

KCQA NQF-ENDORSED PERFORMANCE MEASURE TECHNICAL SPECIFICATIONS

| MEASURE | DESCRIPTION | NUMERATOR | DENOMINATOR | EXCLUSIONS | DATA SOURCE |
|---|--|---|---|---|---|
| <p>NQF 0226: Influenza Immunization in the ESRD Population</p> <p>Level: Facility</p> | <p>All ESRD patients aged 6 months and older receiving HD and/or PD during the time from October 1 (or when the influenza vaccine became available) to March 31 who:</p> <ol style="list-style-type: none"> 1. Receive an influenza vaccination;¹ OR 2. Were assessed and offered an influenza vaccination but decline; OR 3. Were assessed and determined to have a medical contraindication(s) to the influenza vaccination. | <p>Number of patients from the denominator who:</p> <ol style="list-style-type: none"> 1. Receive an influenza vaccination¹ (documented by the provider or reported receipt from another provider or by the patient) (computed and reported separately); OR 2. Were assessed and offered an influenza vaccination but decline (computed and reported separately); OR 3. Were assessed and determined to have a medical contraindication(s) of anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant with the past 6 months (<6 months prior to encounters between October 1 and March 31) (computed and reported separately). | <p>All ESRD patients aged 6 months and older receiving hemodialysis and/or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31.</p> | <p>None.</p> | <p>Administrative claims; electronic clinical data</p> |
| <p>NQF 2988: Medication Reconciliation for Patients Receiving Care at Dialysis Facilities</p> <p>Level: Facility</p> | <p>Percentage of patient-months for which medication reconciliation was performed and documented by an eligible professional.</p> | <p>Number of patient-months for which medication reconciliation* was performed and documented by an eligible professional** during the reporting period. The medication reconciliation MUST:</p> <ul style="list-style-type: none"> • Include the name or other unique identifier of the eligible professional; <p>AND</p> <ul style="list-style-type: none"> • Include the date of the reconciliation; <p>AND</p> <ul style="list-style-type: none"> • Address ALL known home medications (prescriptions, over-the-counters, herbals, vitamin/mineral/dietary [nutritional] supplements, and medical marijuana); <p>AND</p> <ul style="list-style-type: none"> • Address for EACH home medication: Medication name,² indication,³ dosage,² frequency,² route of administration,² start and end date (if applicable),² discontinuation date (if applicable),² reason medication was stopped or discontinued (if applicable),² and identification of individual who authorized stoppage or discontinuation of medication (if applicable);² <p>AND</p> <ul style="list-style-type: none"> • List any allergies, intolerances, or adverse drug | <p>Total number of patient-months for all patients assigned to a dialysis facility during the reporting period.</p> | <p>Transient patients, defined as in-center patients who received <7 hemodialysis treatments in the facility during the reporting month.</p> | <p>Administrative claims; electronic clinical data; facility medical record</p> |

¹ Only inactivated virus should be used in the ESRD population.

² For patients in a clinical trial, it is acknowledged that it may be unknown as to whether the patient is receiving the therapeutic agent or a placebo.

³ “Unknown” is an acceptable response for this field.

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| | | <p>events experienced by the patient.</p> <p>*“Medication reconciliation” is defined as the process of creating the most accurate list of all home medications that the patient is taking, including name, indication, dosage, frequency, and route, by comparing the most recent medication list in the dialysis medical record to one or more external list(s) of medications obtained from a patient or caregiver (including patient-/caregiver-provided “brown bag” information), pharmacotherapy information network (e.g., Surescripts®), hospital, or other provider.</p> <p>**For the purposes of medication reconciliation, “eligible professional” is defined as: physician, RN, ARNP, PA, pharmacist, or pharmacy technician.</p> | | | |
| <p>NQF 2701: Avoidance of Utilization of High UFR (>=13 ml/kg/hour)</p> <p>Level: Facility</p> | <p>Percentage of adult in-center hemodialysis patients in the facility whose average UFR >=13 ml/kg/hour.</p> | <p>Number of patients⁴ from the denominator whose average UFR >=13 ml/kg/hour who receive an average of <240 minutes per treatment during the calculation period.</p> <p>Interpretation of Score: Lower score = better quality</p> <p>Additional Information: The average UFR is calculated for the treatments received in the calculation period. The calculation period is defined as the same week that the monthly Kt/V is drawn.</p> <p>The average UFR for the calculation period is calculated in the following manner:</p> <ol style="list-style-type: none"> The UFR (in ml/kg/hour) is first calculated for each treatment in the calculation period as: <p style="margin-left: 20px;"> $\frac{([\text{Pre-Dialysis Weight in kg} - \text{Post-Dialysis Weight in kg}] \times 1000 \text{ ml/kg}) \div \text{Post-Dialysis Weight in kg}}{\div (\text{Delivered Treatment Time in minutes}) \times 60 \text{ minutes/hour}}$ </p> The average UFR for the calculation period is then calculated by summing the UFRs for each treatment and dividing by the number of treatments in the calculation period: <p style="margin-left: 20px;"> $(\text{UFR}_1 + \text{UFR}_2 \dots + \text{UFR}_X) \div (X \text{ treatments})$ </p> The average treatment time is calculated as: <p style="margin-left: 20px;"> $\frac{(\text{Total Minutes Dialyzed during calculation period})}{\div (\text{Number of treatments in calculation period})}$ </p> | <p>Number of adult in-center hemodialysis patients in an outpatient dialysis facility undergoing chronic maintenance hemodialysis during the calculation period.</p> | <ol style="list-style-type: none"> Age <18 years. Patients in a facility <30 days. Home dialysis patients. <7 hemodialysis treatments in the facility during the month. Facilities treating <25 adult in-center hemodialysis patients during the reporting period. Patients without a completed CMS Medical Evidence Form (Form CMS-2728). Kidney transplant recipients with a functioning graft. Patients who receive 4 or more dialysis sessions during the calculation period. | <p>Administrative claims; electronic clinical data</p> |

⁴ To address the fact that patients may contribute varying amounts of time to the annual denominator population, results will be reported using a “patient-month” construction.