

KIDNEY CARE QUALITY ALLIANCE

KCQA 2021-2022 GUIDING PRINCIPLES

The Kidney Care Quality Alliance (KCQA) shall adopt the following principles to guide its work:

- All KCQA processes and actions and decisions of the Steering Committee, Workgroups, and full KCQA will be transparent.
- The KCQA Steering Committee, Workgroups, and full KCQA will maintain clear meeting minutes and make them available on the KCQA section of KCP's web site.
- Quality measures will address dialysis facility-level accountability.
- Quality measures may include both process and outcome metrics.
- Quality measures shall:
 - be patient-centric.
 - reflect the values and needs of patient/families/caregivers.
 - allow for appropriate variations in individual patient care regimens.
 - be equitable and ensure that all patients continue to receive high quality care, regardless of severity of illness or socio-demographic status.
 - consider the impact of social risks on healthcare outcomes to ensure accurate reporting of quality that reduces harm and unintended consequences to marginalized patients and their providers.
 - appropriately address patient literacy and health literacy.
 - be consistent with the patient-physician relationship, as well as the relationship between patients/families/caregivers, providers, facilities, and other healthcare professionals.
 - reflect an array of aspects of care.
 - encourage improved quality and effective practices.
 - focus on improving the safety, effectiveness, and efficiency of care.
 - be public to ensure integrity and allow for understanding of reported data by patients and their families.
 - produce consistent and credible results.
 - be reliable, valid (including psychometrically sound, when applicable), precise, based on sound scientific evidence, and predictive of overall quality performance.
 - be standardized, transparent, explicit, and measurable.
 - be based on standardized definitions, technical specifications, and methodologies.
 - allow for mastering benchmarks and demonstrating improvement.
 - facilitate meaningful comparisons at the facility-level and be risk adjusted or risk stratified when appropriate.
 - appropriately address the potential for unintended consequences related to measure implementation.
 - build upon existing dialysis-related reporting requirements and use measures that are available and accessible without imposing undue burden on providers and caregivers.
 - be based on a strong consensus.

KCQA 2021-2022 OPERATIONAL PROCESSES

Membership

Membership in the Kidney Care Quality Alliance (KCQA) is open to all Kidney Care Partner (KCP) Member Organizations.

KCQA Convener/Administrator

KCP Professional Staff will serve as the convener and administrative arm of the KCQA and the KCQA Steering Committee. Responsibilities will include facilitating meetings to ensure the smooth operation of KCQA.

The KCQA Steering Committee and its Co-Chairs will work with the Administrator/Staff to ensure a fair, balanced, and transparent process both in fact and appearance.

If any sub-group created by the Steering Committee, such as a Task Group or Workgroup, is unable to comply with the charge or timeline established for it by the Steering Committee, the Administrator/Staff must notify the Steering Committee. The Steering Committee must then re-evaluate the composition of the sub-group and may establish a new sub-group that will reach closure consistent with the requirements set forth by the Steering Committee.

Transparency and Distribution of Information

KCQA will operate in a manner that promotes transparency.

Lists of KCQA members, Ad Hoc Work Groups, and final documents (including approved recommendations, Guiding Principles, and minutes of KCQA Steering Committee and full KCQA meetings/conference calls), as well as other relevant materials will be posted on the KCQA section of the KCP website www.kidneycarepartners.org as they become available.

Each KCQA Steering Committee member and member Lead Representative shall annually complete a Disclosure of Interest form, updating the information as often as necessary to ensure completeness and accuracy—at minimum within 72 hours of a KCQA conference call/meeting or vote. All material shall be made available to other Lead Representatives and the Steering Committee as confidential information for their use only. Access by other individuals will be provided upon request, and KCQA Steering Committee members and Lead Representatives shall be informed of the additional dissemination in each instance.

KCQA meetings/conference calls will be open to members of the public and time will be provided on the agenda for public comment.

Draft specifications will be posted for public comment.

Steering Committee Consensus Process

For purposes of achieving consensus on recommendations to be advanced for full KCQA consideration, a quorum of fifty-one percent will be required when the KCQA Steering Committee votes on items under consideration. If a quorum has not been achieved during a meeting, deliberations on an item may proceed, but voting will take place via an electronic ballot subsequently distributed to all members. For final approval of recommendations, a healthy majority, defined as seventy percent of those Steering Committee members voting, is required.

KCQA Approval Process

All KCQA members in good standing will have the opportunity to vote on any consensus proposal.

Upon receipt of recommendations, KCQA members will meet to review the recommendations and to discuss them.

All KCQA members will have opportunities to comment on the recommendations in writing. If there are comments, the KCQA Co-Chairs and Steering Committee will meet to discuss how to address the comments, which may include creating a special task group to evaluate comments and consulting kidney care experts in the creation of a final recommendation. Once it has reviewed the comments, the Steering Committee will make recommendations that will be forwarded to all KCQA members.

Upon receipt of final recommendations, ballots will be distributed to the KCQA member's designated Lead Representative. Ballots will specify the components of the document or other product for which vote(s) are being sought and will also provide an option to abstain. Ballots shall also identify the specific deadline and manner in which they should be returned to the Administrator/Staff.

The minimum period for voting shall be five (5) calendar days. Prior to the close of the voting period, the KCQA Administrator/Staff will contact non-respondents at least once.

Only ballots cast in the affirmative or negative shall be tallied to determine the outcome of a vote within the KCQA. The affirmative or negative action receiving the highest number of votes shall prevail. For purposes of balloting on recommendations, a quorum of fifty-one percent is ~~not~~ required. For purposes of final adoption of recommendations, a healthy majority, defined as seventy percent of those voting, is required for approval.

All comments must be received within 48 hours of distribution of the ballot. The Administrator/Staff will provide the comments to the KCQA members' designated Lead Representative prior to the close of the voting period; comments received after the designated 48 hours period will be shared as soon as possible, but might not be available until after the voting deadline. Suggested modifications to the recommendations that are proposed during the voting process must be sent in writing to the KCQA Administrator/Staff.

If a KCQA member wishes to change his or her vote based on comments received within the voting period, it may direct a written request to the KCQA Administrator/Staff. The requested change must be forwarded by the Lead Representative and must be filed prior to the voting deadline.

In the event a change of vote is requested within the voting period, the record shall duly note both the original and the change. The changed vote shall be incorporated into the final tally. Requests to change a vote after the voting deadline shall be limited only to the specific ballot option(s) – i.e., no additional comments shall be considered. Post-deadline changes will be duly noted in the record of the vote but will not be used for purposes of reporting the final decision to the KCQA.

Notice of all KCQA decisions for consensus products, including the aggregate vote count but not the individual member votes, will be made available to the public on the KCQA section of the website and by other vehicles (e.g., press releases and other public announcements), as appropriate, within 30 days of KCQA action.

Appeals

Anyone may register a request for reconsideration of an endorsed voluntary consensus recommendation by notifying the Administrator/Staff in writing within 15 days of public notification that the KCQA has approved the recommendations.

For an appeal to be considered, the notification letter to the KCQA must include information clearly demonstrating that the appellant has interests that are directly and materially affected by the KCQA-endorsed recommendations, and that the KCQA decision has had (or will have) an adverse effect on those interests.

The Administrator/Staff will review appeals. The KCQA Administrator shall notify the KCQA Co-Chairs and Steering Committee as soon as practicable and act on them in a timely manner. They may consult with the KCQA Co-Chairs, Steering Committee, and KCQA members, as appropriate, before presenting a recommendation. A healthy majority of Steering Committee members voting shall be used to adjudicate the appeal. If the KCQA Steering Committee agrees to consider the appeal, it will follow the same process used to consider the original proposal(s), as outlined above.