



Facility Goals from Heartland Kidney Network

July 2009 – June 2010

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. The 2008 Conditions for Coverage (CfC) were utilized in the development of these Facility Goals.

QUALITY IMPROVEMENT

Clinical Performance Indicator		Value
HD Adequacy	Adult HD <5 hours 3x/week	Kt/V ≥1.2; Min. 3 hours/tx if residual kidney function <2ml/min
	Adult HD 2x/week, RKF <2 mL/min HD 4-6x/week	Inadequate treatment frequency Min. Kt/V ≥2.0/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	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 Intact PTH every 3 months	All: 3.5-5.5 mg/dL 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 Adult & pediatric Hgb off ESAs Adult & pediatric Hgb on ESAs Adult & pediatric: transferrin saturation Adult & pediatric: serum ferritin	Hgb: 10-12.0 g/dL Hgb: >10.0 g/dL Hgb: 11-12.0 g/dL, ≤13.0 g/dL >20% (HD, PD), or CHr >29 pg/cell HD: >200 ng/mL; PD: >100 ng/mL HD/PD: <500 ng/mL or evaluate if indicated
Vascular Access	Fistula	Preferred
	Graft Central Venous Catheter	Acceptable, if fistula not possible Avoid, unless bridge to fistula/graft or to PD, if transplant soon, or in small adult/peds pt
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%.*

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.



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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 physicians, staff members and patients. Quarterly drills are required. Facilities must notify the Network in the event of closure.

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 for all Involuntary Discharges.

Network, Patient Rights & Responsibilities & Grievance Posters: Every dialysis facility will display the poster in a prominent location within the all 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 participate in the Annual Board Election and Network bylaw revisions, as necessary. The facility will notify the Network when their representative changes.

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 contract and regulatory requirements. A current of copy of the Network goals is available on the Networks website under 'Administration'.*

INFORMATION MANAGEMENT

Compliance:

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

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.

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 2010.

Facility Name: «FACILITY_NAME»

Medicare Provider Number: «PROVIDER_NUMBER»

Facility Representative: «FIRST_NAME» «LAST_NAME», «CREDENTIALS»

Facility Representative's

Signature: _____ **Date:** _____

PAGE 2 of 2

A signed copy of this document should be on file with the Network office by July 30, 2009.

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