

NATIONAL QUALITY FORUM
ESRD Submitted Measures
DRAFT – Pending Steering Committee Review

Measure ID Number/Title	Measure Description	Measure Steward
1418 Frequency of adequacy measurement for pediatric hemodialysis patients (Recommended)	Percentage of all pediatric (<18 years old) patients receiving in-center hemodialysis (HD) (irrespective of frequency of dialysis) with documented monthly adequacy measurements (spKt/V) or its components in the calendar month	Centers for Medicare & Medicaid Services
1421 Method of adequacy measurement for pediatric hemodialysis patients (Recommended)	Percentage of pediatric (<18 years old) in-center hemodialysis (HD) patients (irrespective of frequency of dialysis) for whom delivered HD dose was measured by spKt/V as calculated using UKM or Daugirdas II during the reporting period	Centers for Medicare & Medicaid Services
1423 Minimum spKt/V for pediatric hemodialysis patients (Recommended)	Percentage of all pediatric (<18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the Urea Kinetic Modeling (UKM) or Daugirdas II formula) was a spKt/V ≥ 1.2	Centers for Medicare & Medicaid Services
1425 Measurement of nPCR for pediatric hemodialysis patients (Recommended – Time-Limited)	Percentage of pediatric (<18 years old) in-center HD patients (irrespective of frequency of dialysis) with documented monthly nPCR measurements	Centers for Medicare & Medicaid Services
1426 Assessment of iron stores	Percentage of all adult (≥ 18 years old) dialysis patients for whom serum ferritin and transferrin saturation (TSAT) percentages are measured simultaneously at least once during the 3-month study period	Centers for Medicare & Medicaid Services
1431 Measurement of iron stores for pediatric patients	Percentage of all pediatric (<18 years old) hemodialysis and peritoneal dialysis patients prescribed an ESA at any time during the study period or who have an Hb <11.0 g/dL in at least 1 month of the study period for whom serum ferritin concentration and percentage transferrin saturation (TSAT) are measured at least once in a 3-month period	Centers for Medicare & Medicaid Services
1428 Use of iron therapy when indicated	Percentage of all adult (≥ 18 years old) dialysis patients with a serum ferritin <100 ng/mL and a transferrin saturation (TSAT) <50% on at least one simultaneous measurement who received intravenous (IV) iron in the following 3 months	Centers for Medicare & Medicaid Services

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1433 Use of iron therapy for pediatric patients (Recommended – Time-Limited)	Percentage of all pediatric (<18 years old) hemodialysis and peritoneal dialysis patients with hemoglobin <11.0 g/dL and in whom simultaneous values of serum ferritin concentration was <100 ng/ml and transferrin saturation (TSAT) was <20% who received IV iron or were prescribed oral iron within the following 3 months	Centers for Medicare & Medicaid Services
1429 Avoidance of iron therapy in iron overload	Percentage of all adult (≥18 years old) dialysis patients with a serum ferritin ≥1,200 ng/mL or a transferrin saturation (TSAT) ≥50% on at least one simultaneous measurement during the 3-month study period who did not receive IV iron in the following 3 months	Centers for Medicare & Medicaid Services
1424 Monthly hemoglobin measurement for pediatric patients (Recommended)	Percentage of all pediatric (<18 years old) hemodialysis and peritoneal dialysis patients who have monthly measures for hemoglobin	Centers for Medicare & Medicaid Services
1430 Lower limit of hemoglobin for pediatric patients (Recommended with conditions)	Percentage of pediatric (<18 years old) hemodialysis and peritoneal dialysis patients, with ESRD ≥3 months, who have a mean hemoglobin <10 g/dL for a 3-month reporting period, irrespective of Erythropoietin Stimulating Agent (ESA) use. The hemoglobin value reported at the end of each reporting month (end-of-month hemoglobin) is used for the calculation.	Centers for Medicare & Medicaid Services
1432 Dietary sodium reduction advice	The proportion of patients who have received formal advice on dietary sodium restriction by the renal dietician within the past 90 days	Centers for Medicare & Medicaid Services
1434 Sodium profiling practice for hemodialysis	Proportion of patients who were not prescribed sodium profiling in the reporting month	Centers for Medicare & Medicaid Services
1435 Restriction of dialysate sodium	Proportion of patients who were prescribed a dialysate sodium concentration ≤138 mEq/L for all sessions in the reporting month	Centers for Medicare & Medicaid Services
1437 Utilization of dialysis duration of four hours or longer for patients new to dialysis	The proportion of patients new to dialysis whose prescribed dialysis session length is at least 240 minutes	Centers for Medicare & Medicaid Services

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1439 Utilization of high ultrafiltration rate for fluid removal	Proportion of patients who did not receive an ultrafiltration rate ≥ 15 ml/kg/hr in the reporting month	Centers for Medicare & Medicaid Services
1438 Periodic assessment of post-dialysis weight by nephrologists (Recommended – Time-Limited with conditions)	The proportion of patients who have documentation of receiving a new post-dialysis weight prescription from a nephrologist in the reporting month	Centers for Medicare & Medicaid Services
1454 Proportion of patients with hypercalcemia (Recommended with conditions)	Proportion of patients with 3-month rolling average of total uncorrected serum calcium > 10.2 mg/dL	Centers for Medicare & Medicaid Services
1427 Adult dialysis patients—serum phosphorus > 6 mg/dl	Proportion of patients with 3-month rolling average of serum phosphorus > 6 mg/dL	Genzyme Corporation
1461 Proportion of patients with hypophosphatemia	Proportion of patients with 3-month rolling average of serum phosphorus < 2.5 mg/dL	Centers for Medicare & Medicaid Services
1463 Standardized hospitalization ratio for admissions (Recommended with conditions)	Risk-adjusted standardized hospitalization ratio for admissions for dialysis facility patients	Centers for Medicare & Medicaid Services
1464 Standardized hospitalization ratio for days	Risk-adjusted standardized hospitalization ratio for days for dialysis facility patients	Centers for Medicare & Medicaid Services
1477 National Healthcare Safety Network (NHSN) intravenous (IV) antibiotic start measure	Monthly rate of outpatient intravenous antibiotic starts (initiation of a new antibiotic not in use in previous 21 days) per 100 patient months within outpatient dialysis unit. The 21-day rule is used to exclude counting antibiotics that are given for the same infection more than once	Centers for Disease Control and Prevention

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1460 National Healthcare Safety Network (NHSN) bloodstream infection measure (Preliminary recommendation pending comparison of competing measures)	Number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient months	Centers for Disease Control and Prevention
1478 National Healthcare Safety Network (NHSN) vascular access-related bloodstream infection measure	Number of hemodialysis outpatients with positive blood cultures and in whom the suspected source was reported as either the vascular access or unknown, per 100 hemodialysis patient months	Centers for Disease Control and Prevention
1456 Bacteremia (rate)	Six-month rolling average rate of bacteremia with IV antibiotic therapy, among adult chronic HD patients (Express as: rate per 1,000 HD patient days)	Centers for Medicare & Medicaid Services
1457 Access-related bacteremia (rate) (Preliminary recommendation pending comparison of competing measures)	<p>Overall access-related bacteremia: Six-month rolling average rate of access-related bacteremia with IV antibiotic therapy, among adult chronic hemodialysis (HD) patients (Express as: rate per 1,000 HD patient days)</p> <p>Specific access types: Six-month rolling average rate of fistula/graft/catheter-related bacteremia with IV antibiotic therapy, among adult chronic hemodialysis (HD) patients using a fistula/graft/catheter for HD access (Express as: rate per 1,000 fistula/graft/catheter patient days)</p>	Centers for Medicare & Medicaid Services
1455 Access-related bacteremia using Medicare claims (rate)	<p>Overall access-related bacteremia: Six-month rolling average rate of access-related bacteremia among adult chronic hemodialysis (HD) patients (Express as: rate per 1,000 HD patient days)</p> <p>Specific access types: Six-month rolling average rate of fistula/graft/catheter-related bacteremia among adult chronic hemodialysis (HD) patients using a fistula/graft/catheter for HD access (Express as: rate per 1,000 days of fistula/graft/catheter use)</p>	Centers for Medicare & Medicaid Services
1449 Unavailable blood culture results (percentage)	Six-month rolling average prevalence of “unavailable” blood culture results for adult chronic hemodialysis (HD) patients prescribed IV antibiotics (Express as: percentage)	Centers for Medicare & Medicaid Services

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1453 Clinically confirmed infection (rate)	Six-month rolling average rate of clinically confirmed infection with IV antibiotic therapy among adult chronic HD patients (Express as: rate per 1,000 HD patient days)	Centers for Medicare & Medicaid Services
1469 Clinically confirmed access-related infection (rate)	<p>Clinically confirmed infection: Six-month rolling average rate of clinically confirmed infection with IV antibiotic therapy among adult chronic HD patients (Express as: rate per 1,000 HD patient days)</p> <p>Specific access types: Six-month rolling average rate for access-related infection with IV antibiotic therapy, among adult chronic hemodialysis (HD) patients using an arteriovenous fistula for HD access (Express as: rate per 1,000 HD fistula days)</p> <p>Six-month rolling average rate for access-related infection with IV antibiotic therapy, among adult chronic hemodialysis (HD) patients using an arteriovenous graft for HD access (Express as: rate per 1,000 HD graft days)</p> <p>Six-month rolling average rate for access-related infection with IV antibiotic therapy, among adult chronic hemodialysis (HD) patients using a catheter for HD access (Express as: rate per 1,000 HD catheter days)</p>	Centers for Medicare & Medicaid Services
1450 Unavailable clinical confirmation (percentage)	Six-month rolling average prevalence of “unavailable” information regarding clinical confirmation of infection among adult chronic hemodialysis (HD) patients with new IV antibiotic prescription (Express as: percentage)	Centers for Medicare & Medicaid Services