

# Midwest Kidney Network

## Recommended Treatment Goals

### May 2019

Midwest Kidney Network’s annual recommended treatment goals are based on Kidney Disease Improving Global Outcomes (KDIGO) guidelines, the Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines, The Dialysis Facility Report (DFR), and the performance standards identified in the Quality Incentive Program (QIP) where applicable. Other goals are based on available evidence-based guidelines.

We provide these improvement goals as assistance to dialysis facilities for their use in quality improvement and with meeting the QIP performance standards. The goals apply to the facility’s permanent adult dialysis population. **Throughout this document, mean value refers to the average of the last monthly value for 12 months.**

#### Anemia Management

- Facilities should dose ESAs to maximize the percent of patients with hemoglobin concentration 9 – 11.5 gm/dL <sup>1</sup>
- Standardized Transfusion Rate (STrR) will be *as expected* or *better than expected*.

#### Dialysis Adequacy

- 95.6% of all dialysis patients (HD and PD) will achieve a Kt/V  $\geq 1.2$  or  $\geq 1.7$ .

#### National Healthcare Safety Network (NHSN)

- Standardized Infection Ratio will be *as expected* or *less than expected*.
- Facility will report 12 months of event data into NHSN.

#### Vascular Access

- If  $\geq 66\%$  AVF in use: Facility should demonstrate consistent improvement towards meeting facility-specific AVF goal<sup>2</sup>
- If  $< 66\%$  AVF in use: Facility AVF rate will achieve an annual increase that equals at least the specific goal set for that facility.
- If  $\leq 12\%$  catheter in use for  $\geq 90$  days: Facility should maintain or reduce the percent of 90 day catheters
- If  $> 12\%$  but  $\leq 15\%$ : Facility goal is to achieve 12% or less 90-day catheters.
- If  $> 15\%$  catheters in use for  $\geq 90$ days: Facility goal is to reduce percent of 90-day catheters by a percent assigned in the Catheter Last goal report.

#### Nutritional Status

- $\geq 80\%$  of hemodialysis patients will have mean serum albumin  $\geq$  the lower limit of normal (LLN), **and**  $\geq 60\%$  of peritoneal dialysis patients will have mean serum albumin  $\geq$  the lower limit of normal (LLN),

#### Bone and Mineral Metabolism

- $\geq 65\%$  of dialysis patients (HD and PD) will have a mean serum phosphorus of  $\leq 5.5$  mg/dL
- $< 10\%$  of patients will have mean serum phosphorus of  $> 8$  mg/dL

<sup>1</sup> Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. KDIGO Clinical Practice Guideline for Anemia in Chronic Kidney Disease. *Kidney Inter., Suppl* 2012; 2: 279-355 (Guidelines 3.4.3 and 3.5.1)

<sup>2</sup> The facility AVF goal is based on the following formula:  $(68\% \text{ [CMS program goal]}) - (\text{facility baseline percent [AVF rate in August 2018]}) \times 30\%$

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- ≤ 0.9% of dialysis patients (HD and PD) will have a mean uncorrected serum calcium concentration of > 10.2 mg/dL.
- 100% of patients will have PTH monitored at least every 3 months

**Immunization**

- ≥ 90% of patients will receive immunization for influenza
- ≥ 80% of patients will receive immunization for pneumonia
- ≥ 90% of patients without natural immunity will receive immunization for hepatitis B
- ≥ 90% of dialysis personnel will be immunized for influenza

**Advance Care Planning**

≥ 95% of patients will have documentation that advance care planning discussions were conducted within 6 months of initiating dialysis

**Kidney Transplant Referral**

≥ 95% of patients will be assessed by the interdisciplinary dialysis team for kidney transplant candidacy or referral within 4 months of initiating dialysis as demonstrated by medical record documentation

**Home Dialysis Referral**

≥ 95% of patients will be assessed by the interdisciplinary dialysis team for home dialysis candidacy or referral within 4 months of initiating dialysis as demonstrated by medical record documentation

**In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems**

- ICH-CAHPS survey is offered to patients semi-annually using a third party, CMS-approved vendor
- ICH-CAHPS survey results equal to or greater than the 50<sup>th</sup> percentile for 2018

**Assessment of Depression and Follow-up**

- ≥ 95% of eligible patients will be assessed for depression using a validated tool at least annually and documented in CROWNWeb
- ≥ 95% of eligible patients scoring positive for depression will be offered follow-up treatment documented in CROWNWeb

**Assessment of Pain and Follow-up**

- ≥ 95% of eligible patients will be assessed for pain at least biannually and documented in CROWNWeb
- ≥ 95% of eligible patients scoring positive for pain will be offered follow-up treatment documented in CROWNWeb