

Midwest Kidney Network Facility Review Criteria 2018

General Information

The Medical Review Committee (MRC) reviews all facilities on a regular basis with respect to the clinical parameters described in the Recommended Treatment Goals. Data from CROWNWeb, Fistula First/Catheter Last, the National Healthcare Safety Network, the Dialysis Facility Report, and the Star rating system are used for this review process. Lab values used are the average of the last monthly value for the entire year. The following guidelines for review of facilities are distributed to assure a fair and consistent process.

Intervention Options by Network 11

Based on the clinical parameters, the MRC may recommend the following interventions to improve facility results.

1. Letter of concern requesting follow-up in 6 months
2. Off-site review
3. On-site review
4. Recommendation for sanction or alternative sanction

Suggested Guidelines for Choosing Intervention Options 1-3

When reviewing facilities, criteria from six areas will be assessed using available data.

- Hemoglobin (CROWNWeb data) and Standardized Transfusion Rate (STrR from Dialysis Facility Report)
- HD and PD adequacy (Kt/V from CROWNWeb data)
- Vascular Access (AVF in use and Catheter >90 days from CROWNWeb data)
- Infections (positive blood cultures from NHSN data)
- Standardized Mortality Rate (SMR), Standardized Readmission Ratio (SRR) and Standardized Hospitalization Rate (SHR) from Dialysis Facility report
- Star rating on Dialysis Facility compare

Facilities are compared based on the percent of patients meeting the target goals. For each review criteria listed below, facilities below the 50th, 25th, and 15th percentile will be subject to different levels of targeted intervention. The achievement threshold for the Quality Incentive Program is defined as the 15th percentile. Targeting facilities in this range seems a reasonable place to put the Network's major effort. However, if the lowest 15th percentile result is very close to the Network goal, then the point at which the Network would target the facilities would be dropped to a lower percentile.

For each MRC facility review period, the 15th percentile result for each clinical parameter will be assessed and the percentile adjusted with respect to the Network goal. Special attention will be paid to facilities that receive a one-star rating, indicating that the facility is in the 10th percentile with respect to multiple measures.

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REVIEW CRITERIA

ANEMIA:

- Facility percent of patients with hemoglobin ≤ 9 gm/dL in the lowest 15th percentile of facilities in the Network region
- Standardized Transfusion rate (STrR) worse than expected

ADEQUACY:

- **Hemodialysis:** Percent of patients with delivered single pool Kt/V ≥ 1.2 at or below the Achievement Threshold in the Quality Incentive Program (QIP) for the current calendar yea.
- **Peritoneal Dialysis:** Percent of patients with weekly Kt/V ≥ 1.7 at or below the Achievement Threshold in the QIP for the current calendar year

INFECTION:

Number of positive blood cultures/100 patient months at or below the 15th percentile of facilities nationwide in the current calendar year.

VASCULAR ACCESS:

- Percent of prevalent patients being dialyzed via a catheter as their sole access > 90 days at or below the Achievement Threshold in the QIP for the current calendar year
- Percent of prevalent patients with AVF in use rate at or below the Achievement Threshold in the QIP for the current calendar year

OTHER MEASURES:

- SMR or SHR worse than expected
- One Star rating on Dialysis Facility Compare
- Standardized Readmission Ratio worse than expected

Based on these criteria, the intervention options 1-3 can be determined as suggested in the following table.

Intervention Option	Review Criteria
Option 1: Letter of concern with follow-up	One or more of the clinical indicators are below the 50 th percentile
Option 2: Off-site medical record review	a. Vascular access (AVF or LTC) below the 25 th percentile OR b. Facility received a one star rating OR c. Number of positive blood cultures/100 patient months below the 25 th percentile d. 2 or more review criteria fall below the 25 th percentile

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Intervention Option	Review Criteria
Option 3: On-site visit	a. Facility received a 1 star rating AND b. Facility SMR worse than expected OR c. Vascular access (AVF or LTC) fall within the review percentile OR d. 2 or more additional review criteria fall within the lowest 15 th percentile

For each review period, the overall results for the clinical parameters will be analyzed and the review criteria determined based on the lowest 15th percentile or a lower percentile if the 15th percentile result is very close to the recommended treatment goal. These criteria will be made available to the reviewers to expedite the review process.

Suggested Guidelines for Choosing Option 4: Sanctions or Alternative Sanctions

If a pattern of poor outcomes has not improved despite intensive interventions, or if significant outliers are identified, a special review team will be appointed. If documentation indicates serious quality of care issues or a threat to patient safety, a sanction or alternative sanction recommendation may be considered. A sanction refers to a CMS termination of Medicare certification, and an alternative sanction refers to financial penalties.

The review team will submit documentation for recommendation of sanctions or alternative sanctions to the full MRC at a regular or specially called meeting. If the MRC votes to recommend a sanction or alternative sanction, this recommendation with supporting documentation must be submitted to the full Executive Committee for their approval. If the Executive Committee also votes to recommend a sanction or alternative sanction, the Network 11 staff will work with the State Survey Agency, the Centers for Medicare & Medicaid Services, and other parties as needed to submit this recommendation.