%	67.04%
ICH CAHPS: Quality of Dialysis Center Care & Operations	53.14%	71.52%	61.22%
ICH CAHPS: Providing Information to Patients	73.31%	86.83%	79.79%
ICH CAHPS: Overall Rating of Nephrologists	49.33%	76.57%	62.22%
ICH CAHPS: Overall Rating of Dialysis Center Staff	48.84%	77.42%	62.26%
ICH CAHPS: Overall Rating of the Dialysis Facility	52.24%	82.48%	66.82%

Note:

*Achievement threshold – the 15<sup>th</sup> percentile of performance rates nationally  
(means the facility performed better than 15% of facilities nationally)*

*Benchmark – the 90<sup>th</sup> percentile of performance rates nationally  
(means the facility performed better than 90% of facilities nationally)*

*Performance Standard – The 50<sup>th</sup> percentile of performance rates nationally  
(the median score of all facilities nationally)*

- 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 Catheter (>90 days) rates in prevalent patients
- All NHSN eligible facilities will report 12 months of data in order to meet the CMS QIP NHSN clinical measures
- Participate in the Centers for Disease Control and Prevention (CDC) Health-Associated Infection (HAI) trainings and/or quality improvement activities as required by QIRN4
- Improve Dialysis Care Coordination with a focus on reducing hospital utilization
- Increase the percentage of patients on the transplant waitlist
- Increase the percentage of patients utilizing a home dialysis modality
- Follow the CROWNWeb Data Management Guidelines to meet CMS and Network timelines [http://mycrownweb.org/assets/crownweb-dm/CROWNWeb\\_Data\\_Management\\_Guidelines\\_FINAL.pdf](http://mycrownweb.org/assets/crownweb-dm/CROWNWeb_Data_Management_Guidelines_FINAL.pdf)
- Maintain accurate facility demographic and unit personnel data including facility administrator, medical director, nurse manager, social worker, dietitian, nephrologist, emergency contact.

### **FACILITY ADMINISTRATION**

- Facility Goals: 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 will click the link below and attest that he/she has received and understands the **2018 Network goals**

<https://www.surveymonkey.com/r/SMN7L9T>