



## VASCULAR ACCESS - PROJECT AGREEMENT

SEPTEMBER 2015 – OCTOBER 2016

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

Facility Name (DBA): \_\_\_\_\_ Medicare Provider # (CCN): \_\_\_\_\_

Project Lead Name: \_\_\_\_\_ Project Lead Title: \_\_\_\_\_

Project Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Lead Email: \_\_\_\_\_

Medical Director: \_\_\_\_\_

Medical Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Email: \_\_\_\_\_

Facility Administrator/Nurse Manager Name: \_\_\_\_\_

Facility Administrator/Nurse Manager Signature: \_\_\_\_\_

Regional Director/Area Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Regional Director/Area Administrator Email: \_\_\_\_\_

**Any changes to the above listed contacts must be reported to the Network and corrected in CROWNWeb within 5 business days to ensure continuity with project implementation and communications between the Network and Facility.** Plans are reviewed periodically, and are subject to change based on the CMS Statement of Work (SOW).

### QUALITY IMPROVEMENT ACTIVITY

- **PROJECT DESCRIPTION:** This project will focus on reducing long term catheters (LTC)
  - **PRIMARY PROJECT MEASURES**
    1. LTC Rate
  - **PRIMARY PROJECT GOALS**
    1. Reduction in LTC rates in facilities that had a rate >10% at baseline (September 2015).
- **ACTION ITEMS / FACILITY REQUIREMENTS**
  - **Corrective Action Plan and Quarterly Updates (February, April, July, and October)**

### INFORMATION MANAGEMENT / DATA REPORTING

**CROWNWeb (CW):** Electronic submission/verification of clinical data before the close of clinical months in CW. Ensure Vascular Access, Calcium Levels, and Immunization Data are accurately reported. Maintain accurate list of staff contact information, especially email addresses, in CW.