

2020 Qsource ESRD Network 12 Goals for Dialysis Facilities

The Centers for Medicare & Medicaid Services (CMS) Federal Register (HHS § 405.2112 and 405.2134) refers to the ESRD Network’s responsibility to formulate Network-specific goals and the dialysis facility’s responsibility toward participating and pursuing Network goals. As directed, the ESRD Network 12 Medical Review Board has set performance goals that every dialysis facility is expected to follow; most are pursuant with national standards and guidelines (including but not limited to the Advancing American Kidney Health Initiative, Conditions for Coverage for End-Stage Renal Disease Facilities, ESRD Quality Incentive Program (QIP), and Kidney Disease: Improving Global Outcomes (KDIGO). The State Survey Agencies utilize Network goals and initiatives as a guideline during their evaluation process and receive a copy annually from the Network.

<p>Quality Improvement</p>	<p style="text-align: center;">Increase Home Dialysis Use</p> <p style="text-align: center;">Increase Patients on the Transplant Waitlist</p> <p style="text-align: center;">Reduce Blood Stream Infections (BSI)/Reduce Long Term Catheter (LTC) Use</p> <p style="text-align: center;">Improve the Quality of Life of ESRD Patient through the Support of Gainful Employment</p> <p style="text-align: center;">Patient Engagement in Quality Improvement Activities</p>	<p>CMS National Quality Improvement Goals:</p> <ul style="list-style-type: none"> • Support all the goals and initiatives detailed in the Executive Order (Advancing American Kidney Health) with emphasis on the goal to improve kidney health by having 80% of new ESRD patients in 2025 either receiving dialysis at home or receiving a transplant • by 2023, reduce the national rate of bloodstream infections in dialysis patients by 50% of the blood stream infections that occurred in 2016 • Support gainful employment of ESRD patients through use of Employment Network services. CMS strives for 100% of patients screened for interest in vocational rehabilitation services (as documented in CROWNWeb). In addition, facilities will increase the rate of eligible patients referred for Employment Network services and patients that receive Employment Network Services • Facilities will work toward inclusion of three CMS Patient Engagement goals as part of the interventions to meet the Network QIA objectives: (1) establishing a patient support group or new patient adjustment groups or a patient council; (2) incorporate patient, family and caregiver participation into the Quality Assurance Performance Improvement (QAPI) Program and/or governing body of the facility; and with (3) demonstrate improvements in patient, family and caregiver participation in the patient’s individualized plan of care and/or plan of care meetings.
<p>Patient and Family Engagement at the Facility Level</p>	<p style="text-align: center;">My Life, My Choices: Knowledge is Power Network Patient Engagement resources</p> <p style="text-align: center;">“Be Active In Your Care” Patient Engagement Calendar and Topic of the Month</p> <p style="text-align: center;">Network Patient Representative (NPR)</p>	<ul style="list-style-type: none"> • Facility will actively utilize the Network resources, including the MY KIDNEY KIT (MKK) to facilitate collaborative discussions to promote patient understanding and increase patient engagement in their care. • Facility will ensure the MKK is displayed and accessible to their patient population to increase patient engagement at the facility level. The MKK is also available online in English and Spanish at www.mykidneykit.org. • Facility will review Network provided resources and implement strategies to engage patients in their care and will report patient engagement activities as requested. • Facility will identify, engage with and support a Network Patient Representative (NPR) to ensure the patient voice is included in quality improvement activities (QIAs) and to improve the patient experience of care at the facility level

**The Network reserves the right to update or revise based on CMS contractual and regulatory requirements.
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Patient Experience of Care	Grievances	<ul style="list-style-type: none"> • Facility will report completion of educating and notifying all patients and staff of the definition of grievance and all processes available to address patient concerns including: <ul style="list-style-type: none"> ○ an internal facility process which complies with the ESRD Conditions for Coverage; ○ an option for patients to file a grievance anonymously; and ○ the right to use the external grievance processes with the Network and/or State Survey agency without first using the internal facility process. • Facility will cooperate with the Network grievance process if/when a grievance is received regarding the facility. This includes providing documentation and policies and procedures as requested and complete follow-up actions for quality improvement. • Facility will review and incorporate resources developed by the National Patient Experience of Care Learning and Action Network (LAN) and active participation in the LAN if designated.
	Network Posters	<ul style="list-style-type: none"> • Facility will display all Network Posters including: (1) ESRD Network 12, (2) Patients' Rights & Responsibilities, and (3) Patients' Concerns (grievance).
	Quality of Life	<ul style="list-style-type: none"> • KDQOL Survey will be conducted annually or more often as needed. Results will be reviewed in Plan of Care and QAPI meetings.
	Performance Score Certificate (PSC)	<ul style="list-style-type: none"> • Facility will print and display their PSC prominently in a public area for the calendar year in English and Spanish within 5 days of release.
Patient Access to Care	Involuntary Discharges	<ul style="list-style-type: none"> • Facility will follow the ESRD Conditions for Coverage (CfC) related to involuntary discharge and only discharge patients due to the five sanctioned reasons outlined in the CfCs. • Facility will complete the required steps listed in the CfCs' including notifying the Network with a 30 day notice of discharge (unless it is due to an immediate severe threat) and notifying State Survey Agency of the involuntary discharge and documenting it in the medical record. • Facilities will have all attending nephrologists review the sanctioned reasons for an involuntary discharge.
Patient Safety	Emergency Preparedness	<p>Facility will:</p> <ul style="list-style-type: none"> • Have plans in place (including back-up plans) and provide education to all staff and patients. • Notify the local emergency management office at least annually. • Notify the Network in the event of disruption of services. Events can be reported at https://www.surveymonkey.com/r/fac_status • Conduct an annual emergency drill. • The Network endorses and encourages facilities to participate in the 5 Diamond Patient Safety Program and provides technical assistance to facilities going through the program.
ESRD Quality Incentive	The Network supports standards for the current payment year under the ESRD QIP.	Payment Year 2022 – Rule of Record: Calendar Year (CY) 2020 ESRD Prospective Payment System (PPS) Final Rule
		Clinical Measures

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<p>Program (QIP)</p>	<p>The Centers for Medicare & Medicaid Services (CMS) administers the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) to promote high-quality services by outpatient dialysis facilities treating patients with ESRD. The ESRD QIP will reduce payments to ESRD facilities that do not meet or exceed certain performance standards.</p> <p>For more information about the program, see http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html</p> <p style="text-align: center;"><i>For more information about specifications on each measure (including exclusions), see http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html</i></p>	<ul style="list-style-type: none"> • Infection Monitoring: National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients • Patient Experience of Care: In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey • Standardized Readmission Ratio (SRR) • Standardized Transfusion Ratio (STrR) • Standardized Hospitalization Ratio (SHR) • Kt/V Dialysis Adequacy – Comprehensive • Hemodialysis Vascular Access: Standardized Fistula Rate (SFR) • Hemodialysis Vascular Access: Long-term Catheter Rate • Hypercalcemia • Percentage of Prevalent Patients Waitlisted (PPPW) <p>Reporting Measures</p> <ul style="list-style-type: none"> • Ultrafiltration Rate • Medication Reconciliation (MedRec) • Clinical Depression Screening and Follow-Up • NHSN Dialysis Event Reporting Measure
<p>CROWNWeb</p>	<p>All facilities will follow CMS’ Data Quality Management (DQM) Guidelines for timely and accurate submission.</p>	<p>http://mycrownweb.org/assets/crownweb-dm/CROWNWeb_Data_Management_Guidelines_FINAL.pdf</p> <ul style="list-style-type: none"> • Refer to the last two pages for a summary guide of monthly due dates.
<p>Network Council</p>	<p>Network Facility Representative Duties</p>	<ul style="list-style-type: none"> • Subscribe to the Heartland Happenings eNewsletter and disseminate pertinent information to other personnel as necessary. • Participate in Annual Board Election nomination and voting. • Designate, submit an application and engage a Network Patient Representative (NPR) for your facility. • Attend the annual Network Council webinar. • Ensure that all Personnel remain current in CROWNWeb.

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