

2020 QIRN3 Goal Statement

Facilities will:

- Maintain expected levels of clinical performance to meet or exceed the CMS Clinical Performance Standards as reported in the Finalized PY 2022 Quality Incentive Program.

Measure	Minimum Goal**	Top 10% Nationwide***
Vascular Access Type		
Standardized Fistula Rate	63.76%	76.16%
Long Term Catheter Rate *	11.22%	5.07%
Kt/V Comprehensive	97.04%	99.15%
Hypercalcemia *	0.58%	0.00%
Standardized Readmission Ratio (SRR)*	0.998	0.629
NHSN Bloodstream Infection (SIR)*	0.604	0
Standardized Hospitalization Ratio (SHR)*	0.967	0.670
Percent of Prevalent Patients Waitlisted (PPPW)	16.73%	33.90%
ICH CAHPS	50th percentile	90th percentile
Nephrologists' Communication and Caring	67.89%	78.52%
Quality of Dialysis Center Care and Operations	62.47%	72.11%
Providing Information to Patients	80.48%	87.14%
Overall Rating of Nephrologists	62.22%	76.57%
Overall Rating of Dialysis Center Staff	63.04%	77.49%
Overall Rating of the Dialysis Facility	68.59%	83.03%
Additional Quality Measure		
Mortality Ratio (Dialysis Facility Report)	0.97(NW3)	1.0 (US)

Source: [Federal Register](#)

* On these measures, a lower rate indicates better performance.

****Minimum Goal**- This is the CMS ESRD QIP Final PY 2022 Performance Standard, which, is the 50th percentile of performance rates nationally during CY 2018. Facilities that meet this goal may not achieve the full points for the specified measure.

*****Top 10% Nationwide**- This is the CMS ESRD QIP Final PY 2022 Benchmark, which is the 90th percentile (Best 10% of units) of performance rates nationally during CY 2018. Facilities that meet or exceed these rates will likely earn the full points for the specified measure.

CfC Interpretative Guidelines, § 494.110 Condition: Quality assessment and performance improvement (V628) states, "Where minimum outcome values have been determined, facilities are expected to provide care directed at achievement of at least the minimum outcome value by all patients."

Facilities that have achieved the minimum goals shall strive to meet or exceed the top 10% goals.

- Assess and refer in a timely manner medically suitable patients to treatment modalities that increase rehabilitation and independence including in-center self-care, home self-care and transplantation.
- NJ specific- NJ state regulations require a transplant surgeon or designee is a part of the plan of care interdisciplinary team. (*N.J.A.C Title 8 Chapter 43 8:43A-24.13 Patient care plan*).

MRB approved: 11/13/2019

BOD approved: 11/20/2019

- ✦ PR specific- As a result of the collaborative meeting held in October 2019, facilities will ensure the facility transplant designee attend an annual transplant designee program.
- ✦ Establish and maintain a quality assessment and performance improvement program that evaluates the care provided and identifies opportunities for and continuously works to improve care delivered.
- ✦ Clearly delineate and respect the rights and responsibilities of both the patient, family, significant others and the facility while promoting patient/family centered care and engagement.
- ✦ Submit data and information timely and accurately as defined by project to the Network and in CROWNWeb as is required by law and regulation.
- ✦ Register in NHSN, enroll in the Network 3 group and submit dialysis event data and information timely and accurately on a monthly basis.
- ✦ NJ facilities- Utilize HIPPOCRATES by completing the required provider information, updating monthly and as needed during emergency situations that disrupt dialysis delivery.
- ✦ Designate two disaster representatives for the facility and provide alternate contact information in CROWNWeb for primary and secondary disaster personnel.
- ✦ Assist the Network in the identification and referral of Patient Advisory Committee representatives.
- ✦ Make available to patients Network-provided information on its Quality Improvement Projects, the national QIP, the Annual Report, Regional and National profiles of care, the importance of immunization, information on how to access and use Medicare's Dialysis Facility Compare Report, information on the CROWNWeb system developed by CMS and other information as directed by project.

Resources:

- PY 2022 Final Rule: <https://www.govinfo.gov/content/pkg/FR-2019-11-08/pdf/2019-24063.pdf>
- PY 2022 Technical Specifications: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/PY-2022-Final-Technical-Specifications-ESRD.pdf>
- KDOQI Guidelines: <https://www.kidney.org/professionals/guidelines>
- NHSN CDC Dialysis Component: <https://www.cdc.gov/nhsn/dialysis/event/index.html>
- Dialysis Facility Report: <https://dialysisdata.org/>