IPRO ESRD NETWORK PROGRAM
OVERARCHING GOALS
JANUARY 1, 2016 - NOVEMBER 30, 2020

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 and emergency contacts must be updated in CROWNWeb and reported to the Network immediately. Goals are reviewed annually, and are subject to change based on CMS Statement of Work. Please refer to the Network website (www.esrd.ipro.org) **for the most current information on projects and goals.**

PATIENT SERVICES & COMMUNITY OUTREACH

- **Patient and Family Engagement/Patient and Family Centered Care:** Facilities will support active involvement of patients and their families in the design of new care models, and in decision-making about individual options for treatment. Facilities will provide care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.

- **Disaster and Emergency Preparedness:** Facilities will have contingency plans in place, including a back-up facility for treatment that is shared with physicians, staff members, patients, and the Network. Quarterly drills are encouraged, but at a minimum annually. Facilities must notify the Network in the event of closure/delayed opening. Facilities are required to contact their local emergency management offices at least annually.

- **Conflict Resolution:** The dialysis facility will follow the Conditions for Coverage related to conflict resolution, internal grievance process, patients' rights and responsibilities, patient transfer and involuntary discharge. Facilities must notify the Network and State Agency prior to all Involuntary Discharges.

- **Network, Patient Rights & Responsibilities & Grievance Posters, Performance Score Card (QIP related):** Every dialysis facility will display the poster(s) and report(s) in a prominent location within all of the patients view.

- **Qualified and Trained Staff:** The facility staff must meet personnel qualification and demonstrated competencies needed to perform the specific duties of their positions.

- **Psychosocial Status:** Survey physical & mental functioning annually. KDQOL-36 survey annually or as needed.

- **Educational Information:** Resources provided by the Network will be made available to all patients and staff.

QUALITY IMPROVEMENT

- **Monitoring of Clinical Outcomes and Quality Incentive Program (QIP) Scores:**
  Monitor quality measures to meet standards of care and CMS goals that determine facility performance score. Please refer to the Measures Assessment Tool and ESRD Quality Incentive Program information available on the website.

- **Quality Assessment and Performance Improvement (QAPI):** The dialysis facility will measure, analyze, and track quality indicators, per the Conditions for Coverage.

- **All patients will be provided with education on all available modality options annually** (including CAPD/CCPD, In-Center/Home HD, transplant options, and palliative care)

INFORMATION MANAGEMENT

- **Forms:** Facilities will be accurate and timely with their submission of the 2728 (Eligibility) and 2746 (Death) forms in CROWNWeb.

- **CROWNWeb:** Electronic submission or verification of clinical data before the close of clinical months in CROWNWeb.   Perform monthly validation of patient census under PART verification in CROWNWeb. **Maintain accurate list of staff contact information in CROWNWeb**. Complete all action items in CROWNWeb.

- **QIMS:** All facilities maintain an adequate number of CROWNWeb QIMS user accounts with at least one person per facility, and ideally with a back-up user per facility.

- **Quality Incentive Program (QIP):** Maintain access to Dialysis Facility Reports website and update Master Account Holder information. Download and comment on Performance Score Reports and Dialysis Facility Reports. Download Performance Score Certificate and post as per requirements.

- **National Healthcare Safety Network (NHSN):** Enroll in NHSN and report infection data on a monthly basis. Comply with CMS Quality Incentive Program requirements.