



2024 Network 4 Goals



Quality
Insights

Renal Network 4

Approved:
Medical Review Board
January 18, 2024

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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 4 (QIRN 4) is the ESRD Network contractor selected to serve Pennsylvania and Delaware.

REQUIRED NETWORK GOALS FOR ALL FACILITIES WITHIN NETWORK 4:

- All facilities will participate in Network 4 initiatives/projects as assigned

RECOMMENDATIONS FOR ALL FACILITIES WITHIN NETWORK 4:

- All facilities shall make every effort to appoint at least one patient representative per treatment schedule and make sure all patients have access to a patient representative
- Increase patient and family engagement at the facility level by:
 - Identifying strategies to increase beneficiary participation in plan of care meetings
 - Ensuring the facility Quality Assessment and Performance Improvement (QAPI) program includes and measures patient and family participation in facility decision making related to ESRD care
 - All facilities shall make every effort to recruit at least one patient peer mentor
- 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
- Maintain expected levels of clinical performance to meet or exceed the CMS ESRD Quality Incentive Program (QIP) standards for the clinical indicators and reporting measures for Performance Year 2024 (Payment Year 2026) in the tables below:

Performance Standards for the ESRD QIP Clinical Measures for Payment Year 2026

Measure	Achievement Threshold (15 th Percentile of National Performance)	Median (50 th Percentile of National Performance)	Benchmark (90 th Percentile of National Performance)
Vascular Access Type (VAT)			
Long-Term Catheter Rate	18.35%*	11.04%*	4.69%*
Kt/V Comprehensive	94.33%*	97.61%*	99.42%*
Standardized Readmission Ratio ^a	34.27*	26.50	16.19
NHSN BSI	0.734	0.248	0
Standardized Hospitalization Ratio ^b	166.60	129.14	87.98
Standardized Transfusion Ratio ^b	48.29	26.19	8.86
PPPW	8.12%*	16.73%*	33.90%*
Clinical Depression**	87.10%	94.29%	100.00%
ICH CAHPS: Nephrologists' Communication and Caring	58.20%*	67.90%*	79.15%*
ICH CAHPS: Quality of Dialysis Center Care and Operations	54.87%	63.22%	72.83%
ICH CAHPS: Providing Information to Patients	74.49%*	81.09%*	87.80%*
ICH CAHPS: Overall Rating of Nephrologists	49.33%*	62.22%*	76.57%*
ICH CAHPS: Overall Rating of Dialysis Center Staff	51.01%	64.86%	78.86%
ICH CAHPS: Overall Rating of the Dialysis Facility	54.58%	69.42%	84.09%
*Values are the same final performance standards for those measures for PY 2025. In accordance with our longstanding policy, we are using those numerical values for those measures for PY 2026 because they are higher standards than the PY 2026 numerical values for those measures.			
**We are finalizing our proposal to update the Clinical Depression Screening and Follow-Up measure beginning in PY 2026, as discussed in section IV.C.4 of this final rule.			

^aRate calculated as a percentage of hospital discharges

^bRate per 100 patient-years

Data sources: VAT measure: 2022 EQRS; SRR, SHR: 2022 Medicare claims; STrR: 2022 Medicare claims; Kt/V: 2022 EQRS; Hypercalcemia: 2022 EQRS; NHSN: 2022 CDC; ICH CAHPS: CMS 2022; PPPW: 2022 EQRS and 2022 Organ Procurement and Transplantation Network (OPTN); Clinical Depression: 2022 EQRS.

Note: Achievement Threshold – the 15th percentile of performance rates nationally (the facility performed better than 15% of facilities nationally)

Median – The 50th percentile of performance rates national (the median score of all facilities nationally)

Benchmark – the 90th percentile of performance rates nationally (the facility performed better than 90% of facilities nationally)

Requirements for Successful Reporting for the Payment Year 2026 ESRD QIP Reporting Measures

Measure	Reporting Frequency	Data Elements
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 advanced registered nurse practitioner (ARNP), o physician assistant (PA), o pharmacist, or o pharmacy technician personnel • Name of eligible professional
NHSN Dialysis Event	Monthly	Three types of dialysis events reported: <ul style="list-style-type: none"> • IV antimicrobial start; • positive blood culture; and • pus, redness, or increased swelling at the vascular access site.
Hypercalcemia	Monthly	Total uncorrected serum or plasma calcium lab values
COVID-19 Vaccination Coverage Among HCP*	At least one week of data each month, submitted quarterly	Cumulative number of HCP eligible to work in the facility for at least one day during the reporting period and who received an up to date vaccination course against SARS-CoV-2.
Facility Commitment to Health Equity**	Annually	Domains to which facility must attest affirmatively: <ul style="list-style-type: none"> • Equity is a Strategic Priority • Data Collection • Data Analysis • Quality Improvement • Leadership Engagement

* We are finalizing our proposal to update the COVID-19 Coverage Among HCP reporting measure beginning with PY 2026, as discussed in section IV.C.3 of this final rule.

** We are finalizing our proposal to add the Facility Commitment to Health Equity reporting measure beginning with PY 2026, as discussed in section IV.C.2 of this final rule.

- Identify opportunities for improvement through data analysis and development of a comprehensive improvement plan to meet or exceed CMS and Network goals for patient vascular access by:
 - o Reducing long term (in use >90 days) catheter rates in prevalent patients
- All National Healthcare Safety Network (NHSN) eligible facilities will report 12 months of data in order to meet the CMS ESRD QIP NHSN clinical measures
- Participate in the Centers for Disease Control and Prevention’s (CDC) Health-Associated Infection (HAI) trainings and/or quality improvement activities as required by QIRN4
- Increase the number of dialysis patients receiving vaccinations: COVID-19, influenza and pneumococcal
- Increase the percentage of patients accurately screened as having depression
- Improve dialysis care coordination with a focus on:
 - o reducing hospital admissions for certain primary diagnoses categories
 - o decreasing 30-day unplanned readmissions for certain primary diagnoses categories
 - o decreasing outpatient emergency department visits for certain primary diagnoses categories
- Increase the percentage of patients added to a kidney transplant waiting list and patients receiving a kidney transplant

- Increase the number of incident ESRD patients starting dialysis using a home modality and the number of prevalent ESRD patients moving to a home modality. Additional focus on:
 - Decreasing hemodialysis catheter and peritonitis infection rates in patients receiving home dialysis in the nursing homes
 - Decreasing the rate of blood transfusions being given to dialysis patients receiving dialysis in the nursing homes
- Follow the EQRS Data Management Guidelines to meet CMS and Network timelines
https://mycrownweb.org/wp-content/uploads/2023/09/EQRS-Data-Management-Guidelines_2023_Final_9.12.23_vFINAL508.pdf
- Maintain accurate facility demographic and unit personnel data including facility administrator, medical director, nurse manager, social worker, dietitian, nephrologist and emergency contact

FACILITY ADMINISTRATION

- Network goals will be revised annually and distributed to every facility for acknowledgement.
Note: The Network reserves the right to update or revise goals based on CMS contractual and regulatory requirements
- The Facility Administrator must click the link below and attest that he/she has received and understands the **2024 Network Goals**

[ATTESTATION LINK](#)