End-Stage Renal Disease
Network of New York

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IPRO

Provider Insider

AN ELECTRONIC NEWSLETTER FOR RENAL CARE PROFESSIONALS

November 2020

Provider Insider is a monthly electronic newsletter for renal care professionals that provides general information, upcoming events, and educational resources that are beneficial to both patients and providers within the ESRD community we serve.

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Upcoming Events

See what's happening this **month**.

Alerts and Recalls

Visit the **KCER Coalition website** for the latest alerts and recalls.

COVID-19 Resources for Patients and Professionals

COVID-19 resources can be accessed on the Network website by clicking the icons below.

Announcements & Updates

Migration of COVID-19 Data to National Healthcare Safety

Network (NHSN) as the System of Record

In an effort to streamline data collection and align data collection efforts for the COVID-19 pandemic with the efforts of other care settings, the Centers for Medicare & Medicaid Services (CMS) decided to migrate the system of record for COVID-19 data collection to a new dialysis-specific COVID-19 module in the National Healthcare Safety Network (NHSN) system that will go live on November 12, 2020. Please review the **NHSN Facility Enrollment Checklist for Outpatient Dialysis Facilities** to ensure readiness to meet this new reporting requirement.

What this means for Dialysis Facilities:
- Dialysis facilities will need to ensure that the ESRD Network associated with their facility is granted group rights for their facility: **https://www.cdc.gov/nhsn/pdfs/groups-startup/JoinGroup-current.pdf**.
- Dialysis facilities will need to be prepared to begin using the COVID-19 module in NHSN which will be available on November 12, 2020 including NHSN enrollment and training on the module. More information about training will be forthcoming.
- The COVID-19 module in NHSN mirrors the data currently collected by KCER and will completely replace the KCER COVID-19 data collection as the system of record.
- Large Dialysis Organizations (LDOs) that have been batching the data to KCER can continue this process by batching the data to the NHSN system. Uploading will be available by using comma-separated values (CSV) files. Groups and individual users can perform this function. This process may be different than methods previously used for batch uploads.
- KCER will still determine the cadence for reporting. At this point in time, reporting occurs once a week (by Wednesday) for all cases within that week. KCER will let the community know when the first reporting in NHSN will occur but this likely will not take place prior to November 12, 2020.
- Dialysis facilities that are not currently using the NHSN system, including home dialysis and small facilities, will need to enroll, complete any training needed, and provide group rights for their ESRD Networks.
- For any emergency event other than COVID-19, data will continue to be submitted to KCER per the normal procedures. This change only pertains to the system of record for COVID-19 data.

Should you have any questions or require further clarifications regarding this matter, please visit the help desk section of our website **here**.

Check Out the New Care Compare Website Released by Medicare!

The Centers for Medicare & Medicaid Services (CMS) has combined their 8 original provider compare sites into a universal search tool called **Medicare Compare** (formally Dialysis Facility Compare), offering one place to find any type of healthcare needed. New features include updated maps, new filters that help identify the right providers and make it easier to compare information that's most important to individuals seeking care. Please review and share with patients and families the following resources, developed by the Forum of ESRD Network, to help navigate the Medicare Compare website. For more information, watch the **eMedicare: Improving Compare Tools webinar recording, Medicare Care Compare video** or see the latest **press release**.

Professional Resources
- Medicare Compare: What Dialysis Professionals Should Know **Handout**
- Medicare Compare **Job Aide**

Calendar Year 2020 ESRD Quality Incentive Program (QIP) Data Validity and Reliability Study

This message is information only and no action is required at this time.

The Centers for Medicare & Medicaid Services (CMS) has contracted with Fed Pro Services, LLC to:
1. Assess the accuracy of the Clinical Performance Measures (CPM) data entered into the CROWNWeb system, as well as, to validate positive blood culture "candidate dialysis events," and
2. Assess the accuracy of the Dialysis Event data entered into the Center for Disease Control (CDC) National Healthcare Safety Network (NHSN) system.

Facilities will be randomly selected to participate in the Data Validity and Reliability Study and requested by letter(s) from Fed Pro Services to submit patient lists and medical records for review. Specific details about how to securely send the information will be provided in the request letters that will be sent to directly your facility in November/December 2020.

Please forward any questions to Lynn Ryan, Project Manager at **Lynn.Ryan@fedpro.net**.

If your facility is selected for the study, you will receive a letter from Fed Pro Services, LLC in the November/December timeframe.

Quality Improvement Initiatives

Influenza Vaccination Goal (90%) and Documentation Deadline 12/31/20

Let's provide safety for patients during the upcoming influenza season! It is more important than ever during this public health emergency for both patients and staff to receive influenza vaccinations. The Centers for Medicare & Medicaid Services (CMS) has required the Networks to support this endeavor by monitoring each facility's patient influenza vaccination data reported in CROWNWeb and billing data to assure that every facility achieves the goal of vaccinating their eligible patients. To assure this goal is achieved, the Network has set the target at 90% of your eligible patients by December 31, 2020.

There are only two CMS accepted exclusions/exemptions to influenza vaccination administration:
- Allergic or adverse reaction
- Other Medical Conditions

Regardless of whether the patient is vaccinated in the dialysis facility or another location (private MD, pharmacy or nursing home/long term care) all vaccination administration <u>must </u>be documented in CROWNWeb. Please see the **Vaccination Documentation in CROWNWeb Job Aide** for instructions.

If a patient has not received their influenza vaccination this <u>must also be documented</u> with the reason for the exclusion identified. Patients who meet the CMS exemption criteria will be removed from the facility eligible population.

As you know starting the flu season with immunity in place is very important and the Network realizes that dialysis facilities have probably started to give Influenza vaccines in early September. We have encouraged facilities to reach this goal by the end of October for the best possible outcomes but encourage you to continue to administer the vaccine until you can reach this goal at your facility. The Network suggests facilities review their vaccination documentation prior to the final batch submission of October data to assure compliance with the CMS vaccination goal.

Sample Calculation to Determine 90% Eligible Patient Vaccination Rate

If the facility census is 100 patients:
- 10 have experienced a previous allergic or adverse reaction
- 5 have others have identified other medical conditions
- 100-15 patients = 85 eligible census
- 90% of the 85 eligible patients are 77 patients (this is the number of patients that must be documented in CROWNWeb as being vaccinated to achieve the CMS goal)

States Requiring Healthcare Personnel Vaccinations (HCP)

The Centers for Medicare & Medicaid Services (CMS) are no longer requiring outpatient dialysis facilities to submit healthcare personnel (HCP) influenza vaccination summary data through the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), beginning with the 2018-2019 influenza season.

Please note that while the CMS quality reporting program does not mandate submission of HCP influenza vaccination summary data, reporting these data may be required for some facilities based on state mandates. The CDC is aware that Delaware, Georgia, Hawaii, Kentucky, Massachusetts, Mississippi, New Hampshire, Oregon, Rhode Island, Tennessee, Utah, Virginia, and West Virginia specifically require dialysis facilities to report these data through NHSN. Also, Philadelphia requires hospitals and dialysis facilities to "authorize the Department to have access to all individual and facility-specific health care-associated infection (HAI) data reported to NHSN."

Facilities are encouraged to contact their State HAI Coordinators to confirm the reporting requirements of their state. For your reference, here is a list of State HAI Coordinators from the CDC website: **https://www.cdc.gov/hai/state-based/index.html**. Please click on your state and scroll down to find the contact information.

Facilities that are not required to report HCP influenza vaccination summary data by their state are still encouraged to voluntarily report these data through **NHSN**.

Optimizing Telehealth for Transplant Webinar on 11/18/20 - REGISTER NOW!

The use of telehealth and telemedicine have been a key practice in healthcare during the COVID-19 pandemic, and kidney transplantation has been no different. Transplant centers across the nation are using telehealth and telemedicine to continue with kidney transplant evaluations, education, follow up appointments and post-transplant care.

Join the IPRO ESRD Network Program on **November 18, 2020 at 3:00 pm** for the "Optimizing Telehealth for Transplant" webinar. During this call we will have guest speakers from Massachusetts General Hospital, UC Healthcare Kidney Transplant Services, and a patient mentor who will provide the patient perspective of using telehealth with her transplant center.

This webinar is intended for dialysis providers, transplant centers providers, and patients. Please use the link below to register. Please also review and distribute to your patients the resources below to support the use of telehealth.

Professional and Patient Resources
- **Telehealth for ESRD Providers**
- **Telehealth for ESRD Patients**
- **Telehealth Visit Checklist for Patients**

- **Telehealth Visit Checklist for Providers**

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CLICK HERE TO REGISTER

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Reduction of Long Term Catheter (LTC) Rates

As a result of COVID-19 many access placements and interventions for the reduction of LTC rates were placed on hold or delayed in an effort to reduce the transmission of the virus. In the spring **CMS released guidelines** stating that these procedures are not considered elective. In an effort to decrease catheter rates, the Network is analyzing all facilities who are seeing dramatic increases in LTC admissions. These facilities will be contacted by the Network to understand access barriers and offer suggestions that can help reduce LTC rates.

Safe, Confident, and Cared for in the Comfort of Your Home

The Centers for Medicare & Medicaid Services (CMS) has continued to advocate for the sustained use of telehealth in home modality facilities throughout the pandemic and beyond. Telehealth is a safe and effective way for patient's to discuss their care with healthcare providers. After the patient has transitioned home for 3-months, CMS allows a home modality facility to conduct two out of three clinical visits using telehealth.

As a companion resource to the previously released Provider Telehealth Toolkit, the Network is pleased to introduce the Patient Telehealth Toolkit. The Patient Telehealth Toolkit is designed to provide the patient/ caregiver with resources that helps them understand the benefits of using telehealth, provides guidance for set up and utilization and includes a checklist to assist the patient in collecting the information needed for a comprehensive and successful telehealth experience. In addition, the toolkit contains an informative telehealth fact sheet, a recorded patient presentation on telemedicine and a comprehensive resource guide.

The Patient Telehealth Toolkit was introduced to Network Patient Facility Representatives during PAC and SME calls and has been reviewed and approved by patients for content and ease of use. P**lease distribute these materials to assist patients/caregivers with being comfortable with the set up and continued use of telemedicine that will keep patients safe and cared for in the comfort of their homes.**

- **Patient Telehealth Checklist**
- **Telehealth Fact Sheet for ESRD Patients**
- **Stay Healthy, Stay Home Telehealth Toolkit Provider Reference Guide**
- Recorded Rollout Presentation: **Video**

Patient Services

De-Escalation Techniques to Prevent Involuntary Discharge

Healthcare workers have an increased risk of workplace violence compared with workers in private industry, with nurses as the most common victims, and patients as the most common perpetrators. Risk factors include influences such as ongoing aggressive behaviors, psychiatric disorders, substance abuse, stress/frustration/anxiety, a sense of powerlessness, perceptions that violence is tolerated, inadequate security, long wait times, and lack of awareness. The article "**Top 10 De-Escalation Tips**" offers great suggestions to respond to difficult

behavior in an effective way. The goal is for the situation to be stabilized to avoid any potential involuntary discharge from the facility.

Contact the Network whenever you need further guidance on managing a difficult patient situation. **De-escalation techniques** are crucial when patients experience distress and might be at risk of being discharged from your facility.

The Importance of Continuing Virtual Engagement with Patients

As dialysis facilities continue to adjust to the new norms associated with the COVID-19 pandemic, it is important to remember that the dynamic of care also continues to be completely changed for patients. Because patients are limited by social distancing in how active they can be at their dialysis facilities, they need your help to take an active role in engaging in support groups, QAPI meetings and POC meetings. Here are 4 ways facilities can help patients stay active, safe and supported during their care.

- Provide virtual or call-in options for Plan of Care and QAPI meetings. Make sure your Network Patient Representative can participate either by telephone or by encouraging them to write and submit a short report on ideas they think may help improve quality of care for patients at your dialysis center.
- Think about starting a virtual support group for patients at your facility. Patients report feeling isolated because of social distancing, which can have a detrimental effect on their mental and emotional health and ultimately impact their dialysis care.
  - The **Support Group Tips for Facilities** guide can help get you started
  - Share **Support Groups: Creating Community** with patients on ways they can start a support group.
- Encourage patients to become Peer Mentors. Peer Mentoring provides support and increases the confidence and efficacy of dialysis patients. Anyone can be a peer mentor!
  - Learn more about the **ESRD Network Program's E-University for Peer Mentors**.
  - Review **Alternative Approaches to Peer Mentoring** for safe ways to engage patients during the pandemic.
- Help patients learn how to get connected. Some patients are not as familiar with how to use virtual engagement technology like video calling.
  - **Tips for Connecting Remotely** can be given to patients that features step by step instructions on how to get connected through these platforms.

Data Systems and Reporting

System Downtime for EQRS Rollout: 11/5/20-11/9/20

On November 9, 2020, the Centers for Medicare & Medicaid Services (CMS) plans to release the End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS). This update will allow EQRS to serve as the single platform to complete tasks that were once done via three separate applications: CROWNWeb, ESRD Quality Incentive Program (QIP), and Renal Management Information System (REMIS).

To migrate data from CROWNWeb, ESRD QIP, and REMIS to EQRS, access to all of these systems will be unavailable from **November 5, 2020 at 8 PM ET to November 9, 2020 at 7 AM ET.**

Information Systems Technical Assistance

The IPRO ESRD Data Department provides technical assistance using a customer support system. This is one place for your data submission needs for various systems such as CROWNWeb, NHSN, Dialysis data or Quality Incentive program. In order to meet the needs of our facilities, the new system will provide support:

- **Email:** To reach the Network Data Support Team by email, send requests for assistance to **NW2Help@iproesrdnetwork.freshdesk.com**. The help can be a return email providing information about the data submission from our knowledge base or a phone call from the staff.

- **Support Portal:** By registering for the IPRO ESRD Network Support Portal, you will be able to quickly and easily submit questions and requests for assistance directly to the Network Data Support staff. You can register for the portal by going to **http://help.esrd.ipro.org** and selecting "Sign Up".

- **Knowledge Base:** The Network Data Team has documented answers to a multitude of "Frequently Asked Questions" and have posted them to the Knowledge Base on the Support Portal. You can browse the different knowledge items, and if you still need help, you can register for the portal and submit a ticket for help. The Knowledge Base can also be located at **http://help.esrd.ipro.org**.

NOTE: When submitting a request to the Network, you should **NEVER** include any patient-specific information such as Name, Date of Birth, Social Security Number, Medicare Claim Number, etc. The only patient identifier that can safely be communicated is the Unique Patient Identifier (UPI) from CROWNWeb.

For more information, please visit the Network **website**.

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