



## 2012 CLINICAL PERFORMANCE GOALS

The Centers for Medicare & Medicaid Services (CMS), which oversees the Medicare program, contracts with 18 ESRD Network Organizations throughout the United States. The ESRD Networks perform oversight activities to assure appropriateness of services and protection for ESRD patients. This approach has been named the ESRD Health Care Quality Improvement Program. (HCQIP). The ESRD HCQIP is based on the assumption that most health care providers need and welcome both information, and where necessary, help in applying the tools and techniques of quality management.

The Network has established performance goals based on past performance, CMS thresholds and the NKF/KDOQI Clinical Practice Guidelines. Data used to establish this year's Network goals was based on the findings from the ELab Project also known as the Lab Data Collection Project. The ELab findings for clinical measures were collected from a 100% patient sample of in-center hemodialysis patients (during October-December 2010) and peritoneal dialysis patients (during October 2010-December 2010). Facilities were asked to report clinical information designed to reflect values for the five major domains of care: Adequacy of Dialysis, Anemia Management, Nutritional Status, Bone and Mineral Metabolism and Vascular Access. The expectation is that facilities not meeting expected performance standards develop internal quality monitors and quality improvement projects to promote continuous improvement.

The Southern California Renal Disease Council, Inc., ESRD Network 18, *Clinical Performance Goals* provides a measurement tool to assess facility patient care processes and outcomes, and identify opportunities for improvement. The Network goal is to combine efforts with renal facilities to improve performance in the delivery of quality patient care.

As the Network structures our next round of Quality Improvement Projects, we turn to this data for guidance. Additional sources of data, such as the Fistula First Access Utilization Collection and the Dialysis Facility Reports will be used to help us better target our approach at the individual facility level. Look for more information on our Quality Improvement Projects coming to your units.

As part of ESRD Network 18s' ongoing quality improvement program, the following table provides results for the Network. A column is also provided in which you can insert your facility's data and compare them to the Network benchmark for several areas of hemodialysis. We hope this information will assist you with your facility's ongoing Quality Assessment and Performance Improvement program.

Facilities that do not meet either the Network or national mean/proportions for each indicator will be monitored per the Medical Review Board's approved Network protocol.

Updated: 12-07-2011

### **Mission Statement**

*To provide leadership and assistance to renal dialysis and transplant facilities in a manner that supports continuous improvement in patient care, outcomes, safety and satisfaction.*

## 2012 FACILITY CLINICAL PROFILE

NW Goals based on Hemodialysis ELab results for October – December 2010 unless specified for PD

CPM CLINICAL INDICATOR	Network 18 (Q4 2009 ELab)	Network 18 (Q4 2010 ELab)	Network Goals for 2012 (% of Patients)
<b>ADEQUACY OF DIALYSIS</b>			
% of Patients with mean URR $\geq$ 65% - <b>HD</b>	89.8	89.7	<b>NW = 90%</b>
% of Patients with mean single session spKt/V $\geq$ 1.2 - <b>HD</b>	95.1	95.0	<b>NW = 95%</b>
Home hemodialysis patients: % of Patients with Kt/V $\geq$ 2.0	47.8	66.5	
% of patients with mean weekly Kt/V urea $\geq$ 1.7 <sup>^</sup> - <b>PD</b>	90	89	<b>CMS = 80%</b>
<b>ANEMIA MANAGEMENT</b>			
% of Patients with mean Hgb < 10 g/dL	4.6	5.4	
% of Patients with mean Hgb 10-12 g/dL (CMS 2008 CPMs adopted effective 04/01/08)	61	70.9	
% of Patients with mean Hgb > 12 g/dL.	34.4	23.7	<b>NW = 20%</b>
<b>IRON STUDIES</b>			
% of Patients with mean Ferritin $\geq$ 200 ng/ml - <b>HD</b>	57.7	56.8	
% of Patients with mean Ferritin $\geq$ 100 ng/ml - <b>PD</b>	No result calculated specifically for this range	No result calculated specifically for this range	
% of Patients with mean TSAT $\geq$ 20%	86.4	87.9	
<b>NUTRITIONAL STATUS</b>			
% of Patients with mean Serum Albumin $\geq$ 3.5/3.2 g/dL (BCG/BCP) - <b>HD</b>	85.5	86.6	<b>NW = 87%</b>
% of Patients with mean Serum Albumin $\geq$ 3.5/3.2 g/dL (BCG/BCP)** - <b>PD</b>	69.2	72.0	<b>NW = 72%</b>
% of Patients with mean Serum Albumin $\geq$ 4.0/3.7 g/dL (BCG/BCP)	40.6	43.9	<b>NW = 44%</b>
<b>BONE &amp; MINERAL METABOLISM</b>			
% of Patients with adjusted Calcium 8.4 -10.2 (mg/dl)	85	83.2	<b>NW = 86%</b>
% of Patients with mean Phosphorus 3.5 - 5.5 (mg/dL)	55.9	56.4	
% of Patients with mean Phosphorus > 5.5 mg/dL	36.6	36.4	<b>NW = 33%</b>
<b>VASCULAR ACCESS</b>			
% of Prevalent Patients with AVF	59.0 (FFBI Dashboard – March 2010)	61.6 (FFBI Dashboard – March 2011)	<b>CMS = 66%</b> <b>NW goal = 62.6%</b> <b>Stretch Goal = 64%</b>
% of Prevalent Patients with AVG	18.1 (FF SIMS report – March 2010)	17.5 (FF SIMS report – March 2011)	<b>CMS/NW = &lt; 24%</b>
% of Prevalent Patients with Catheter > 90 days	7.1 (FF SIMS report – March 2010)	6.2 (FF SIMS report – March 2011)	<b>CMS/NW = &lt; 10%</b>
% of Facilities that conduct Stenosis Monitoring (Monitoring & Surveillance)	98.3% (2010 Stenosis Scan)	95% (2011 Stenosis Scan)	<b>CMS/NW = 100%</b>

<sup>^</sup> Using the 2006 KDOQI guidelines & recommendations (29): For peritoneal dialysis patients with and without renal kidney function: weekly Kt/V urea  $\geq$  1.7

\*\* The goal was set by the MRB because PD patients lose albumin with the PD fluid

Format adapted from the 2007 Annual Report ESRD Clinical Performance Measures Project