



Improving Healthcare
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IPRO ESRD NETWORK PROGRAM GOALS DECEMBER 1, 2016 - NOVEMBER 30, 2017

Each facility agrees to participate and cooperate with the goals and activities, including quality improvement projects, as set forth by IPRO ESRD Network of New England as provided in 42 CFR Part 494.180.V772 (i) of Centers for Medicare & Medicaid Services (CMS) regulations.

Any changes to key staff involved in the following projects must be updated in CROWNWeb and reported to the Network within five (5) business days. Quality Improvement Activities (QIA) and goals are reviewed annually, and are subject to change based on CMS Statement of Work (SOW). Please refer to the Network website (<http://esrd.ipro.org/about-us/what-we-do>) for the most current information on projects and goals. If you would like additional information about projects, please reference the SOW page number noted below.

AIM 1: Better Care for the Individual Through Patient and Family Centered Care		
QIA	Description	SOW Page Number(s)
Grievance QIA	<ul style="list-style-type: none"> • Criteria: Impact a minimum of 10 facilities • Goal: Decrease the facility's average score on one (1) weighted measure by 20% 	Pages 35-36
In-Center Hemodialysis Consumer Assessment of Healthcare Providers Survey (ICH CAHPS) QIA	<ul style="list-style-type: none"> • Criteria: Impact a minimum of 5% of the Network Population • Goal: Improve 5% on the selected component 	Page 37-39
Vascular Access	<ul style="list-style-type: none"> • Criteria: Include all facilities with a >10% Long-Term Catheter (LTC) rate at baseline (September 2015) • Goal: Decrease LTC rate within this group by an aggregate of 2% (individual facility goals may be higher or lower to achieve this goal) 	Page 39
Healthcare Associated Infection (HAI) – Blood Stream Infection (BSI) QIA	<ul style="list-style-type: none"> • Criteria: Include at least 20% of Network facilities chosen based on NHSN infection data • Goal: Decrease the pooled mean BSI rate within the chosen group by ≥5% from baseline (Baseline 1st & 2nd Quarters of 2015) 	Pages 40-43
HAI-Immunizations	<ul style="list-style-type: none"> • Criteria: Include at least 10% of low-performing facilities with a maximum of 25 facilities in the Network • Goal: Increase vaccination rates, specifically Hepatitis B and Pneumococcal Pneumonia vaccines, at the facility to achieve a minimum of a 60% rate for both vaccines 	Pages 44-45



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AIM 2: Better Health for the ESRD Population		
<u>QIA</u>	<u>Description</u>	<u>SOW Page Number(s)</u>
Population Health Focused Pilot Project (PHFPP) Improve Transplant Coordination QIA	<ul style="list-style-type: none"> • Criteria: <25% of the target population must demonstrate the desired outcome for the selected project area • Goal: Five percent (5%) increase in the rate of transplant referrals for eligible patients, as well as a one percent (1%) reduction in the identified disparity group (gender) by September 2017 	Pages 45-52
AIM 3: Reduce Costs of ESRD Care by Improving Care		
<u>QIA</u>	<u>Description</u>	<u>SOW Page Number(s)</u>
Quality Incentive Program (QIP) QIA	<ul style="list-style-type: none"> • Criteria: 10 or more Network facilities at all times including those with the poorest performance on the hypercalcemia QIP measure • Goal: The facility must improve on this measure by 25% from baseline or exceed the QIP threshold for this measure 	Pages 55-60
National Health Safety Network (NHSN) Data Quality QIA	<ul style="list-style-type: none"> • Criteria: At least 20 facilities at all times as well as five (5) hospitals affiliated with the 20 facilities • Goal: Improve the number of BSIs reported within 24 hours of hospital admission over baseline 	Pages 60-63