

2022 QIRN3 Goals and Recommendations

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 3 (QIRN 3) is the ESRD Network contractor selected to serve New Jersey, Puerto Rico and the US Virgin Islands.

REQUIRED NETWORK GOALS FOR ALL FACILITIES:

- All facilities will participate in Network 3 initiatives/projects as assigned. Notify the ESRD Network of key personnel changes.
- 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.

Centers for Medicare and Medicaid (CMS) End Stage Renal Disease (ESRD) Quality Incentive Program (QIP)

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.

Measure	Minimum Goal**	Top 10% Nationwide***
Vascular Access Type		
Standardized Fistula Rate	64.36%	76.77%
Long Term Catheter Rate *	11.04%	4.69%
Kt/V Comprehensive	97.61%	99.42%
Hypercalcemia *	0.49%	0.00%
Standardized Readmission Ratio (SRR)*	0.998	0.629
NHSN Bloodstream Infection (SIR)*	0.516	0
Standardized Hospitalization Ratio (SHR)*	0.971	0.691
Percent of Prevalent Patients Waitlisted (PPPW)	16.73%	33.90%
ICH CAHPS	50th	90th percentile
Nephrologists' Communication and Caring	67.90%	79.15%
Quality of Dialysis Center Care and Operations	63.08%	72.66%
Providing Information to Patients	81.09%	87.80%
Overall Rating of Nephrologists	62.22%	76.57%
Overall Rating of Dialysis Center Staff	63.37%	78.30%
Overall Rating of the Dialysis Facility	69.04%	83.72%
Additional Quality Measure (Source: Dialysis Facility Report)		
Mortality Ratio (Regional Averages (2017-2020))	0.97(NW3)	1.00 (US)
Standardized Transfusion Ratio (STrR)* (Regional Averages, 2020)	0.92(NW3)	1.00 (US)

Source: [Federal Register](#)

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

****Minimum Goal-** This is the CMS ESRD QIP Final PY 2023 Performance Standard, which is the 50th percentile of performance rates nationally during CY 2021. 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 2023 Benchmark, which is the 90th percentile (Best 10% of units) of performance rates nationally during CY 2021. Facilities that meet or exceed these rates will likely earn the full points for the specified measure.

RECOMMENDATIONS FOR ALL FACILITIES:

Adequacy

- Residual renal function should be incorporated into adequacy measures when appropriate

Data and Reporting Systems

- Submit data and information timely and accurately as defined by project to the Network and in End Stage Renal Disease Quality Reporting System (EQRS) 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.

Emergency Preparedness

- NJ facilities- Report reportable events including emergencies that disrupt dialysis delivery through NoviSurvey. For guidance on how to report in NoviSurvey, email NonLTC.Reportables@doh.nj.gov.
- Designate two disaster representatives for the facility and provide alternate contact information in EQRS for primary and secondary disaster personnel.

Modality Education

- 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).

Patient Experience of Care

- 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.
- Facilities should actively consult with the Network regarding difficult patient situations prior to any situation escalating to the consideration of an involuntary discharge.
- 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

Patient Education

- Make available to patients Network-provided information on its Quality Improvement Projects, the CMS ESRD QIP, Regional and National profiles of care, the importance of immunization, information on how to access and use CMS Dialysis Facility Compare.

Patient Safety

- All facilities are urged to embrace a “culture of safety” and initiate specific measures to enhance safety, and prevent/reduce medical errors, such as:
 - Use a standardized abbreviation list
 - Use stickers to warn of allergies, of like or similar names and anticoagulation therapy
 - Post a list of drug dialyze-ability, or drugs to avoid during dialysis
 - Track adverse events/incidents
 - Identify and track healthcare-associated infections (HAIs) that develop during the course of care in the facility, and report such infections in NHSN
 - Identify, track and use preventative measures against central line-associated blood stream infections (CLABSIs) that include:
 - ✓ Routine review of central venous line care procedures with healthcare workers and patients
 - ✓ Removal of non-essential central venous lines
- All facilities are encouraged to participate in the 5-Diamond Patient Safety Program
- All facilities should follow the CDC’s Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients.

Patient Engagement

- All facilities should welcome, seek and respect the involvement of the patient, including their family as requested, in every aspect of medical care.
- Patients should be provided the opportunity to define the members of their families.
- Facilities should work to increase the number of patients participating in their care planning.
- Facilities should educate patients about all treatment options at initiation of renal replacement therapy annually, and at additional times if indicated by changes in clinical condition.
- Facilities should include patient representation on QAPI workgroups.
- Facilities should encourage patients to become Network subject matter experts to provide the patient perspective in quality improvement activities.

Appendix 1: The following tables extract from the Federal Register is included as references for the measure reporting requirements.

TABLE 4: Requirements for Successful Reporting on the PY 2024 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 the number of sessions of dialysis is reported monthly	<ul style="list-style-type: none"> • In-Center Hemodialysis (ICHHD) 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	<ul style="list-style-type: none"> • Date of the medication reconciliation. • Type of eligible professional who completed the medication reconciliation: <ul style="list-style-type: none"> o physician, o nurse, o ARNP, o PA, o pharmacist, or o pharmacy technician personnel • Name of eligible professional
Clinical Depression Screening and Follow-Up	1 of 6 conditions reported annually	<ul style="list-style-type: none"> • 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	<p>Three types of dialysis events reported:</p> <ul style="list-style-type: none"> • 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.

Appendix 2: The following tables extract from the Federal Register is included as reference for the eligibility requirements for scoring on ESRD QIP measures.

TABLE 5: Eligibility Requirements for Scoring on ESRD QIP Measures

Measure	Minimum data requirements	CCN open date	Small facility adjuster
Kt/V Comprehensive (Clinical)	11 qualifying patients	N/A	11-25 qualifying patients
VAT: Long-term Catheter Rate (Clinical)	11 qualifying patients	N/A	11-25 qualifying patients
VAT: Standardized Fistula Rate (Clinical)	11 qualifying patients	N/A	11-25 qualifying patients
Hypercalcemia (Clinical)	11 qualifying patients	N/A	11-25 qualifying patients
NHSN BSI (Clinical)	11 qualifying patients	Before October 1 prior to the performance period that applies to the program year.	11-25 qualifying patients
NHSN Dialysis Event (Reporting)	11 qualifying patients	N/A	N/A
SRR (Clinical)	11 index discharges	N/A	11-41 index discharges
STrR (Reporting)	10 patient-years at risk	N/A	N/A
SHR (Clinical)	5 patient-years at risk	N/A	5-14 patient-years at risk
ICH CAHPS (Clinical)	Facilities with 30 or more survey-eligible patients during the calendar year preceding the performance period must submit survey results. Facilities will not receive a score if they do not obtain a total of at least 30 completed surveys during the performance period	Before October 1 prior to the performance period that applies to the program year.	N/A
Depression Screening and Follow-Up (Reporting)	11 qualifying patients	Before April 1 of the performance period that applies to the program year.	N/A
Ultrafiltration (Reporting)	11 qualifying patients	Before April 1 of the performance period that applies to the program year.	N/A
MedRec (Reporting)	11 qualifying patients	Before October 1 prior to the performance period that applies to the program year.	N/A
PPPW (Clinical)	11 qualifying patients	N/A	11-25 qualifying patients

Resources:

- PY 2023 Final Rule: <https://www.federalregister.gov/documents/2021/11/08/2021-23907/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis>
- PY 2024 Technical Specifications: <https://www.cms.gov/files/document/cy-2022-proposed-technical-specifications.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/>