



2025/2026 Goals

Performance Period May 1, 2025 – April 30, 2026

Adopted and approved by the Medical Review Board for ESRD Network 5 on May 2, 2025.

For All Dialysis Providers in Network 5

Improve Care in High-Cost/Complex Chronic Conditions

1. Achieve a 30% increase in the number of incident ESRD patients using a home modality for dialysis.
2. Achieve an 18% increase in the number of prevalent ESRD patients moving to a home modality for dialysis.
3. Achieve a 20% increase in the number of patients added to a kidney transplant waiting list.
4. Achieve a 30% increase in the number of patients receiving a kidney transplant.
5. Ensure at least 80% of dialysis patients receive an influenza vaccination.
6. Achieve a 13% increase in the rate of dialysis patients that are up-to-date for pneumococcal pneumonia.

Improve and Maintain the Health of ESRD Patients

1. Achieve a 15% decrease in hospital admissions.
2. Achieve a 15% decrease in outpatient emergency department visits.

Improve the Data Quality of the Patient Registry in EQRS

1. Achieve a 15% increase in the rate of initial CMS-2728 forms submitted from dialysis facilities within 45 days.
2. Achieve a 20% increase in the rate of CMS-2746 forms submitted from dialysis facilities within 14 days of the date of death.



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Renal Network 5

2025/2026 Recommendations

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1. Adequacy

- 1.1 Residual renal function should be incorporated into adequacy measures when appropriate.

2. Conflict Resolution

- 2.1 All facilities should provide staff training on professionalism during new staff orientation and on-going by utilizing resources found on the QIRN5 website.
- 2.2 All facilities should provide staff training on dealing with difficult patient situations during new staff orientation and on-going by utilizing resources found on the QIRN5 website.
- 2.3 Facilities should actively consult with the Network regarding difficult patient situations, including adherence and disruptive behaviors, prior to any situation escalating to the consideration of an involuntary discharge.
- 2.4 Facilities should debrief staff following incidents of disruptive/abusive behavior. The debrief should include a review of the incident and opportunities to improve staff actions/reactions. Consider inclusion of staff review of professionalism or decreasing conflict tools.
- 2.5 Facilities should display the Network grievance poster in an area easily viewed by all patients. This poster should be accompanied by the state survey agency's contact information and the facility's internal grievance process. Patients are to be supported by the facility through the grievance process. Facilities should include a mechanism by which patients can report concerns anonymously.

3. Emergency Preparedness

- 3.1 Adhere to [§494.62](#) (Emergency Preparedness) of the Conditions for Coverage for End Stage Renal Disease (ESRD) The emergency program must address four provisions: 1) risk assessment and emergency planning; 2) policies and procedures; 3) communication plans; and 4) training and testing. Emergency Preparedness should include scenarios of violence.
- 3.2 All facilities will send the Network two (2) disaster contacts and their contact information which must include two non-facility phone numbers.
- 3.3 Facilities should notify the Network in the event of an emergency regarding open/closed status utilizing the online reporting feature at <https://esrdqiaforms.qualityinsights.org/nw5/emergencyevent/create>.
- 3.4 Facilities should provide training and regular opportunities for patients to practice emergency take-off procedures.

4. Facility Quality Assessment and Performance Improvement (QAPI) Program

- 4.1 All facilities should develop, implement, maintain and evaluate an effective, data-driven QAPI program with participation by the professional members of the interdisciplinary team, including patient/family representation as a partner.
- 4.2 QAPI activities at the facility level should enhance the facility's ability to provide high quality care, and, meet and/or exceed Network 5 goals.



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5. Patient Safety

- 5.1 All facilities are urged to embrace a “culture of safety” and initiate specific measures to enhance safety, and prevent/reduce medical errors, such as:
- A. Use a standardized abbreviation list
 - B. Use stickers to warn of allergies, of like or similar names and anticoagulation therapy
 - C. Post a list of drug dialyze-ability, or drugs to avoid during dialysis
 - D. Track adverse events/incidents
 - E. Identify and track healthcare-associated infections (HAIs) that develop during the course of care in the facility, and report such infections in NHSN
 - F. Identify, track and use preventive measures against central line-associated blood stream infections (CLABSIs) that include
 - a. Routine review of central venous line care procedures with healthcare workers and patients
 - b. Removal of non-essential central venous lines
- 5.2 All facilities are encouraged to adopt the use of health literacy universal precautions to improve the structuring of health information and services in ways that all patients/families can understand and use in effort to minimize risk.
- 5.3 All facilities are encouraged to partner with their state health department to request an Infection Control Assessment and Response (ICAR) evaluation. ICAR assessments, developed by the CDC, are non-regulatory and designed to identify strengths and gaps in current infection prevention practices.
- 5.4 All facilities are encouraged to participate in the [5-Diamond Patient Safety Program](#)
- 5.5 All facilities should follow the CDC’s *Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients*.

6. Vascular Access

- 6.1 All facilities should monitor vascular accesses and trend results to use for quality improvement.
- 6.2 All facilities should have a written policy addressing referral to a surgeon for vascular access.
- 6.3 All facilities should designate one staff member to facilitate vascular access education, referrals, and patient access changes.
- 6.4 All facilities are encouraged to have regular meetings with access centers and vascular surgeons to review patient outcomes and patients at risk of access failure to respond proactively.

7. Data Management

- 7.1 All facilities should designate one staff member who has access to all of the required data systems in accordance with the ESRD Conditions for Coverage.
- 7.2 All facilities should follow and adhere to the [ESRD Systems Data Management Guidelines](#).

8. Fluid Management

- 8.1 All facilities should have a process for measuring, tracking, and addressing interdialytic weight gain.



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9. Transplantation

- 9.1 All facilities should establish the transplant status of patients and maintain an updated list of eligibility and interest.
- 9.2 All facilities should have a written policy defining delivery of transplant information to all patients, including: when transplant information will be presented to new patients, what tools (brochures, video) are used, and who conducts follow-up education/contact with patient.
- 9.3 All facilities should designate at least one staff member to facilitate transplant education, evaluation referrals, submission of laboratory samples, and patient status changes.
- 9.4 All Network 5 transplant programs will provide written kidney transplant inclusion and exclusion criteria to the Network. The Network will post a link to this information on the QIRN5 website.
- 9.5 All dialysis facilities and transplant programs should support multi-listing, education on medically complicated kidneys, living donation, and self-referral for transplant evaluation.

10. Home Dialysis

- 10.1 All facilities should actively promote all home modalities regardless of whether they offer a particular modality or not onsite.
- 10.2 Home facilities should consider dual or group training of home patients to support growth, peer support and exposure to other home modality options.
- 10.3 Non-adherence to in-center dialysis should not be the sole exclusion.
- 10.4 All facilities should have a written policy defining delivery of modality information to all patients, including: when modality information will be presented to new patients, what tools (brochures, video) are used, and who conducts follow-up education/contact with patient.
- 10.5 All facilities should designate at least one staff member to facilitate modality education.
- 10.6 All facilities should adopt a policy for approval and training for solo home hemodialysis.

11. Shared Decision Making/Advance Care Planning

- 11.1 All facilities should have a written policy addressing advance directives and health care proxy
- 11.2 All dialysis patients should have an advance directive, health care proxy, and, when appropriate, orders for life sustaining therapy on file.
- 11.3 All dialysis facilities should include family members as requested by patients in the process of advance care planning and shared decision making.

12. Medication Reconciliation

- 12.1 All facilities should have a written protocol/policy defining medication reconciliation and the processes required for a systematic and comprehensive review of all medications to determine current medication accuracy.
- 12.2 Medication reconciliation should be done at least quarterly, and in addition to the time of patient care assessments, and at transitions of care, any change in medical status or new diagnosis.



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13. Patient Engagement

- 13.1 All facilities should welcome, seek and respect the involvement of the patient, including their family as requested, in every aspect of medical care.
 - A. Facilities should use Culturally and Linguistically Appropriate Services (CLAS) to engage with and educate patients and families; utilizing CLAS standards to identify patient/families preferred language and methods of engagement and learning.
- 13.2 Patients should be provided the opportunity to define the members of their families.
- 13.3 Facilities should work to increase the number of patients participating in the development of their care plans.
 - A. Facilities should identify patient values, preferences and priorities, and incorporate them into the development of the care plan.
 - B. Care plans should include patient self-directed goals that are broken down into easily achievable steps for maximum success probability.
- 13.4 Facilities should educate patients about all treatment options, including no-treatment or conservative management at initiation of renal replacement therapy, annually, and (at a minimum) additional times if indicated by changes in clinical condition.
 - A. Facilities should use patient-to-patient mentoring to optimize adjustment to dialysis and maximize learning experiences.
- 13.5 Facilities should include patient representation on QAPI workgroups.

14. Health Equity

- 14.1 All facilities should have a process for screening and addressing social and structural determinants of health (SDOH).
 - A. Facilities should have a process for accessing available resources to help address identified SDoH adversely impacting health outcomes.
- 14.2 All facilities should promote language equity and inclusivity by utilizing the Culturally and Linguistically Appropriate Services (CLAS) Implementation Plan and foster partnerships with hyperlocal community resources to address identified health-related social needs (HRSNs) found among their patient population.
- 14.3 All facilities are encouraged to identify differences in health outcomes and access limitations based on sociodemographic factors.

15. Preventive Care

Immunization

- 15.1 Adult hemodialysis and peritoneal dialysis patients should be vaccinated against influenza, hepatitis B, pneumococcal pneumonia, and COVID-19, in accordance with the ESRD Conditions for Coverage, Advisory Committee on Immunization Practices (ACIP), and CDC recommendations.
- 15.2 All healthcare workers should be vaccinated against influenza and COVID-19 in accordance with ACIP and CDC recommendations and hepatitis B in accordance with the ESRD Conditions for Coverage.



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Tuberculin Skin Test (TST)

15.3 All dialysis patients should be tested for baseline TB exposure and re-screened if TB exposure is detected. Chest x-rays may be used if TST is not an option.

15.4 All newly hired healthcare workers should be screened for potential active TB infection with test results and follow-up recorded.

Other

15.5 All facilities should offer smoking cessation materials to patients who use tobacco.

15.6 All facilities should actively encourage and assist patients towards vocational rehabilitation.

- A. Dialysis facilities should be knowledgeable about vocational rehabilitation resources in their community.
- B. Dialysis facilities should assist patients in maintaining/resuming current employment by promoting appropriate treatment options and offering treatment times that better accommodate the patient's work schedule.