

Midwest Kidney Network

Recommended Treatment Goals

January 2026

Midwest Kidney Network's annual recommended treatment goals are based on Kidney Disease Improving Global Outcomes (KDIGO) guidelines, the Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines, the Dialysis Facility Report (DFR), and the performance standards identified in the Quality Incentive Program (QIP) where applicable. Other goals are based on available evidence-based guidelines.

We provide these improvement goals as assistance to dialysis facilities for their use in quality improvement and with meeting the QIP performance standards. The goals are not intended to replace regulatory guidance. The goals apply to the facility's permanent adult dialysis population. **Throughout this document, mean value refers to the average of the last monthly value for 12 months.**

Anemia Management

- Facilities should dose erythropoiesis-stimulating agents (ESAs) to maximize the percent of patients with hemoglobin concentration 9 – 11.5 gm/dL ¹.
- Standardized Transfusion Rate (STrR) will be ≤ 26.2 .

Dialysis Adequacy

- 98.5% of adult hemodialysis patients will achieve a Kt/V ≥ 1.2
- 95.2% of adult peritoneal dialysis patients will achieve a Kt/V ≥ 1.7 .
- 98.3% of pediatric hemodialysis patients will achieve a Kt/V ≥ 1.2 .
- 83.0% of pediatric peritoneal dialysis patients will achieve a Kt/V ≥ 1.8 .

National Healthcare Safety Network (NHSN)

- Standardized Infection Ratio (SIR) will be ≤ 0.22 .
- Facility will report 12 months of event data into NHSN.

Vascular Access

- If $\leq 11\%$ catheter in use for ≥ 90 days: Facility should maintain or reduce the percent of 90-day catheters.
- If $> 11\%$: Facility goal is to achieve 11% or less 90-day catheters.

Nutritional Status

- $\geq 80\%$ of hemodialysis patients will have mean serum albumin \geq the lower limit of normal (LLN), **and** $\geq 35\%$ of hemodialysis patients will have albumin ≥ 4.0 g/dl BCG.
- $\geq 60\%$ of peritoneal dialysis patients will have mean serum albumin \geq the lower limit of normal (LLN), **and** $\geq 35\%$ of hemodialysis patients will have albumin ≥ 4.0 g/dl BCG.

¹ Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. KDIGO Clinical Practice Guideline for Anemia in Chronic Kidney Disease. Kidney Inter., Suppl 2012; 2: 279-355 (Guidelines 3.4.3 and 3.5.1)

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Bone and Mineral Metabolism

- $\geq 65\%$ of dialysis patients (HD and PD) will have a mean serum phosphorus of ≤ 5.5 mg/dL.
- $< 10\%$ of patients will have mean serum phosphorus of > 8 mg/dL.
- $\leq 0.5\%$ of dialysis patients (HD and PD) will have a mean uncorrected serum calcium concentration of > 10.2 mg/dL.
- 100% of dialysis patients (HD and PD) will have parathyroid hormone (PTH) monitored at least every 3 months.

Immunization

- $\geq 80\%$ of patients will be up to date on immunizations for COVID-19.
- $\geq 95\%$ of dialysis personnel will be up to date on immunizations for COVID-19.
- $\geq 90\%$ of patients will receive immunization for influenza.
- $\geq 90\%$ of dialysis personnel will receive immunization for influenza.
- $\geq 80\%$ of patients will receive immunization for pneumonia.
- $\geq 90\%$ of patients without natural immunity will receive immunization for hepatitis B.

Advance Care Planning

$\geq 95\%$ of patients will have documentation that advance care planning discussions were conducted within 6 months of initiating dialysis.

Kidney Transplant Referral

- $\geq 95\%$ of patients will be assessed by the interdisciplinary dialysis team for kidney transplant candidacy or referral within 4 months of initiating dialysis as demonstrated by medical record documentation.
- Percentage of Prevalent Patients Waitlisted (PPPW) will be $\geq 16.7\%$.

Home Dialysis Referral

$\geq 95\%$ of patients will be assessed by the interdisciplinary dialysis team for home dialysis candidacy or referral within 4 months of initiating dialysis as demonstrated by medical record documentation.

In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS)

- ICH-CAHPS survey is offered to patients semi-annually using a third party, CMS-approved vendor
- ICH-CAHPS survey results equal to or greater than the 50th percentile
 - Quality of Dialysis Center Care and Operations $\geq 64.9\%$
 - Providing Information to Patients $\geq 77.8\%$
 - Overall Rating of Dialysis Center Staff $\geq 65.7\%$
 - Overall Rating of the Dialysis Facility $\geq 69.4\%$

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Assessment of Depression and Follow-up
<ul style="list-style-type: none">• $\geq 95\%$ of eligible patients will be assessed for depression using a validated tool at least annually and documented in the ESRD Quality Reporting System (EQRS).• $\geq 95.1\%$ of eligible patients scoring positive for depression will be offered follow-up treatment documented in EQRS.

Hospitalizations
<ul style="list-style-type: none">• Standardized Hospitalization Ratio (SHR) will be ≤ 129.1• Standardized Readmission Ratio (SRR) will be ≤ 26.5