# ESRD NETWORK 13 QUALITY IMPROVEMENT ACTIVITIES: Year 2011

ESRD Network 13 continues to function under our contractual Statement of Work (SOW) as defined by the Centers for Medicare & Medicaid Services (CMS). There is an increasing focus on quality improvement measures in all components to the Statement of Work. This QUALITY IMPROVEMENT focus will continue to impact on all Medicare-approved, dialysis / transplant facilities.

WHAT IS QUALITY IMPROVEMENT? Quality improvement is an effort to move all patients towards improved levels of care. Measures of processes/performance or outcomes are monitored and trends are described. Clinical care changes are sought to improve the trend for any of these measures. The Network's activities will remain focused on the theory and practice of Continuous Quality Improvement (CQI). Network 13 activities will continue to center on our mission of partnering with facilities in the development, implementation, and evaluation of CQI projects for analysis of outcomes and trends in renal patient care.

***MISSION STATEMENT: "Our goal is to form a dynamic partnership designed to foster an environment of continuous quality improvement and mentoring in ESRD Network 13 facilities. TOGETHER, we will be our best and do our best in the interest of quality patient care."***

"ACCOUNTABILITY" (in other words, *"Answerable", "Responsible")* is another component of our QI responsibility*. So who is accountable and what issues are to be considered for accountability?* The Network Boards (Board of Directors and Medical Review Board (MRB)) historically have struggled with this issue. The Network has routinely identified areas in need of improvement and has implemented educational activities (i.e., WebEx sessions, workshops, professional newsletter, QIP's, etc.) towards addressing those areas. Now we will be addressing these issues by discipline and as applicable at the facility level.

*What does that mean for facilities?* It means that the MRB will be reviewing available facility-specific data on a routine basis and with facilities' assistance identify areas where opportunities to improve exist. This activity should culminate in facility-specific quality improvement plans, which would include:

1. *Recognition of the opportunity to improve.*
2. *Description of all steps to be taken to remedy problem and fulfill opportunity to improve. (QUALITY IMPROVEMENT PROJECT AND/OR IMPROVEMENT PLAN)*
3. *Description of staff and material resources directed toward the project/plan.*
4. *Timetable inclusive of all steps and a final completion date within an expeditious timeframe.*

The available clinical indicators information will continue to be provided for each facility with comparative state and Network analyses for use as applicable in your facility-specific QI activities.