



Facility Goals from Heartland Kidney Network

July 2010 – June 2011

The Centers for Medicare & Medicaid Services (CMS) Federal Register, HHS § 405.2110 to 405.2113, discusses the ESRD Network responsibilities regarding the formulation of Network-specific goals and the dialysis facility's responsibility toward meeting them. As directed by the Secretary, the Heartland Kidney Network's Medical Review Board and Board of Directors have set performance goals that every dialysis facility is expected to achieve. The State Survey Agencies utilize Network goals and initiatives as a guideline during their evaluation process.

QUALITY IMPROVEMENT

Clinical Performance Indicator		Value
Vascular Access	Fistula	National goal of >66.0% in all HD patients and 50.0% of incident patients. The CMS Network goal by October 2010 is 55.2% in all HD patients and 50% of incident patients. The anticipated March 2011 CMS Network goal is 56.6% Acceptable, if fistula not possible. Fistula not possible in approximately 10% of total patient population Avoid, unless bridge to fistula/graft or to PD, if patient is awaiting transplant, or in small adult or pediatric patients. Infection rates are very high with CVC.
	Graft	
	Central Venous Catheter	
HD Adequacy	Adult HD <5 hours 3x/week	Kt/V ≥1.2; Min. 3 hours/tx if residual kidney function <2ml/min Inadequate treatment frequency Min. Kt/V ≥2.0/week
	Adult HD 2x/week, RKF <2 mL/min HD 4-6x/week	
PD Adequacy	Adult PD patient <100 mL urine output/day	Min. delivered Kt/V urea ≥1.7/week
	Pediatric PD patients, low urine urea clearance	Min. delivered Kt/V urea ≥1.8/week
Nutrition/ Inflammation	Serum Albumin	Preferred: ≥ 4.0 g/dL bromocresol green (BCG) method
Mineral Metabolism	Calcium (corrected)	All: >8.4 mg/dL & <10.2 mg/dL
	Phosphorus	All: 3.5-5.5 mg/dL
	Intact PTH every 3 months	Adult: 150-300 pg/mL (16.5-33.0 pmol/L) Pediatric 200-300 pg/mL
Anemia	Adult & pediatric Hgb on ESAs	Hgb: <12.0 g/dL
	Adult & pediatric Hgb on ESAs	Hgb: 10-12.0 g/dL
	Adult & pediatric Hgb off ESAs	Hgb: >10.0 g/dL
	Adult & pediatric Hgb on ESAs	Hgb: 11-12.0 g/dL, ≤13.0 g/dL
	Adult & pediatric: transferrin saturation	>20% (HD, PD), or CHR >29 pg/cell
	Adult & pediatric: serum ferritin	HD: >200 ng/mL; PD: >100 ng/mL
Preventive Care	Immunization	ESRD patients will be offered immunization against Influenza, Pneumonia, and Hepatitis B

Source: 2009 MAT - *If goals are not specifically mentioned, please refer to K/DOQI. Unless otherwise stated, the goal is 100%.
2008 ESRD Conditions for Coverage

Quality Assessment and Performance Improvement (QAPI): The dialysis facility will measure, analyze, and track quality indicators, per the Conditions for Coverage.

All patients will be provided with education on modality options annually.

A signed copy of this document should be on file with the Network office. Goals are subject to change.

Please refer to the Network's website for the current Network goals.

7306 NW Tiffany Springs Pkwy, Ste. 230, Kansas City, MO 64153

Phone: 816-880-9990 – Fax: 816-880-9088 – heartlandkidney.org



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COMMUNITY INFORMATION & RESOURCES

Disaster and Emergency Preparedness: All facilities will have plans in place (including back-up plans) and share them with the physicians, staff members and patients. Quarterly drills are encouraged. Facilities must notify the Network in the event of closure. Facilities are required to contact their local emergency management offices at least annually.

KDQOL-36: The dialysis facility will utilize the KDQOL Assessment tool on all qualifying patients to survey physical and mental functioning at least annually.

Qualified and Trained Staff: The facility staff must meet personnel qualification and demonstrated competencies needed to perform the specific duties of their positions.

Educational Information: Resources provided by the Network will be made available to all patients and staff members.

Conflict Resolution: The dialysis facility will follow the Conditions for Coverage related to conflict resolution, internal grievance process, patients' rights and responsibilities, patient transfer and involuntary discharge. Facilities must notify the Network and State Agency prior to all Involuntary Discharges.

Network, Patient Rights & Responsibilities & Grievance Posters: Every dialysis facility will display the poster(s) in a prominent location within all of the patients view.

ADMINISTRATION

Network Council: Network Facility Representatives (Council Members) will annually provide input to the Network; which evaluates current initiatives, identifies the needs of the facility and community, and includes suggestions for future initiatives. Network Facility Representatives will submit a signed copy of the Network Facility Representative Roles & Responsibilities and participate in the Annual Board Election and Network bylaw revisions, as necessary. The facility will notify the Network when their representative changes.

Quarterly Facility Report: Each facility representative is required to submit a Quarterly Facility Report to the Network.

Facility Goals: Network goals will be revised annually and distributed to every facility for acknowledgment. The designated Network Facility Representative must sign and return (fax or email) the document to the Network. **The Network reserves the right to update or revise goals based on CMS contractual and regulatory requirements. A current of copy of the Network goals is available on the Networks website under the 'Administration' tab.*

INFORMATION MANAGEMENT

Compliance:

Forms: All facilities will be 90% accurate and timely with their submission of the 2728 (Eligibility) and 2746 (Death) forms.

PAR (Patient Activity Reports): All facilities will submit five out of six monthly PARs for each six-month cycle ending in January and July.

CROWNWeb: Electronic submission of 2728 (Eligibility) and 2746 (Death) forms and clinical data with a 90% timeliness goal. Perform monthly online validation of current census with any corrections with a 90% monthly timeliness goal. Maintain accurate list of staff contact information in CROWNWeb.

QIPS: All facilities maintain an adequate number of CROWNWeb QIPS user accounts with at least one person per facility.

By signing this document, I attest that the Medical Director and management team of «FACILITY_NAME» understands the above Network goals (on page 1 and 2) and agrees to post them in a prominent place for all staff members to view through June 2011.

Facility Name: _____

Medicare Provider Number: _____

Facility Representative: _____

Facility Representative's

Signature: _____

Date: _____

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