STRATEGIC PLAN ESRD NETWORK PROGRAM JULY 06-JUNE 09	
ESRD Network Program Vision:	
	➢ **To create a renal network of caring to ensure that the right, quality care for the individual is provided every time.**
ESRD Network Program Goals:	
	➢ Improve the quality and safety of dialysis related services provided for individuals with ESRD.
	➢ Improve independence, quality of life, and rehabilitation(to the extent possible) of individual's with ESRD through transplantation, use of self-care modalities (e.g., peritoneal dialysis, home hemodialysis), in-center self care , as medically appropriate, through the end of life.
	➢ Improve patient perception of care and experience of care, and resolution of patient's complaints and grievances.
	➢ Improve collaboration with providers to ensure achievement of the goals through the most efficient and effective means possible, with recognition of the differences among providers (e.g., independent, hospital-based, member of a group, affiliate of an organization, etc.) and the associated possibilities/capabilities.
	➢ Improve the collection, reliability, timeliness, and use of data to: measure processes of care and outcomes; maintain the Patient Registry; and support the ESRD Network program.
Health Care Quality Improvement Program (HCQIP) Mission:	
↳ Patient Centeredness	➢ Care delivery and processes of care are focused on patient needs, concerns, values, and expressed priorities. Care givers are empathetic and care is provided in a compassionate, responsive manner.
↳ Effectiveness	➢ Care givers use scientific knowledge, evidence-based guidelines and best demonstrated practices to offer individuals with ESRD the best available care. Care givers use this medical advice and consider the individual preferences of patients to derive effective care plans.
↳ Safety	➢ Patients receive safe care in ESRD facilities. Systems of care are designed to allow staff to anticipate and minimize adverse events, learn from system failures, and seek system improvements. Care givers trained to recognize and anticipate errors and recover from them.
↳ Efficiency	➢ National and local resources are used efficiently to deliver high quality care. Only those administrative and production costs that ensure high quality care are included.
↳ Equity	➢ Care provided to an individual with ESRD does not vary in quality because of personal characteristics or socio-economic status.
↳ Timeliness	➢ Dialysis facilities have processes in place to measure and minimize unnecessary delay in provision of services; healthcare interventions occur neither too soon nor too late.
Measuring Achievement of the Goals:	
↳ Cultural Change	➢ Renal coalitions at the national and local level work together for the benefit of the patient employing "spread" technique to share and promote success. Individuals are informed, prepared, and involved in making choices as they move through the continuum of care from ESRD to end of life. Patients and providers have a respectful relationship where a patient's informed choice is honored. An individual that progresses from CKD to ESRD receives appropriate care, with patient education and informed choice guiding appropriate renal replacement therapy (RRT). Preparation for RRT includes timely vascular or peritoneal access, referral to transplant centers for evaluation, and discussion of all possible modalities inclusively those that are self care and self directed, when appropriate.
↳ Process Redesign	➢ Rapid cycle improvement is employed by the Networks. Data elements collected are defined and data reports generated to assure high quality care. Redundant or unnecessary data elements will be identified and eliminated. Information technology is used in partnership with providers to increase efficiency, accuracy, and timeliness of data collection and reporting. ESRD Networks work with the care givers, facilities, and other representatives of the renal community in an inclusive and collaborative manner to assure provision of quality care.
↳ Outcome Measure	➢ Achievable by patients and caregivers using valid measures of performance, developed through broad consensus, and that have strong correlation to patient outcomes (e.g., quality of care, quality of life, hospitalization, mortality, perception of care and experience of care).
↳ Public Reporting	➢ Results of the HCQIP program are publicly reported (e.g., dialysis facility compare) to beneficiaries and open communications occur with providers in order to promote informed health choices, protect individuals from poor care, and strengthen the health care delivery system.