



Facility Goals from Heartland Kidney Network

July 2008 – June 2009

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 Executive Committee have set performance goals that every dialysis facility is expected to achieve. The State Survey Agencies utilize Network goals as a guideline during their evaluation process. The finalized Conditions for Coverage (CfC) were taken into consideration during the development of these goals.

QUALITY IMPROVEMENT

Centers for Medicare & Medicaid Services (CMS) has established the following Vascular Access goals nationwide:

- By 2009, every dialysis facility will have an arteriovenous fistula (AVF) percentage of at least 66%.
- Every dialysis facility will strive to reduce catheter usage to 10% or less.

The Network Medical Review Board (MRB) has established the following Clinical Performance Goals for 2008

Vascular Access:

- Working toward 53.2% or more prevalent and incident patients will have AVF, with a Network stretch goal of 60%
- Facilities with less than 50% AVF will be required to submit corrective action plans to the Network
- 100% Patients with arteriovenous grafts (AVG) will be monitored for stenosis
- 10% or less prevalent patients will utilize a catheter \geq 90 days

Hemodialysis Adequacy: Patients will have a Mean Kt/V \geq 1.2

Peritoneal Dialysis Adequacy: Patients will have a Mean Kt/V \geq 1.7

Anemia Management: Patients will have a Mean Hgb $>$ 11g/dL

Serum Albumin: Patients will have a Mean \geq 4.0/3.7 g/dL (BCG/BCP)

Mineral Metabolism: Patients will have a serum calcium-phosphorus product of $<$ 55 mg² /dL²

Immunization: ESRD patients will be offered immunization against Influenza, Pneumonia, and Hepatitis B

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

COMMUNITY INFORMATION & RESOURCES

Network Poster: Every dialysis facility will display the poster in a prominent location within the all patients view.

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.

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.

ADMINISTRATION

Network Council: 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 ideas for future initiatives. Facility Representatives will participate in the Annual Board Election and Network bylaw revisions, as necessary.

Conditions for Coverage: Medicare Certification requires all facilities to comply with the new regulations by October 14, 2008.

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.

By signing this document, I attest that the Medical Director and management team of «FACILITY_NAME» understands the above Network goals and agrees to post them in a prominent place for all staff members to view through June 2009.

Facility Name: «FACILITY_NAME»

Medicare Provider Number: «PROVIDER_NUMBER» Facility

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

Facility Representative's

Signature: _____

Date: _____

Please sign and fax this document to the Network office by June 30, 2008 - ATTN: Nicole Timko 816-880-9088