



To: Medical Directors, Nurse Managers, and Facility Administrators
Date: February 2016
RE: **2016 Quality Incentive Program (QIP) Quality Improvement Activity (QIA)**

Project Background

The End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) is a value-based-purchasing program developed to promote high-quality services for the ESRD community. This program is designed to alter payment based on the quality of care received at outpatient dialysis facilities. Those facilities that do not meet or exceed certain performance standards can receive up to a two percent payment reduction for all services during the applicable payment year (CMS.gov, 2015).

The Centers for Medicare and Medicaid Services (CMS) ESRD QIP includes many clinical quality indicators. One indicator is the measure of mineral metabolism, including calcium levels (specifically hypercalcemia). Hypercalcemia is a higher than normal level of calcium in the blood, which can affect almost every body system, and is a common comorbidity caused by renal failure. High levels of calcium in the blood can result in muscle weakness, hypertension, constipation, anorexia, nausea, fatigue, and pain (Skugor & Milas, 2009). For the 2016 project period, CMS has determined that the primary QIP measure to be evaluated and improved upon would be hypercalcemia.

Quality Improvement Activity Description

IPRO ESRD Networks will be implementing CMS designated activities with facilities chosen for this activity to decrease rates of hypercalcemia at the facility level. Facilities will be provided with root cause analysis (RCA) templates that the Network will review with the project lead to develop a Plan Do Study Act (PDSA) Plan for improving rates of hypercalcemia. **The project will be conducted beginning in March of 2016, and will end when the facility reaches either a 25% improvement in rates of hypercalcemia or when the facility exceeds the QIP threshold for this QIP measure.**

Your facility has been chosen to participate in this activity based on the facility rate of hypercalcemia from November of 2014 through October of 2015. Activities related to this activity include identifying a root cause for your facility's hypercalcemia rate, and then implementing a plan to address some of these causes in collaboration with your facility team and the Network. **A timeline of expected project activities is noted on the website.**

Please be aware that e-mails about this QIA will be coming soon to those identified as representatives. Accurate contact information (including name, title, and email address) is critical to ensure appropriate contact and complete information is received. Thank you in advance for your assistance and participation in this initiative.

If you have any questions or comments about the QIA, your involvement, or future interventions please feel free to contact the Quality Improvement Department by email at the addresses noted on the website. We look forward to working with you in this coming year's activities!



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2016 Facility/Network Timeline of Activities

February

- The **Network** will provide a notice of participation in this activity, as well as a template for evaluating the root cause analysis of hypercalcemia
- **Facilities** will use the provided RCA template to review hypercalcemia rates with the interdisciplinary team during QAPI meetings
- **The Network will contact a designated Facility Representative in March to** (1) Review the RCA template and discuss findings and to (2) provide the facility with a PDSA to improve rates

March – Achievement of Improvement

1. **Facilities** implement PDSA and provide a summary report to the Network on a monthly basis any key observations discussed during monthly QAPI by either email



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QIP QIA - PROJECT AGREEMENT

Dear Provider,

The Network shall achieve Centers for Medicare and Medicaid Services (CMS) goals through the development and implementation of quality improvement activities, such as the activity noted below. As directed by the Network governing bodies, 2016 performance goals have been set that every dialysis facility is expected to achieve.

Please carefully review the notification letter and attached objectives for the **Quality Incentive Program Quality Improvement Activity (QIP QIA)**. After review, please complete the necessary fields, have the Project Lead, Facility Administrator/Nurse manager, and the Medical Director sign, and **return to the Network** office via email at or by fax **by March 11, 2016**.

****Please note, regardless of assigned Project Lead, Medical Director and Facility Administrator/Nurse Manager are responsible for ensuring completion of project objectives.**

In anticipation to your timely response, I thank you for your ongoing support and cooperation with the Network. If you have any questions or additional information is needed regarding these goals, please contact Quality Improvement Department at quality@nw1.esrd.net.

Sincerely,

Executive Director

Quality Improvement Director

CC: MEDICAL DIRECTOR, FACILITY ADMINISTRATOR/NURSE MANAGER, REGIONAL CONTACT



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**QIP QIA- PROJECT AGREEMENT
MARCH 2016 – IMPROVEMENT DATE**

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 OBJECTIVE:** Reduce rates of hypercalcemia at the facility level
 - **PRIMARY PROJECT MEASURES**
 1. Calcium levels in CROWNWeb
 - **PRIMARY PROJECT GOALS**
 1. Reduce rates of hypercalcemia at the facility level by either 25% or to exceed threshold for QIP
- **ACTION ITEMS / FACILITY REQUIREMENTS**
 - Perform Root Cause Analysis (RCA) of hypercalcemia (March 2016)
 - Implement Plan Do Study Act (PDSA) Interventions (April 2016 through improvement)
 - Report on progress of PDSA to Network (April 2016 through Improvement)

INFORMATION MANAGEMENT / DATA REPORTING RELATED TO THIS PROJECT

- **CROWNWeb (CW):** Report clinical data and. Comply with CMS Quality Incentive Program reporting requirements.