



**QUALITY IMPROVEMENT ACTIVITY (QIA) GOALS**  
 DECEMBER 1, 2019 - NOVEMBER 30, 2020

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

**Any changes to key staff involved in QIAs must be updated in CROWNWeb and reported to the Network within five (5) business days.** QIAs and goals are reviewed annually, and are subject to change based on CMS Statement of Work (SOW) modifications. Please refer to the Network website <http://network1.esrd.ipro.org> for the most current information on the SOW, QIAs, and ESRD Program Goals. Further details about each QIA can be found in the SOW sections referenced below.

Quality Improvement Activities (QIAs)				
Measure	Definition	Time Period	Goal	SOW Section
<b>Patient and Family Engagement – Plan of Care</b>	Demonstrate an increase in the percent of project-participating dialysis facilities with patient, family member and caregiver involvement in the development of the individualized plan of care and/or plan of care meetings	January – September	10% from baseline (September 2019)	C.3.21.A
<b>Patient and Family Engagement – Support Groups</b>	Demonstrate an increase in the percent of project-participating dialysis facilities with (or providing access to) established patient support groups OR new patient adjustment groups OR patient councils, by evaluation	January – September	50% from baseline (September 2019)	C.3.21.A.
<b>Patient and Family Engagement – QAPI</b>	Demonstrate an increase in the percent of project-participating dialysis facilities that include patients and/or family/caregivers in the Quality Assurance Performance Improvement (QAPI) Program and governing body of the facility	January – September	75% from baseline (September 2019)	C.3.21.A
<b>Annual NHSN Dialysis Event Surveillance Training</b>	Demonstrate an increase in the percent of facilities that have a least 1 person who has completed the required training	January – September	90%	C.4.1.A



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Quality Improvement Activities (QIAs)				
Measure	Definition	Time Period	Goal	SOW Section
<b>Health Information Exchange (HIE) or another evidence-based highly effective information transfer system</b>	Demonstrate an increase in the percent of facilities that have a HIE or evidence-based highly effective information transfer system	December - September	10%	C.4.1.A
<b>LTC Reduction</b>	Demonstrate a decrease in the percent of patients from the baseline cohort (facilities with a LTC rate above 15% in the 50% BSI cohort) that has a LTC	January - July	Decrease LTC rate in the by at least 0.25% using the ABC methodology	C.4.1.C
<b>Bloodstream Infection (BSI) Reduction</b>	Demonstrate a decrease in the semi-annual pooled mean of the 20% facilities with the highest rates of BSI from the 50% BSI cohort	January - June	20% RI	C.4.1.C
<b>Transplant Waitlist</b>	Demonstrate an increase in the growth of patients on the transplant waitlist the Network service area	January – September	Increase the rate of patients on the transplant waiting list by at least 1.25% using the ABC methodology	C.4.2
<b>Home Dialysis Utilization</b>	Demonstrate an increase in the growth of patients using a home modality in in the Network service area	January – September	Increase the rate of patients a home modality by at least 2.5% using the ABC methodology	C.4.3
<b>Peer Mentoring</b>	Demonstrate a mentor presence per project-participating dialysis facility	March-August	At least 1	C.4.4.E.