



End-Stage Renal Disease
Network Program

What You Need to Know About CMS Priorities, Goals, and Quality Improvement Activities

IPRO ESRD Network Program
Network Council Meeting

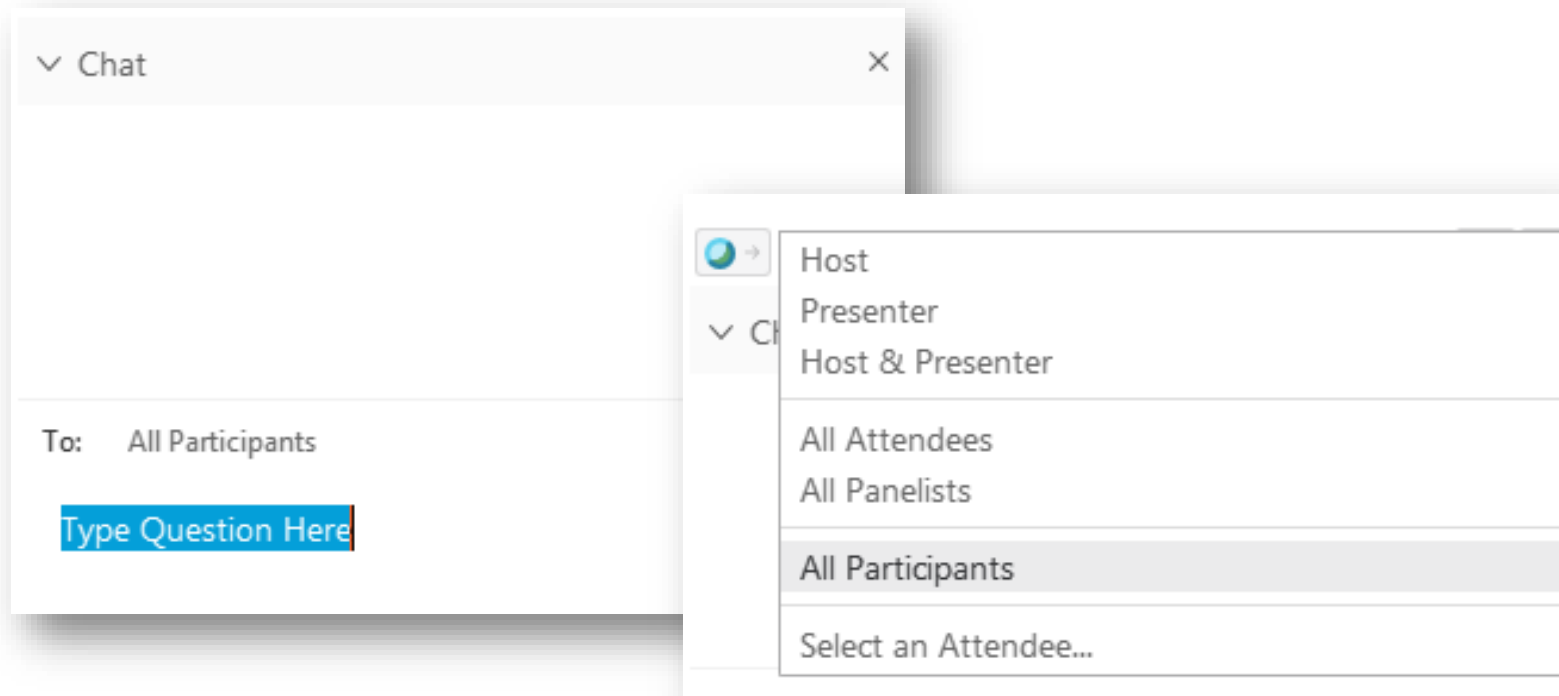
September 22, 2021

Welcome and Opening Remarks

Danielle Daley, MBA
Executive Director
ESRD Network 1 (CT, MA, ME, NH, RI, VT)

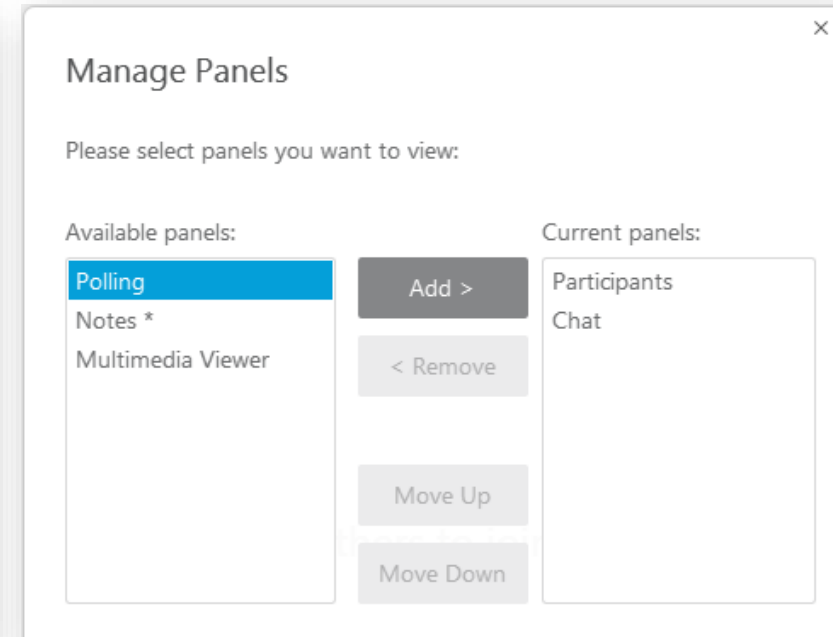
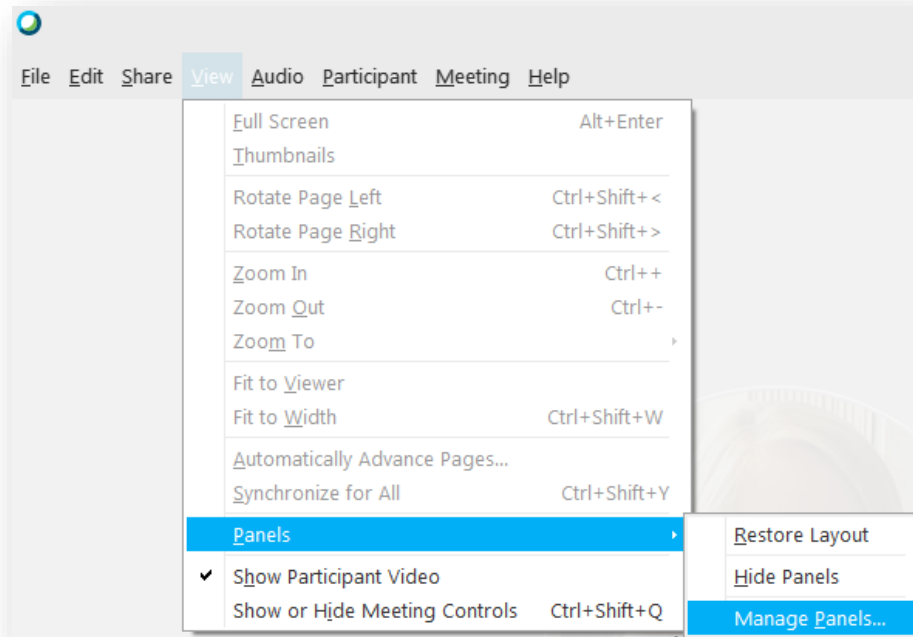
Meeting Reminders

- This WebEx will be recorded and slides made available on the Network Website
- All phone lines have been muted to avoid background noise
- Be present and engaged in the presentations
- Be prepared for active participation in the WebEx chat board



Meeting Reminders

- Be prepared for active participation in polling questions



Agenda Topics

- Welcome
- ESRD Program Administration
- National Initiatives (Goals, Education, Interventions)
 - Quality Improvement
 - Patient Services
- Emergency Management
- CMS ESRD Data Systems Management
- Communication Systems
- Closing Remarks/Next Steps



ESRD Program Administration

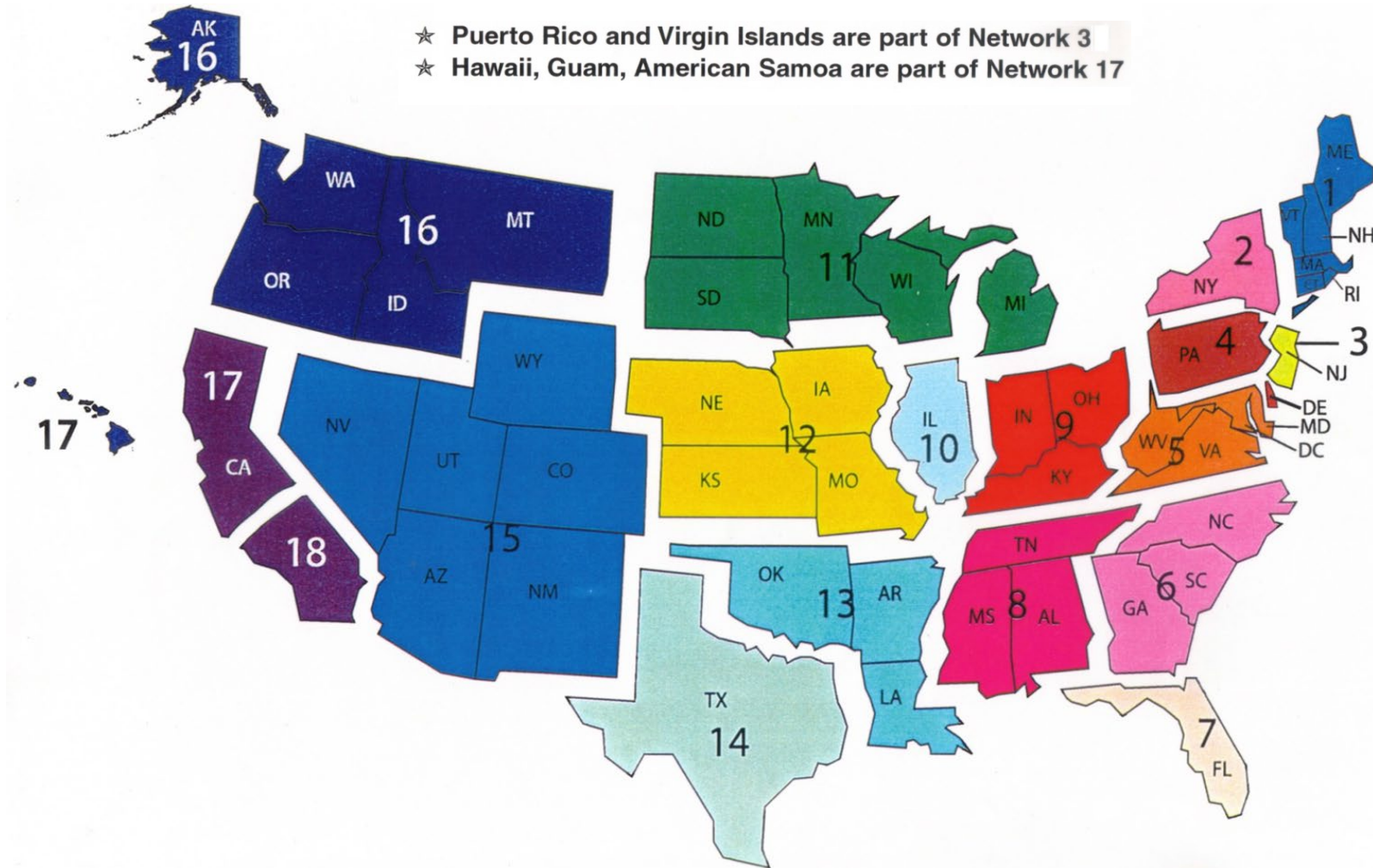
Sue Caponi, MBA, RN, BSN, CPHQ
CEO, ESRD Network Program
Executive Director, ESRD Network 2 (NY)

IPRO Capabilities

- Founded in 1984
- Not-for-profit organization
- Holds contracts with federal, state, and local government agencies
- Provides services to enhance healthcare quality to achieve better patient outcomes
- Proven track record of excellence, culture of innovation, and breath of expertise
- Implementation of innovation programs that bring policy ideas to life
- Creative use of clinical expertise, emerging technology and data solutions to make healthcare systems work better
- Headquartered in Lake Success, NY

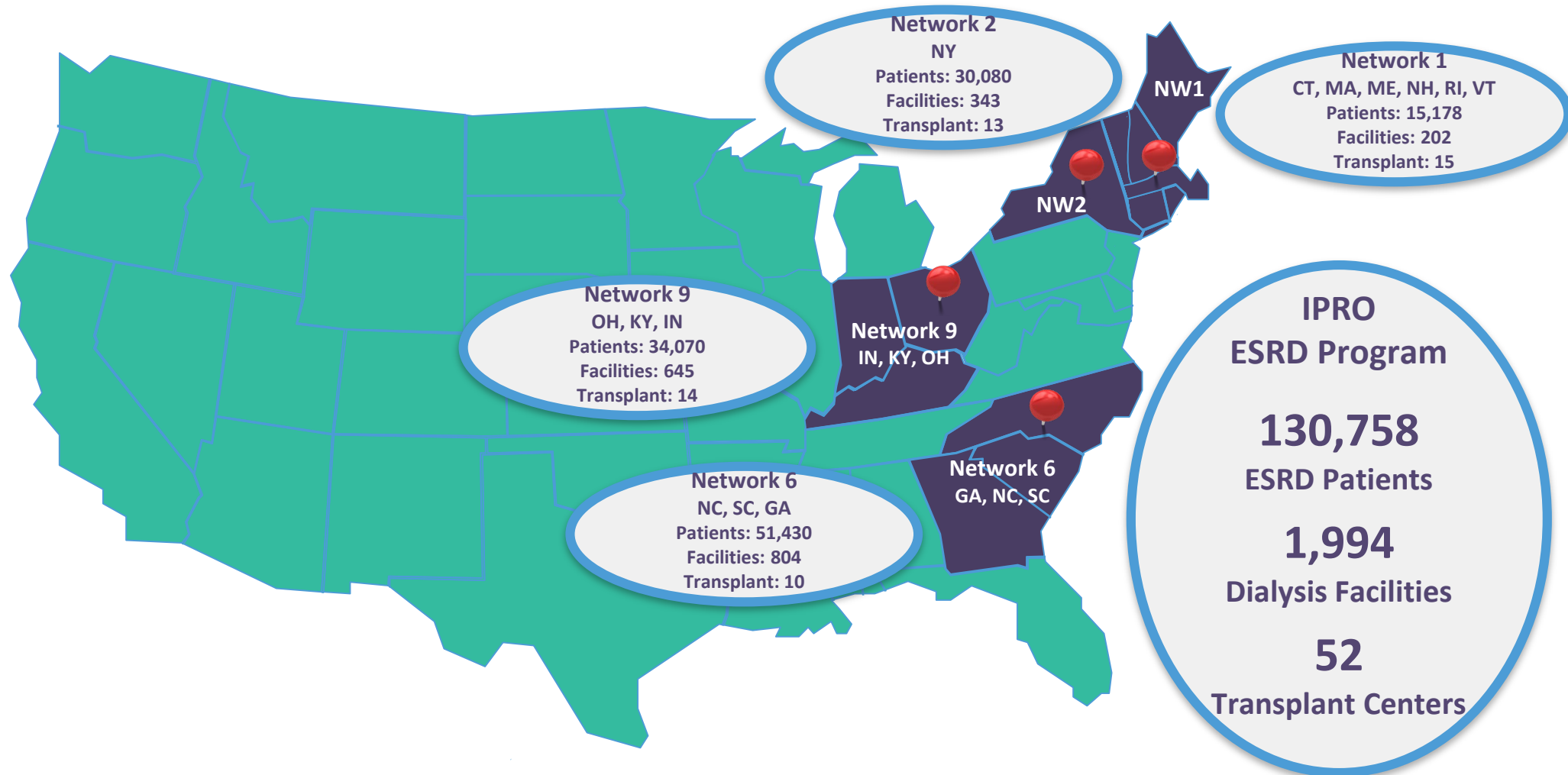


ESRD Networks



IPRO ESRD Network Program

Network Service Areas



Mission Statement

The Mission of the IPRO End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable.

CMS Priorities, Goals, and QIAs

ESRD Statement of Work

- Contract Cycle: June 1, 2021 – April 30, 2026
- Supports achieving quality improvement (QI) goals
- Activities align with NQS and CMS initiatives designed to result in improvements in the care of individuals with ESRD
- QIAs incorporate one or more of the CMS 16 Strategic Initiatives
<https://www.cms.gov/About-CMS/Story-Page/unleashing-innovation>
- Networks deploy interventions that target patients, dialysis/transplant providers, other providers, and/or other stakeholders
- QIAs incorporate a focus on rural health, health equity, and vulnerable populations
- Grounded on the concepts and design of Section 1881 of the SSA, HHS Secretary's Priorities, Executive Order to launch Advancing American Kidney Health, ESRD Treatment Choices (ETC) Payment Model, and the ETC Kidney Transplant Learning Collaborative

CMS Expectations

Role of the Network

- Improve quality of care for ESRD patients
- Provide assistance to ESRD patients and providers
- Encourage patient engagement
- Evaluate and resolve patient grievances
- Collect data to measure quality of care
- Support emergency preparedness and disaster response



Quality Improvement

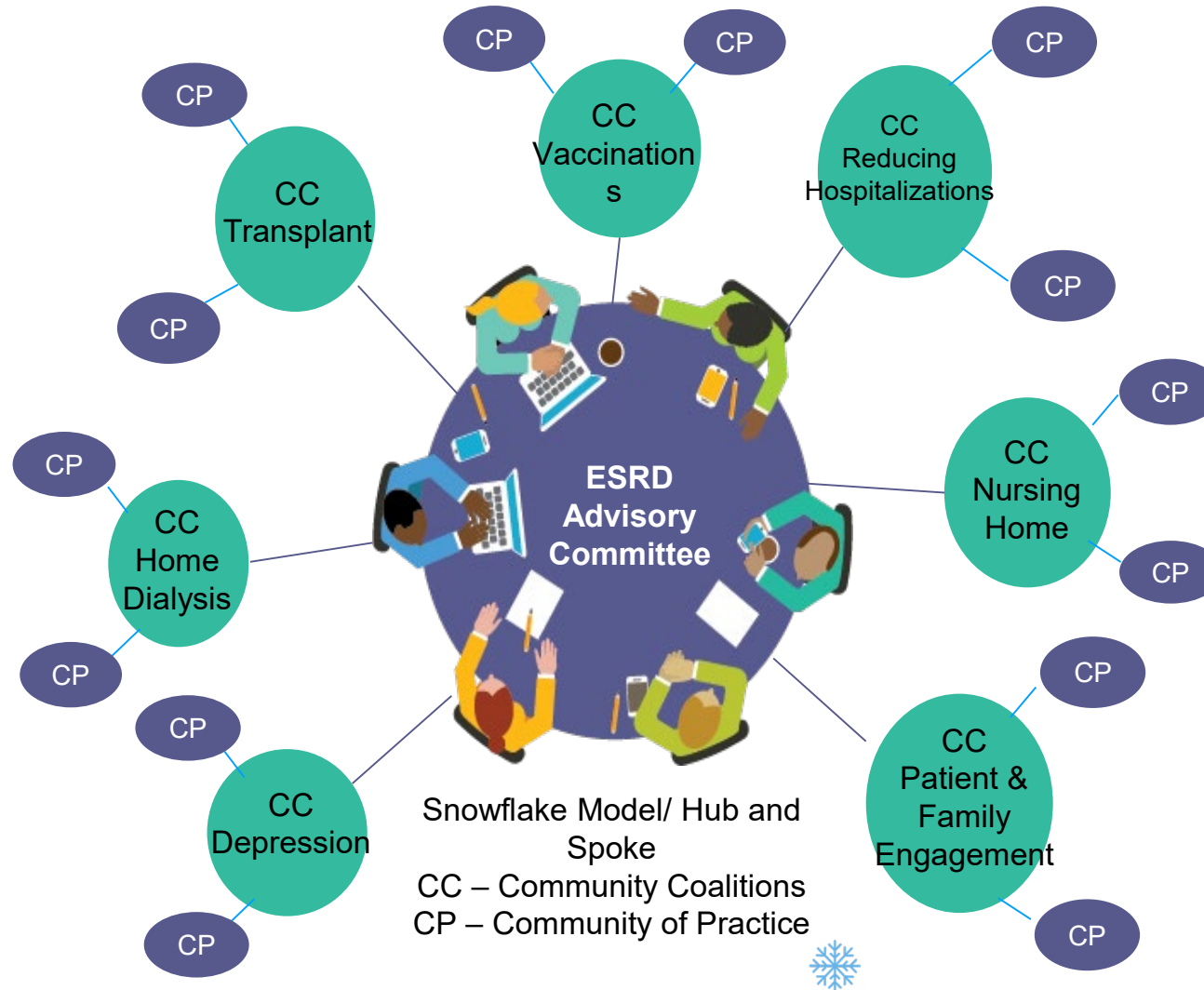
Victoria Cash, MBA, BSN, RN
Executive Director
ESRD Network 9 (IN, KY, OH)

Advisory Committees

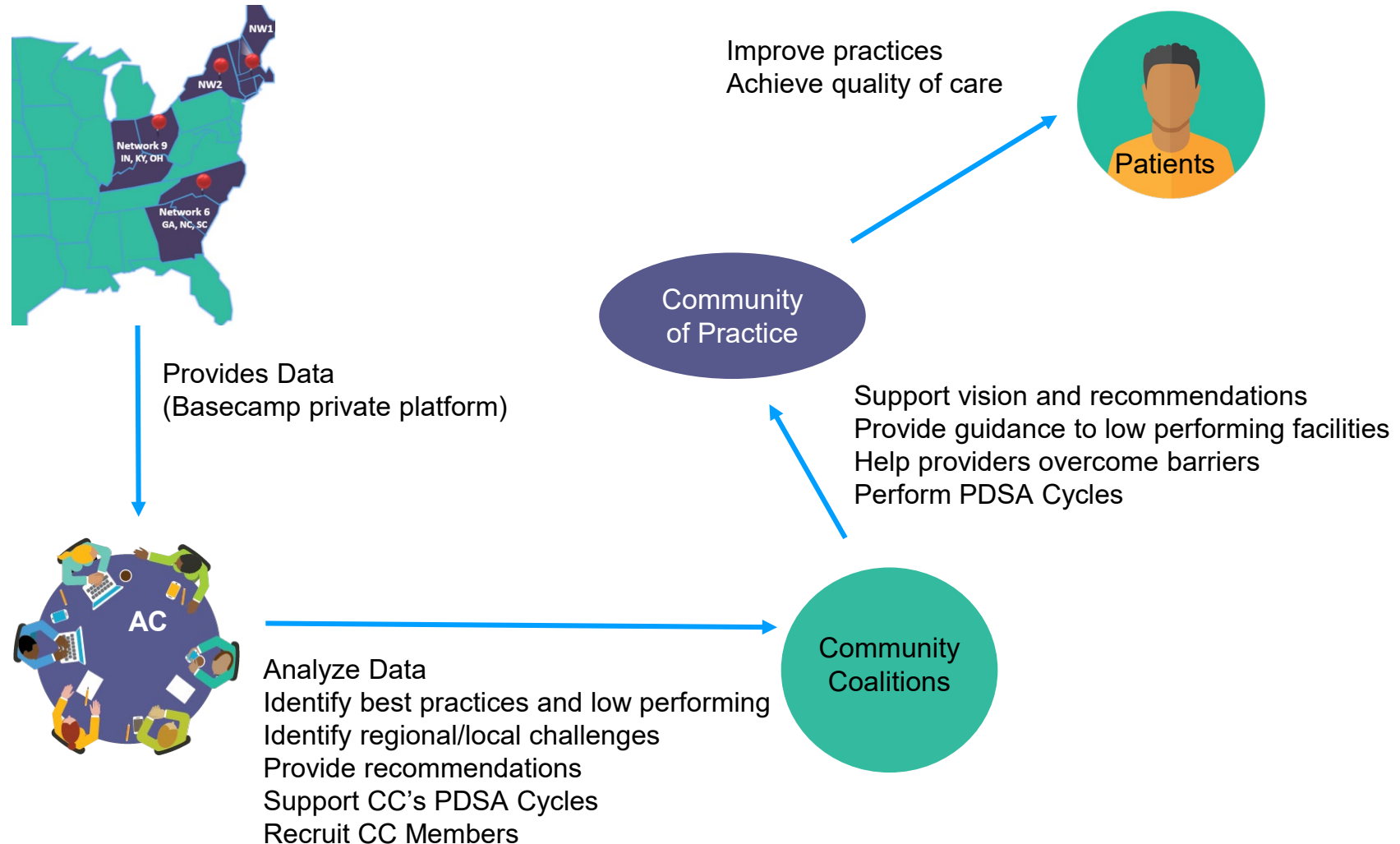
The Network shall meet with empowered patients, nephrologists, primary care providers, dialysis facility staff from all modalities plus key stakeholders, such as:

- Psychologists, Psychiatrists (Depression)
- Nursing home professional associations and home therapy managers, interdisciplinary (ID) professionals (Nursing Homes)
- Transplant surgeons, coordinators, OPOs (Transplant)
- LDO and SDO leadership and home modality leads (Home Therapies)
- QIN/QIO and Hospital Administrators (Hospitalizations)
- State Department of Health and ID professionals (Vaccinations)
- Engagement specialists and patient advocate organizations (Patient and Family Engagement)

Advisory Committees / Community of Practice

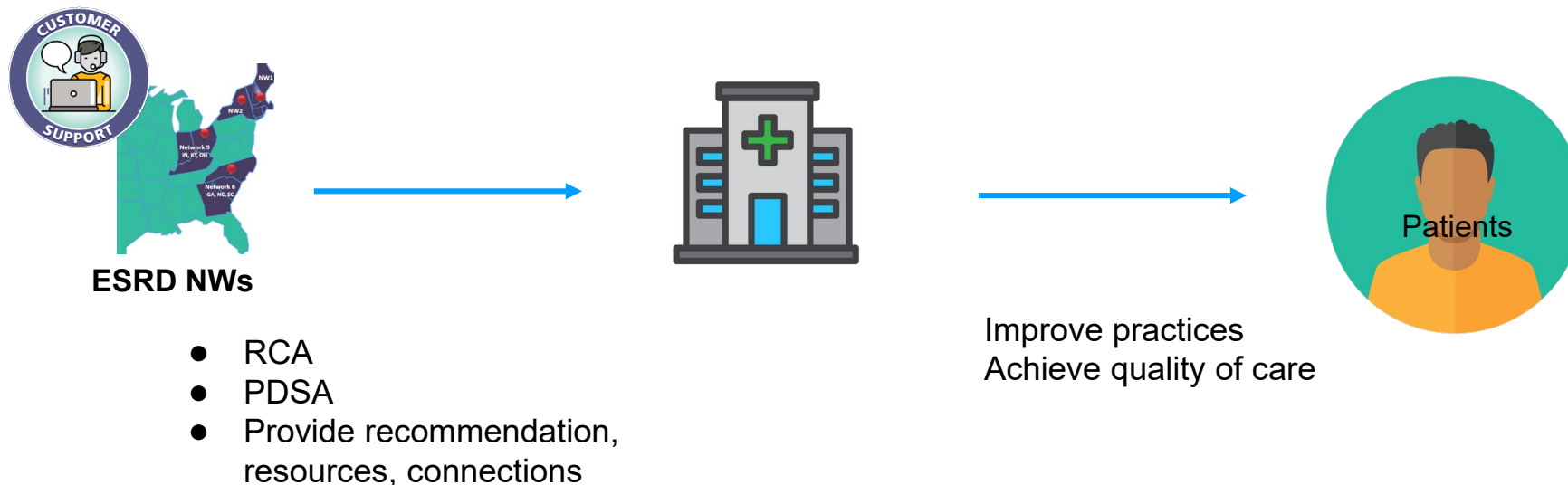


Advisory Committees / Community of Practice



Technical Assistance

- Assist facilities to perform an RCA to identify barriers to improvement and focus areas
- Lead facilities through a Plan-Do-Study-Act process to test plans for improvement
- Provide resources, connections, ideas
- Benchmark and support facilities to improve over the course of the year



Program Wide Interventions

- Provide resources and strategies proven to lead to improving patient outcomes
 - IPRO Learn - Resource sharing and feedback source
 - Develop toolkits - Resources, strategies and education from best practices
- Celebrate Success
 - Directed recognition of top performers
 - Quarterly best practice sharing
- Use data to benchmark performance and drive outcomes
 - Monthly facility progress reports in all QI work
 - Tableau dashboard reporting
- Integrate patients into QI processes
 - Participate in QAPI
 - Build Life Plans
 - Encourage Support Groups and Peer Mentoring
- Provide Technical Assistance

Improve Care in High Cost/Complex Chronic Conditions

National Clinical Objectives and Key Results

Improve Care in High Cost/Complex Chronic Conditions

- Improve Education and Access to Empower Patient Choice of a Home Modality
- Improve Education and Access to Empower Patient Choice of Transplant
- Educate and Manage Incidents of COVID-19 and Decrease Hospitalization of COVID-19 Positive ESRD Patients and Related Vaccinations



Improve Education and Access to Empower Patient Choice of a Home Modality



Increase Rates of Incident Patients and Prevalent Patients Initiated on a Home Therapy

Objectives

- Increase the amount of incident patients initiating a home therapy by 10%
- Increase the amount of prevalent patients initiating a home therapy by 2%
- Increase the amount of patients using a telehealth at home by 2%

Project Period

- June 1, 2021 – June 30, 2022

Requirements

- Use the NCC Change Package as an intervention to improve home initiations
- Monitor the use of telehealth and support increased use to ease access for patients
- Engage patients in the work, and share best practices nationally

Home Modality Interventions and Education



- Support ongoing education on home modality options for facility staff and patients
- Provide resources and tools proven to increase home initiations
 - NCC Change Package
 - Network Resource Packet
 - Credible resources for patients
- Focus on performance
 - Release monthly facility performance reports showing progress to goal for incident and prevalent patient home initiations
 - Celebrate Success - Identify and share success stories of top performers
- Start a campaign with compelling patient stories
 - Produced recorded patient vignettes sharing personal stories of success

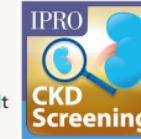
Home Modality Educational Resources



- Patient (preparation) and Provider Telehealth Toolkits (operations)
- Resource guide
- Checklist
- Fact sheet
- Recorded presentation

The Clinician CKD Screening mobile app offers a simple solution for guiding clinicians in the assessment of CKD and proper selection of labs for diagnosis and staging of CKD.

The app also provides a CKD Conversation Starter, which delivers guidance on how best to approach the potentially difficult conversation of a new and serious diagnosis.

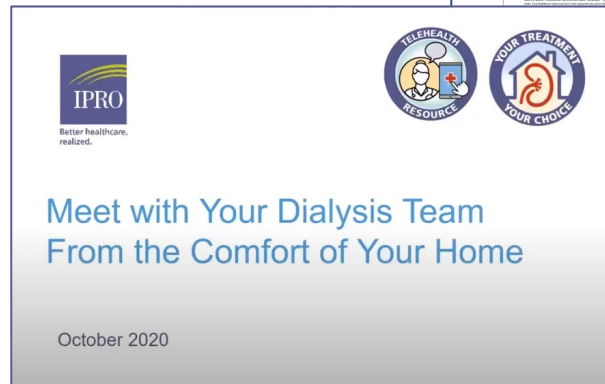
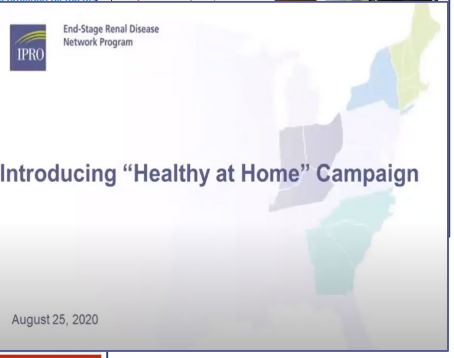
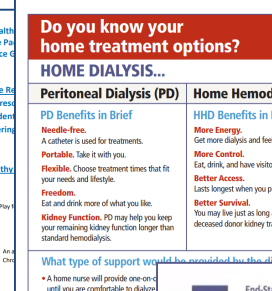
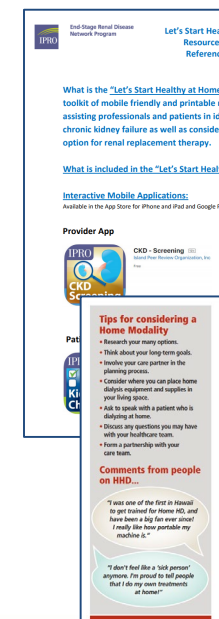
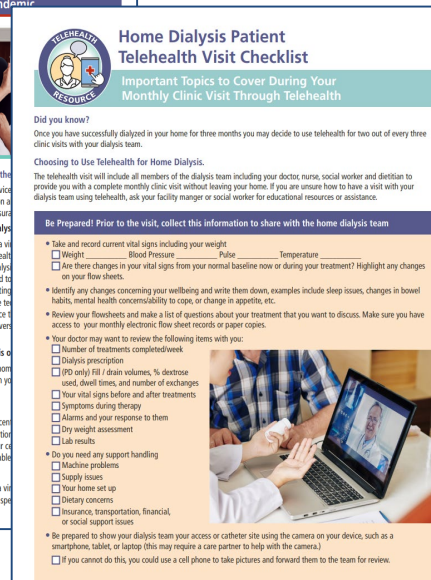
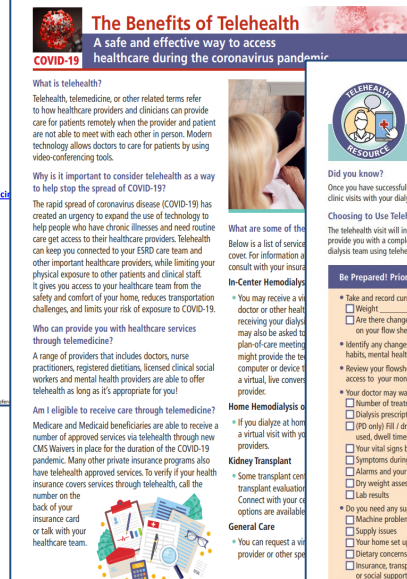
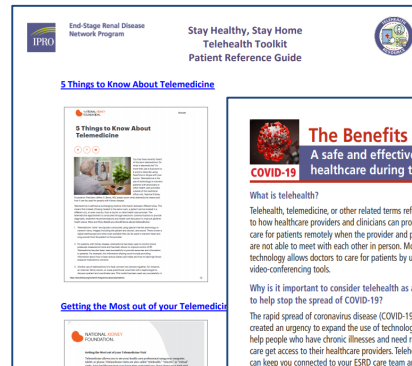


Kidney Treatment Choices allows patients to explore each end-stage renal disease treatment option: hemodialysis, peritoneal dialysis, transplant, and conservative care. While patients explore options they can simultaneously create a list of questions about each option; these questions can then be transmitted electronically to their healthcare provider for shared decision making.



Screening and Management of CKD Mobile Apps

Healthy at Home Campaign



Improve Education and Access to Empower Patient Choice of Transplant



Increase Rates of Patients Waitlisted and Transplanted

Objectives

- Increase the amount of patients waitlisted by 2%
- Increase all transplants in the Network Service Area by 2%

Project Period

- June 1, 2021 – June 30, 2022

Requirements

- Use the NCC Change Package as an intervention to increase wait listing and transplantation
- Support the work of Technical Assistance Quality Improvement Learning (TAQIL)
- Engage patients in the work and share best practices nationally

Transplant Interventions and Education



- Support ongoing education on transplant for facility staff and patients
- Provide resources and tools proven to increase transplant
 - Providers: Review and utilize NCC Change Package, Network Resources
 - Patients: Recruit patient SMEs to assist with education
- Focus on performance
 - Release monthly facility performance reports showing progress to goal for wait listing and transplant
 - Celebrate Success - Identify and share success stories of top performers
- Engage the transplant community
 - Work with transplant programs and TAQIL in the region to ease access, improve communication and increase patient access

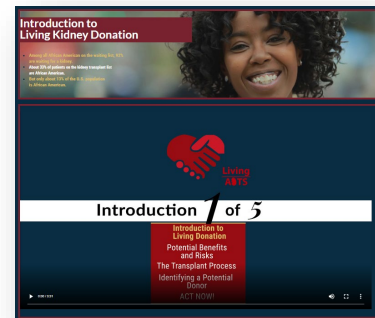
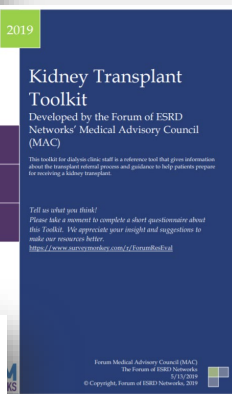
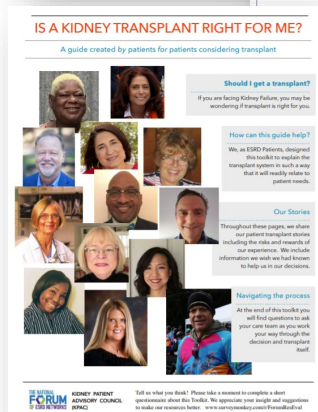
Transplant Educational Resources



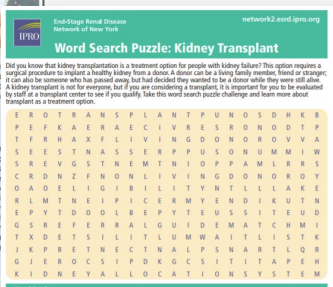
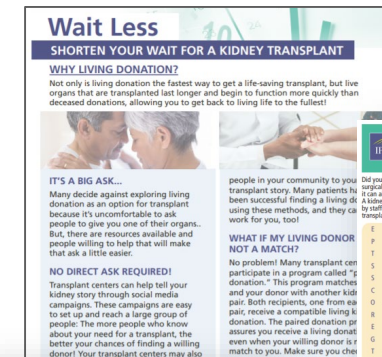
Transplant Toolkit

Staff Educational Videos

Patient Education & Activities



Ascent to Transplant - For Staff



REALM-SF Score Sheet

Patient ID #: _____ Date: _____ Examiner Initials: _____

Behavior _____

Exercise _____

Mental status _____

Activities _____

Arteries _____

Jaundice _____

TOTAL SCORE _____

or can take 3-5 years for donation, include:

Word Bank:

KIDNEY TRANSPLANT
IMMUNOSUPPRESSANTS
KIDNEY GROUP
TRANSPLANT CENTER
TRANSPLANT
APPOINTMENTS

WAITLIST
MATCH-LEAD
BLOOD TYPE
DONOR SERVICE AREA
NON-LIVING DONOR
MATCHING
TOLERANCE
ELIGIBILITY

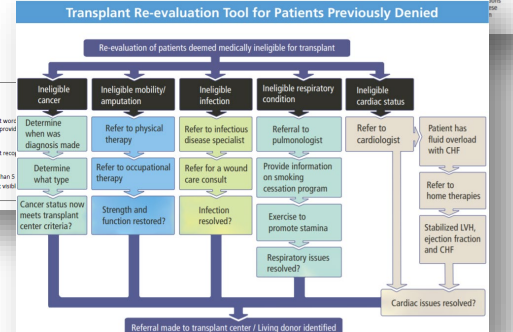
RECIPIENT
EPTS SCORE
REFERRAL GUIDE
KIDNEY ALLOCATION SYSTEM
UNUSUAL
FREEDOM
HOSPITALITY

Glossary of Definitions:

KIDNEY: Most people have two kidneys, each the size of a clenched fist. They are located on either side of the mid-upper part of the back. The kidneys are our organs responsible for filtering waste from the blood and producing urine.

TRANSPLANT: This is a surgical procedure in which a surgeon places a functioning kidney in a person whose kidneys are not working well enough to support their health. This is done by removing the diseased kidney and replacing it with a healthy one.

IMMUNOSUPPRESSANTS: After a kidney transplant, the recipient's immune system (which would normally reject the transplanted kidney) must be suppressed so that the body will not reject the transplanted kidney.



Manage Incidents of COVID-19 and Decrease Hospitalization of COVID-19 Positive ESRD Patients



Decrease COVID Related Hospitalizations

Objective

- Decrease COVID Hospitalizations by 25% from 2020

Project Period

- June 1, 2021 – June 30, 2022

Requirements

- Encourage use of CDC Infection Prevention strategies to reduce spread
- Support obtaining patient and staff recommended vaccination levels
- Report data from National Health and Safety Network (NHSN) to CMS



Manage Incidents of COVID-19 and Decrease Hospitalization of COVID-19 Positive ESRD Patients

Increase Patient & Staff COVID-19 Vaccination Rates

Objective

- Increase Patient COVID Vaccination to 80%

Project Period

- June 1, 2021 - June 30, 2022

Requirements

- Encourage use of CDC Vaccination Toolkit
- Report data from National Health and Safety Network (NHSN) to CMS

COVID-19 Vaccination Rates (Fully Vaccinated)

Network	Staff	Patients
New England (Network 1)	69.7%	80.0%
New York (Network 2)	60.4%	70.3%
South Atlantic (Network 6)	50.9%	64.8%
Ohio River Valley (Network 9)	50.7%	68.5%



Increase Vaccination Rates

CMS Vaccination Goals <i>(Final re-measure June 30, 2022)</i>		
Virus	Timing	Goal
COVID-19	Initial vaccination	> 80% patients & staff fully vaccinated
Influenza	Annual	> 85% patients
Influenza	Annual	> 90% dialysis staff
Pneumonia	PCV-13	> 10% increase of patients receiving
Pneumonia	PPSV 23	As age appropriate >87% patients
Pneumonia	PPSV 23	> 80% patients over 65 receiving
Pneumonia	PPSV Booster	10% increase (from 2020) in patients receiving booster
<i>Monthly Data Source NHSN & EQRS</i>		

COVID / Vaccination Interventions and Education



- Support Ongoing Education on COVID transmission and vaccination recommendations for facility staff and patients
- Provide resources and tools proven to increase vaccinations:
- IPRO Vaccination Planning Module Presentation *** Free CE
 - NCC Vaccination Toolkit and CDC Vaccination Toolkit
 - 10 Essential Nurse Communication Skills for Success
 - IPRO Resources: Get the Vaccines You Need! (English and Spanish), My Vaccination Record
- Focus on performance
 - Release monthly facility performance reports showing progress to goals for vaccinations
 - Celebrate Success - Identify and share success stories of top performers
- Provide Directed Technical Assistance to Lower Hospitalizations in regions with increase
 - One-on-one interaction with dialysis facilities and hospitals in regions of high hospitalization rates to review infection prevention practices and areas to improve

Reduce Hospital Admissions, Readmissions, and Outpatient Emergency Visits

National Clinical Objectives and Key Results

Reduce Hospital Admissions, Readmissions, and Outpatient Emergency Visits

- Improve and Maintain the Health of ESRD Patients





Improve and Maintain the Health of ESRD Patients

Reduce Hospital Admissions, Readmissions, and Outpatient Emergency Visits

Objective

- Decrease hospitalizations, unplanned 30 day readmissions, & ED visits by 2% from 2020

Project Period

- June 1, 2021 - June 30, 2022

Requirements

- Focus on primary diagnosis codes:

Primary Diagnosis Codes (not all inclusive)

VA infections

BSIs

CHF

Fluid Overload

Sepsis

Hyperkalemia

Clotted Access

Chest Pain

Anemia

Hypokalemia

Hyperglycemia

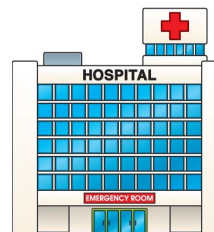


Improving Transitions of Care

Transitions of care refers to the movement of patients between health care practitioners, settings, and home as their condition and care needs change.

In the dialysis setting the most frequent transitions are between long term care facilities/ in-center hemodialysis units or in-center hemodialysis facilities and hospitals.

- Results of Poor Transitions in the ESRD community?
 - 37% of ESRD patients are hospitalized
 - 1/3 of those admitted will be readmitted in 30 days
 - Patient Outcomes deteriorate with each hospital and ER visit
 - Patients greater than 65 years readmitted for same diagnoses have a 10% chance of dying in the same year





Transitions Champion Role Description

- Establish person/ process to communicate with hospital system regarding ESRD patients
- Interview each patient 24 hours post each hospitalization/ ED discharge
 - Medication Reconciliation
 - Determine patient understanding of follow up visits
 - Identify with patient important signs and symptoms to report
- Lead Hospitalization Discussion in QAPI
 - Make those patients with multiple hospitalization “UNSTABLE” for life/care plan review
- Perform RCA with each “frequent flyer” and educate on proper utilization of emergency room
- Integrate patient voice and participation in project at facility
- Prepare transitions packets for each patient/ facility

Hospitalization Interventions and Education

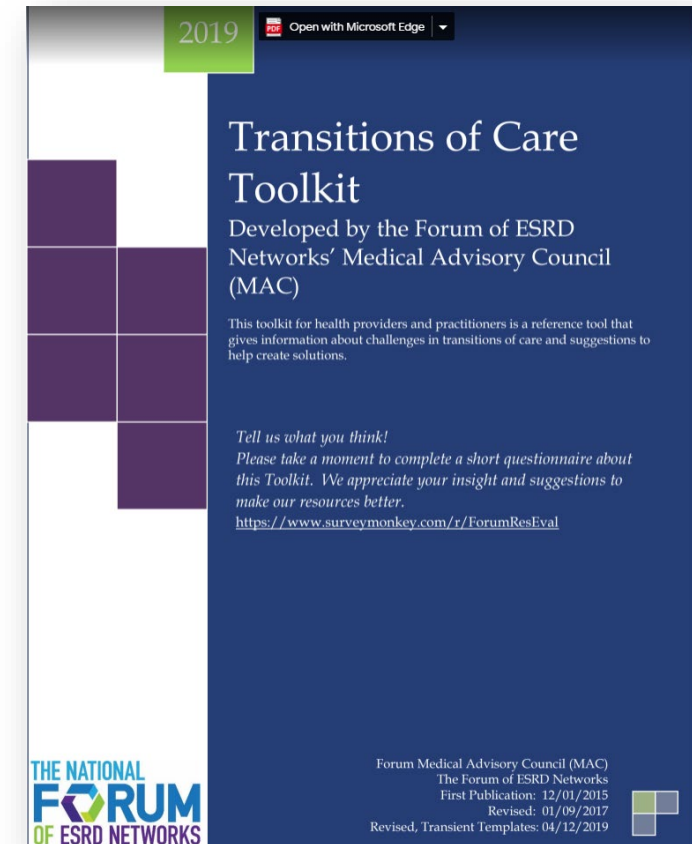


- Support Ongoing Education on Methods to lower use of acute care
 - Providers: Transitions in Care Toolkit Review
 - Patients: Know Your Dialysis Center Contacts
- Provide Resources and Tools Proven to Decrease Acute Care Utilization
 - Create a Transition Champion in every facility to communicate and work with hospitals
 - Support use of transition checklist to follow all patients post hospital admission
 - Educate patients on the effects of Missing Treatment Time
 - Initiate use of patient wallet cards to dialysis information transferred
- Focus on Performance
 - Release monthly hospitalization data with a correlation to QIP metrics by facility.
 - Celebrate Success - Identify and share success stories of top performers
- Provide Directed Technical Assistance to Lower Hospitalizations
 - One-on-one interaction with dialysis facilities and hospitals in regions of high hospitalization rates to review infection prevention practices and areas to improve



Hospitalizations Interventions

- Identify regional low performers to work small test of change/community coalitions (Data not expected until October 2021)
 - Elect a Transitions Champion for each facility to promote smooth transitions
 - Record your elected Champion in IPRO LEARN
- Development of Patient Facing Campaigns
 - Wallet cards for patients to carry with Medicare Card to provide dialysis facility contact information
 - “Don’t Cut Yourself Short” Flyer
 - Visual Displays to Share Goal Progress with patients
- Review, Update and Adapt the ESRD Forum Toolkit: Chapter 8, Pages 48-68





Improve Patient Safety and
Reduce Harm

Improve Nursing Home Care in
Low-Performing Providers

National Clinical Objectives and Key Results

Improve Patient Safety and Reduce Harm

- Improve Health Outcomes and Access to Care in Vulnerable Populations

Improve Nursing Home Care in Low-Performing Providers

- Decrease the Rate of Blood Transfusions in ESRD Patients Dialyzing in a Nursing Home





Improve Patient Safety and Reduce Harm

Improve Nursing Home Care in Low-Performing Providers

Objective

- Decrease the hemodialysis catheter infection rate in dialysis patients receiving home dialysis within nursing homes by 4%
- Decrease incidents of peritonitis in dialysis patients receiving home dialysis within nursing homes by 2%
- Decrease the rate of dialysis patients receiving dialysis at nursing homes that receive a blood transfusion by 2%

Project Period

- June 1, 2021 - June 30, 2022

Requirements

- Improve Health Outcomes and Access to Care in Vulnerable Populations

Nursing Home Interventions and Education



- Support Ongoing Education on Methods to lower infection and improve care
 - ESRD and Nursing Home Provider Focus - Care of the Frail and Elderly Education
- Provide Resources and Tools to develop approaches
 - Better Together: Collaborative Approaches to Prevent Nursing Home Infections educational video <https://www.youtube.com/watch?v=j7CrEkuHqgY>
 - CDC: Preventing Bloodstream Infections in Outpatient Hemodialysis Patients https://www.youtube.com/watch?v=_0zhY0JMGCA
- Focus on Performance
 - Create shared care planning focus Nursing Home and Dialysis Providers.
 - Monitor and report on catheter infection rates and blood transfusions in all quality meetings
- Provide Directed Technical Assistance
 - Work one on one dialysis providers in nursing homes to support continued education and communication between both providers

Patient Services

Jeanine Pilgrim, MPH, PMP, CPHQ, CHES, CPXP
Program Director
ESRD Network 2 (NY)

Improve Behavioral Health Outcomes

National Clinical Objectives and Key Results

Improve Behavioral Health Outcomes

- Increase Remission of Diagnosis of Depression





Improve Behavioral Health Outcomes

Increase Remission of Diagnosis of Depression

Objective

- Increase the percentage patients accurately screened as having depression by 15%
- Increase the percentage of patients with depression receiving treatment by 10%

Project Period

- June 1, 2021 - June 30, 2022

Requirements

- Data entry in EQRS (CMS data system of record)



Behavioral Health Interventions

Education and Technical Assistance

- Review and develop plan to implement use in your facility of resources in the Network's compiled toolkit comprised of various national sources
- Incorporate these resources during your monthly depression screenings and assessments
 - Depression and Mental Health Screening Tools
 - Treatment options for depression
 - Addressing barriers to patient referrals for treatment
- Enroll and engage with the Network on IPRO Learn platform (check your email for an invite)
 - Sharing of best practices

Patient and Family Engagement

- Recruit Patient Facility Representative (PFR)
- Invite your PFR to QAPI related to project- either on site or a prepared report of their work, patient interest, etc.
- Develop Life Plans with patients and care partners during care planning that incorporates behavioral health screenings and wellness goals
- Allow your PFR to help with creation of educational bulletin boards
- Collect PFR feedback on Network provided materials and resources

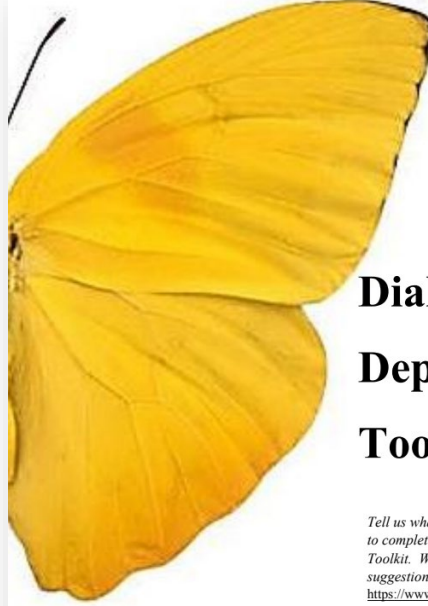
Behavioral Health Educational Resources

- Dialysis Patient Depression Toolkit
- Coping, Living, and Thriving with Kidney Disease
- Zone Tool: Self-Management for Depression




Zone Tool
Self-Management for Depression

GREEN ZONE	
GREEN ZONES: ALL CLEAR Your Goals: <ul style="list-style-type: none"> • Stable mood • Sleeping well • Healthy appetite • Feeling hopeful • Able to concentrate 	GREEN ZONE ACTION STEPS: <ul style="list-style-type: none"> • Having some fun • Engage in activities you enjoy • Your symptoms are under control <ul style="list-style-type: none"> ✓ Continue taking your medications as ordered ✓ Keep all physician appointments
YELLOW ZONE	
YELLOW ZONE: CAUTION means your symptoms are starting to Change The following symptoms may be early warning signs that your depression is worsening <ul style="list-style-type: none"> • Sad mood most of the time • Not eating/eating too much • Trouble concentrating • Not sleeping well/sleeping too much • Not finding pleasure in normal activities • Increase in feelings of irritability/anger • Loss of energy to do chores/activities • Not taking medications as prescribed • Missing physician appointments 	YELLOW ZONE ACTION STEPS: <ul style="list-style-type: none"> • Call your physician if you are going into the YELLOW zone. Your symptoms may indicate that you need an adjustment of your medications. Begin to use identified coping skills such as talking to a trusted friend or family member, gardening, needlework, watch a funny movie, etc... Physician Name: _____ Phone Number: _____
RED ZONE	
RED ZONES: MEDICAL ALERT <ul style="list-style-type: none"> • Overwhelmed by feelings of sadness/despair • Feeling hopeless and/or helpless • Thoughts or feelings of killing or harming yourself • Unable to leave the bed • Not eating • Not sleeping • Stopped taking medications • Missing physician appointment 	RED ZONE MEANS: This indicates that you need to be evaluated by a physician right away. Get help immediately if you are in the RED ZONE. Call your physician, go to the nearest emergency room or call the National Suicide Prevention Lifeline at 1800-273-8255 (TALK)





Dialysis Patient Depression Toolkit


Tell us what you think! Please take a moment to complete a short questionnaire about this Toolkit. We appreciate your insight and suggestions to make our resources better.
<https://www.surveymonkey.com/r/ForumResEval>



KIDNEY PATIENT
 ADVISORY COUNCIL (KPAC)

COPING, LIVING, AND THRIVING WITH KIDNEY DISEASE



AAKP
 American Association
 of Kidney Patients
 aakp.org

Improve Patient and Family Engagement

National Initiatives

Improve Patient and Family Engagement at the Facility Level

- Increase in the number of facilities that successfully integrate patients and families concerns into Quality Assurance and Performance Improvement (QAPI)
- Increase in the number of facilities that successfully assist patients to develop a life plan, from which the dialysis facility develops the dialysis plan of care
- Increase in the number of facilities that successfully develop and support a peer-mentoring program





Improve Patient and Family Engagement

Increase Successful Integration of Patient and Family Concerns into Quality Assurance and Performance Improvement (QAPI)

Objective

- Increase in the number of facilities including patients and/or families into monthly QAPI meetings by 10%

Project Period

- June 1, 2021 - June 30, 2022

Requirements

- Self-reported data to the Network through IPRO Learn platform
- Enroll in the Network IPRO Learn platform (check your email for an invite)
- Recruit Patient Facility Representative (PFR)



Improve Patient and Family Engagement

Increase Patient Assistance with Developing a Life Plan to Implement a Successful Dialysis Plan of Care

Objective

- Increase in the number of facilities successfully assisting patients with developing a life plan by 50%

Project Period

- June 1, 2021 - June 30, 2022

Requirements

- Self-reported data to the Network through IPRO Learn platform
- Enroll in the Network IPRO Learn platform (check your email for an invite)
- Recruit Patient Facility Representative (PFR)



Improve Patient and Family Engagement

Increase the Number of Facilities that Successfully Develop and Support a Peer-Mentoring Program

Objective

- Increase in the number of facilities successfully developing and supporting a peer mentoring program by 25%

Project Period

- June 1, 2021 - June 30, 2022

Requirements

- Self-reported data to the Network through IPRO Learn platform
- Enroll in the Network IPRO Learn platform (check your email for an invite)
- Recruit Patient Facility Representative (PFR)

Patient and Family Engagement Educational Resources

Life Planning Resource



MY DIALYSIS PLAN™

YOUR CARE PLAN MEETING IS COMING UP!

During this meeting, you and your care team will work together to make decisions about your health, well-being, and dialysis care. This brochure explains what to expect and how to prepare.


Your dialysis care plan should be made just for you!



MY DIALYSIS PLAN™

My Dialysis Plan™, also known as person-centered care planning, helps care teams align dialysis care with patient needs and priorities. The goal of My Dialysis Plan™ is to improve patient health through increased communication, shared decision-making, and close follow-up.

QAPI Resources









Because Your Voice Matters!

Your dialysis facility often invites patients like you to take part in what is called a Quality Assessment & Performance Improvement (QAPI) meeting. You can also ask to take part in a QAPI meeting. This meeting gives you the chance to talk to the dialysis facility leaders about your concerns and other patient issues. Many times, the ideas and decisions that come out of QAPI meetings affect how the dialysis facility is run.

To have a good QAPI meeting experience, use this document to help you before, during, and after the meeting. Write down notes on what you would like to talk about with the healthcare team. This will help you stay on track during the meeting. Remember, your ideas can help make patient care better.

Before the QAPI Meeting

To prepare, think about questions, concerns, or feedback you and/or other patients may have. Ask the manager what topics will be discussed at the meeting. This might include:


 Facility improvement	 Home dialysis and kidney transplant education
 Preventing infections	 Emergency preparedness education
 Fistula/Catheter education	 Reducing patient hospitalizations

During the Meeting

In most cases, you will only be in the meeting for the first 15 minutes. You will be asked to offer suggestions for improving patient engagement and care. The dialysis facility leaders may ask you for your opinion and/or to share your experiences. The questions are meant to help the staff make the dialysis experience better for patients. If you do not understand something, just ask! You may be asked questions like:

- What do you think we are doing well in the dialysis facility?
- What areas do you think we could improve in the dialysis facility?
- What do you think are the most common reasons patients miss or shorten treatments?
- What is the best way for staff to communicate with patients about their treatment?

For more information, visit www.esrdncc.org/patients.



Help Patients Understand Their Role in Quality Assessment & Performance Improvement (QAPI)

Research shows that when patients are engaged in their healthcare, it can lead to measurable improvements in safety and quality.¹ Patient and family engagement includes bringing patient and family perspectives directly into the planning, delivery, and evaluation of healthcare, thereby improving the quality and safety of the care provided.²

The Centers for Medicare & Medicaid Services (CMS) encourages dialysis facilities to include patients in QAPI meetings to ensure the patient voice is included in how care is delivered. The meetings give dialysis staff an opportunity to talk to patients about their concerns and other patient issues.

Use this checklist to help patients understand the purpose of QAPI meetings. It also provides recommendations for getting patients to participate in QAPI meetings. Check off each box once you have completed the step.

Step 1. Patient Selection—Select a person who:

- Can see beyond his/her personal experiences.
- Shows concern for more than one issue.
- Has a positive outlook on life.
- Listens well.
- Shows respect for others' perspectives.
- Can interact with different people.
- Speaks openly in a group setting.

Step 2. Make it Personal—Consider these process tips:

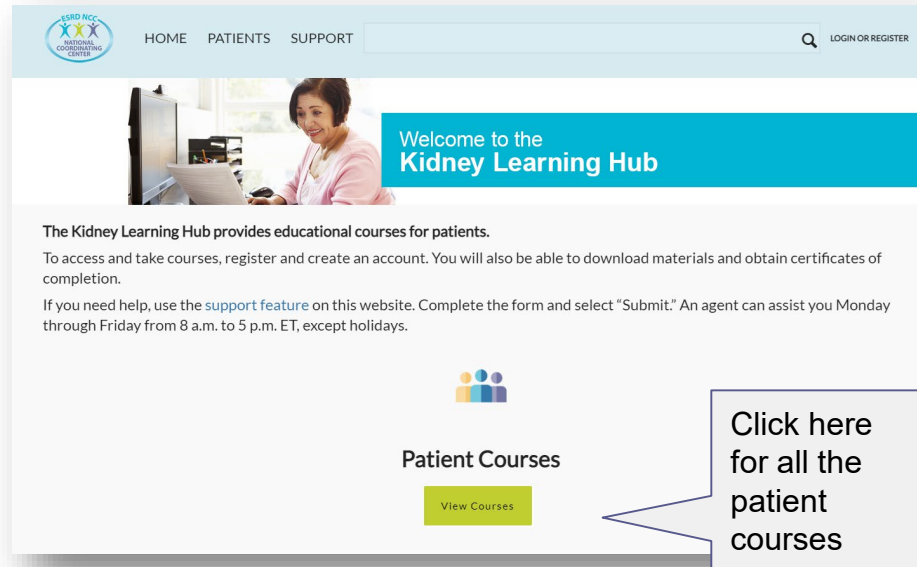
- Pull the selected patient aside or sit chairside when you invite the patient.
- Use patient-friendly language.
- Explain the purpose of QAPI.
- Share the reasons why you invited the patient. — For example, "I've noticed you ... share your ideas, get along well with patients and staff, and have an interest in your care and the facility."
- Give the patient an invitation to the meeting with the date, time, and location.
- Give the patient the "Because Your Voice Matters!" handout.

Step 3. Prepare for the Meeting—It is important to attend to each item:

Staff

- Talk to the clinic's medical director about the importance of including a patient in QAPI meetings.
- Ask staff members to prepare directed questions.
- Tell all team members a patient will be in attendance.
- Remind staff not to reveal other patients' personal health information.
- Review staff roles during the meeting.
- Use visuals when available.
- Provide topic-specific information to help patients prepare for the discussion. For example, standards and goals.
- Encourage the patient to write down his/her ideas, questions, concerns, and feedback.
- Remind the patient about the meeting as the date nears.

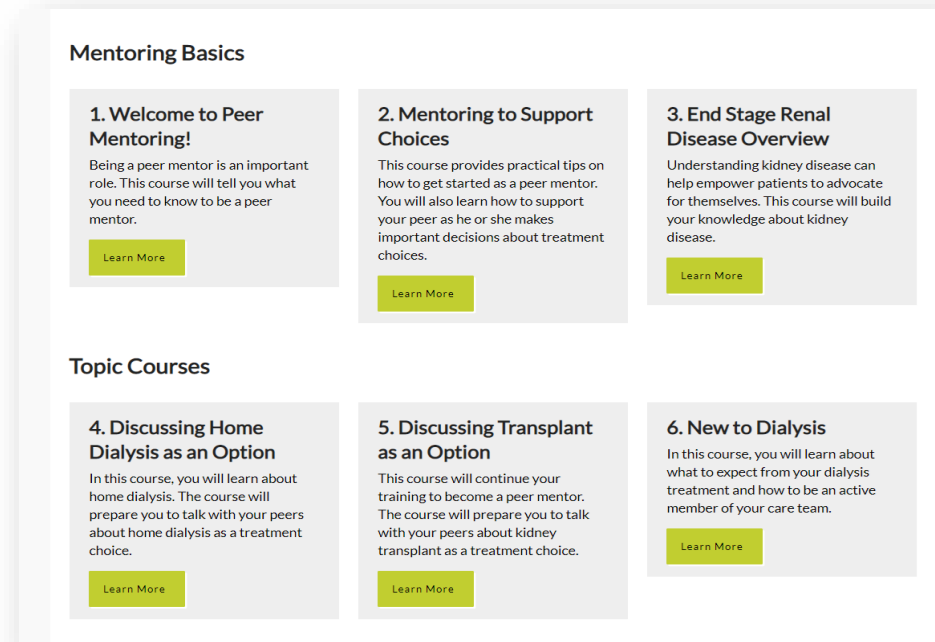
NCC Kidney Learning Hub Home/Landing Page & Peer Mentor Courses



You must create an account or just login

<https://www.kidneylearninghub.com/>

- Courses one through three Mentoring Basics are required
- Mentors may choose at least one course under Topic Courses



NCC Kidney Learning Hub Referring Potential Patients

- Complete the referral form once mentors and mentees are identified and fax to the Network at (516)231-9767
- Once the referral is received, both the mentor and mentee need to complete the application and fax it to the Network at (516)231-9767
- Not all patients meet the requirements to be peer mentors or mentees. Refer to the handout [Talking Points for Turning Down a Mentor or Mentee Applicant](#)



Kidney Connection:
A Patient Peer Mentoring Program
Referral Form

Form Instructions
The dialysis facility must complete this form for each patient who wants to serve as a peer mentor or mentee. Please fax the completed form to your respective ESRD Network to <fax number here> to the attention of <name of person here>.

Facility Information	
CMS Certification Number (CCN)	Enter text here
Facility Name	Enter text here
ESRD Network	Select one
First Name	Enter text here
Last Name	Enter text here
Title	<input type="checkbox"/> Facility Administrator <input type="checkbox"/> Social Worker <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> Nephrologist <input type="checkbox"/> Technician <input type="checkbox"/> Nurse <input type="checkbox"/> Receptionist
Phone Number	Enter text here
Email Address	Enter text here

Peer Mentoring Referral	
Referral Date	Enter text here
Unique Patient Identifier (UPI)	Enter text here
Patient's First Name	Enter text here
Patient's Last Name	Enter text here
Phone Number	Enter text here
Type of Phone Line	<input type="checkbox"/> Cell <input type="checkbox"/> Land Line
Age	<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
Current Treatment Type	<input type="checkbox"/> In-center hemodialysis <input type="checkbox"/> Peritoneal dialysis (manual) <input type="checkbox"/> Home hemodialysis <input type="checkbox"/> Peritoneal dialysis (cycler) <input type="checkbox"/> Transplant
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, please specify: _____
Communication Preferences for Mentor Program	<input type="checkbox"/> In-person (when/where available) <input type="checkbox"/> Google Duo app that allows face-to-face calling between Android and iOS <input type="checkbox"/> Telephone <input type="checkbox"/> Google Hangout <input type="checkbox"/> Email <input type="checkbox"/> Messenger (Facebook or WhatsApp) <input type="checkbox"/> Facetime <input type="checkbox"/> Zoom <input type="checkbox"/> Skype
Facility Mentoring	<input type="checkbox"/> Mentor <input type="checkbox"/> Mentee
Topics of Interest	<input type="checkbox"/> New to Dialysis <input type="checkbox"/> Home Dialysis <input type="checkbox"/> Transplant

This material was prepared by the End Stage Renal Disease National Coordinating Center (ESRD-NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. Publication Number: ESRD-NCC-703755-0202022-08

Kidney Connection:
A Patient Peer Mentoring Program
Talking Points for Turning Down a Mentor or Mentee Applicant

Be prepared, honest, kind, and clear.

- Ensure the conversation takes place when the applicant has the time to talk and there is privacy.
- Make eye contact.
- Provide at least one specific reason why being a peer mentor or mentee is not currently an option for the applicant.
- Help the applicant understand and accept the news by highlighting that he or she may have many strengths, just not strengths that lend themselves to the program at this time.

Focus on options for the future.

- Be clear and concise about the required peer mentor or mentee qualifications that are set at the national level.
- From the specific qualifications, review where there are gaps.
 - If the gaps are modifiable, address the needed changes. Be specific. Provide examples, if possible.
 - If the gaps are not modifiable, thank him or her for their interest and explore if there are other ways for the patient to be involved in patient engagement activities.

Maintain trust and respect.

- Assure the applicant that the decision is for the best for everyone. When possible, provide concrete reasons.
- Focus on options for engagement or advocacy (e.g., consulting, support groups, sharing resources, or other volunteer options that may be better suited for the applicant).
- If possible, have a list of other volunteer options, support groups, or consulting opportunities available.

Recognize the cycle of acceptance and communicate appropriately through each stage.

- Be available for follow-up questions from the applicant.
- After thinking about the conversation, the applicant may have additional questions, want additional suggestions, or request information about what he or she needs to do.
- React to questions and comments with empathy.
 - For example:
 - I hear what you are saying/asking and want to help you, would you be willing to...
 - I understand that you would like to... and I want to help you with...
 - You have much to offer, let's try to find a way...
 - It can be empowering to give back, let's see how else...

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Kidney Connection:
A Patient Peer Mentoring Program
Application

The Centers for Medicare & Medicaid Services (CMS) collects information from people with Medicare to improve their customer experience. Executive Order 12862 authorizes federal agencies, like CMS, to collect information when it is being used to improve the quality of service and satisfaction that they want people with Medicare to experience.

Your response to this application is voluntary. However, should you choose not to respond, it may affect CMS's efforts to ensure people with kidney disease are given the opportunity to participate in a peer mentoring program where a patient peer shares information and supports a newly diagnosed patient with kidney disease. The responses provided to this information collection will be used only for the Kidney Connection Patient Peer Mentoring Program to pair peer mentors (patients providing information and experiences) to mentees (patients seeking information and experiences).

Thank you for your interest in the Kidney Connection Patient Peer Mentoring Program. Please answer all the questions on this form and submit your completed application to the ESRD National Coordinating Center (NCC).

The information that you provide on this application will help pair you with your peer and will only be used for the Kidney Connection Patient Peer Mentoring Program. If you have questions about the application, please call 844.472.4250 and ask to speak with a peer mentor program specialist.

Contact Information

First Name: _____ Last Name: _____
 City: _____ State: _____ ZIP Code: _____
 Email: _____ Phone Number: _____

Is this a smart phone? (Yes/No) _____

How do you prefer to be contacted about the Kidney Connection Patient Peer Mentoring Program?
 (Circle one.) Email Phone No Preference

What is the best day and time to reach you about the Kidney Connection Patient Peer Mentoring Program?

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning: 9 a.m.–12 noon ET					
Afternoon: 1 p.m.–4 p.m. ET					

Tell Us About Yourself

Select the age range that best matches your age. (Circle one age range.)

18–24 years 25–34 years 35–44 years 45–54 years 55–64 years 65+ years

How long have you been an ESRD/dialysis patient? (Circle one answer.)

Less than 1 year 1–3 years 3–5 years 5+ years

Current treatment modality: (Circle one modality.)

In-center hemodialysis Home (hemodialysis or peritoneal dialysis) Transplant

Next page >>

Patient Facility Representative (PFR) Alliance



PFR Role Description

- The Patient Facility Representative (PFR) Alliance provides an opportunity for patients, transplant recipients, and care partners to support facilities in the promotion of patient-centered care in quality improvement activities.
- Facilities who are working on a Quality Improvement Activity will designate a minimum of one PFR to assist with QI interventions and activities in the facility
- Levels of Engagement:
 - PFR Members
 - QIA Champions
 - Patient Subject Matter Experts (PSME)

Volunteer to be a Patient Facility Representative

Patient Facility Representatives...

- ✓ Inform patients about the services offered by the ESRD Network;
- ✓ Empower patients to take an active role in their healthcare;
- ✓ Help patients understand information provided by the ESRD Network; and
- ✓ Are a positive link between patients and facility staff.

Ask the social worker at your facility how you can become a PFR.


IPRO, the End-Stage Renal Disease Organization for the Network of New England (Network 1), Network of New York (Network 2), Network of the South Atlantic (Network 3), and Network of the Ohio River Valley (Network 4), prepared this material while under contract with the Centers for Medicare & Medicaid Services. Contract Number: TSPCMCT100025

Patient Facility Representative (PFR) Alliance
Be a Part of a Committee that Empowers Patients to Live Their Best Lives

To file a grievance, please contact:
IPRO End-Stage Renal Disease Network Program (Network 1, 2, 6, & 9)
Corporate Office: 1979 Marcus Avenue, Lake Success, NY 11042-1072
Patient Services: (516) 231-9767 • Patient Toll-Free: (800) 238-3773
Email: esrdnetworkprogram@ipro.us • Website: www.esrdipro.org


PFR Recruitment

- Ideal Patients to Serve as PFRs
 - Desire to have a positive impact on the care patients receive at the facility
 - Desire to be part of a larger group
 - Be available to listen, support and guide fellow patients
- Identify a patient to fulfill the PFR role in your facility
<https://redcap.ipro.org/surveys/?s=7L7FWPTPE7>



End-Stage Renal Disease
Network Program

esrd.ipro.org

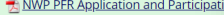


IPRO ESRD Network 2021 Patient Facility Representative (PFR) Application/Agreement


Instructions

1. This survey may take approximately **15 minutes** to complete
2. You will have the option to **Save & Return Later** (button on the button) if you cannot complete in one sitting
3. The completion of this survey is dependent on all questions marked with a ***must provide value** tag
4. The signed participation confidentiality agreement form from the patient/family member nominee can be directly uploaded to the Network through this collection form.
5. Please input your email address at the end to request a confirmation email indicating completion of the assessment and a PDF summary for your records.

Please find attached the Network's Patient Facility Representative (PFR) Participation and Confidentiality Agreement Form. This form can be printed and used internally as a worksheet to collect the information from the patient/family/carepartner and used by facility staff to fill in this survey. Please note, this application must be signed by the PFR nominee and uploaded at the end of this survey for submission to the Network. NOTE: Only electronic submissions will be accepted.

Attachment:  NWP PFR Application and Participation Form

Please choose the Network you belong to
 * must provide value



Better health. Better lives.

ESRD Network Patient Subject Matter Expert (PSME) Facility Representative Participation and Confidentiality Agreement

The Centers for Medicare & Medicaid Services (CMS) has contracted with the IPRO ESRD Network Program to promote education and resources to the ESRD patients and providers. In order to support this endeavor, the Network Program maintains a council comprised of patients, family members, and care partners for the purposes of lending direct patient/family perspective and giving feedback to the Network on quality improvement interventions and educational resources. This PSME Council will be represented by peritoneal dialysis patients, hemodialysis patients, transplant recipients, care partners and/or family members that represent the Network Program area (NY, CT, MA, RI, NH, ME, VT, NC, SC, GA, KT, IN, OH).

While serving as a PSME, I may have access to confidential and proprietary information, as well as protected health information (PHI). This may include information related to patients and their treatment. I must safeguard the confidentiality of PHI which is subject to Federal and State laws as well as certain privacy and security regulations pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).

I understand that I must keep this information in strict confidence and can only access this confidential and proprietary information to the extent required to participate with the Network as a PSME. I will not retain such information or any copies thereof or disclose it to third parties or use it for any purpose other than the authorized function, service or activity assigned to me. I also agree that I will not now or at any time in the future, either directly or indirectly divulge, disclose, or communicate in any manner whatsoever to any person not employed or affiliated with the Network PSME Council any confidential or proprietary information that I obtain during the course of my participation without the prior written consent of ESRD Network Program.

I understand that violations of confidentiality requirements may, under Federal law, lead to a fine from \$100 per violation to \$1,500,000 and up to ten years imprisonment. In the event I breach this participation and confidentiality agreement, I understand that IPRO may terminate my participation as a PSME, which does not limit IPRO's right to seek any other remedy under the law.

I also consent to and authorize ESRD Network Program to use my name and image on their website: esrd.ipro.org, in Network social media, in materials and other forms of communications. I understand that I will not receive any compensation for this. I give permission for the Network to utilize my name, address, e-mail address and telephone number(s) in connection to my role as a PSME facility representative. It is understood that the Network will not share any further information without my consent. By signing this participation and confidentiality agreement, I agree to actively participate with the Network as a PSME facility representative, and I agree to all of its terms and conditions.

PSME Signature _____ PSME Printed Name _____ Date _____

ESRD Network Patient Subject Matter Expert (PSME) Facility Representative Participation and Confidentiality Agreement


Last Revised: 6/30/2021



PFR Engagement/Activation

- Ways of engaging your nominated Patient Facility Representative (PFR)
 - Ask your PFR to assist you in distributing patient education materials
 - Have your PFR participate in designing and completing bulletin boards
 - Invite your PFR to QAPI meetings to report on progress of their work including successes and challenges
 - Discuss with the PFR about becoming a peer mentor
- Remind **patients** to attend monthly PFR meetings with the Network (first Thursday each month, 5:30-7PM) and participate in educational activities at the facility-level
- First PFR Orientation meeting scheduled for 10/7/21

Please join us each month for an IPRO ESRD Network Program-hosted **webinar for patients!**



Patient Facility Representative (PFR) Conference Call
First Thursday of Each Month • 5:30 PM–7PM EST

Please join us in our informative monthly webinars hosted by the Network to help understand quality-of-care expectations for dialysis facilities.

Learn about new goals and priorities and how they will affect ESRD patient care.

Topics include

- Patient and Family Engagement
- Peer Mentoring
- Behavioral Health
- Transplant Coordination
- Home Therapies
- Hospitalization
- Vaccination
- Emergency Preparedness

Webinar Access:

<https://ipro.webex.com/meet/IPROESRD>

Meeting ID:

178 506 9205


Toll-Free Dial-in number:

1-855-797-9485

Access Code:

178 506 9205

For more information, please contact the Network at (516) 231-9767



To file a grievance, please contact:
IPRO End-Stage Renal Disease Network Program (Network 1, 2, 6, & 9) Corporate Office: 1979 Marcus Avenue, Lake Success, NY 11042-1072 Patient Services: (516) 231-9767
Patient Toll-Free: (800) 238-3773
Email: esrdnetworkprogram@ipro.us
Website: www.esrd.ipro.org

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Improve the Patient Experience of Care

National Initiatives

Improve the Patient Experience of Care by Resolving Grievances/Access to Care Issues

- Educate patients and dialysis facility staff about the role of the Network in resolving grievance and access to care issues
- Provide a focused audit of all grievance and access to care cases
- The Network's case review responsibilities include investigating and resolving grievances filed with the Network and addressing non-grievance access to care cases.





Network Role in Patient Experience of Care

The Network may assume one or more of the following roles in addressing a grievance filed by an ESRD patient, an individual representing an ESRD patient, or another party:

- **Facilitator:** Mediate concerns raised by patients and facilities.
- **Expert Investigator:** Investigate concerns raised by patients
- **Educator:** Provide patients and facilities with tools and resources to improve the patient experience of care.
- **Advocate** for the access to care of all ESRD patients
- **Referral Source:** Provide patients and facilities on all sources to report concerns.
- **Quality improvement Specialist:** Support the improvement of facility processes to improve the overall quality of care for all patients.



Grievances and Access to Care

Upon the receipt of a grievance, the Network will classify the case as one of the following:

- **Immediate Advocacy:** Concerns that are non-clinical in nature and do not require a complex investigation; resolved in 7 days or less
- **General Grievance:** Concerns that are non-clinical in nature but require complex investigation and review of records; resolved in 60 days or less
- **Clinical Quality of Care:** Concerns that involve clinical or patient safety issues and requires a clinical review of records by an RN and/or the Medical Review Board (MRB); resolved in 60 days or less
- **At Risk Involuntary Discharge:** Concerns related to possible patient discharge.
- **Involuntary Discharge:** Immediate or 30 day IVD. volume monitored by the Network



Patient Education and Support

- As required by the conditions for coverage, all patients must be educated on the grievance process and the various options when filing a grievance
- Provide ongoing individualized education as well as displaying the Network "Speak Up!" poster in a common area that patients and visitors have access to (such as the unit lobby)

The treatment you receive should meet your need for safety, your rights as a patient, clinical standards of care, and be provided by staff who treat you fairly and respectfully.

If you feel your treatment does not meet these standards...

Speak Up.

Here's how...

First...
Ask a staff member for a copy of your policy to find out how you can file a grievance.

However...
If you are still unsatisfied or do not want to file a grievance with your facility...

— Contact —



Filing a Grievance with your ESRD Network

Your Network can work with you and your facility to help resolve your concerns. Before filing a grievance with us we encourage you to discuss your concern directly with a staff member at your facility. Ask to speak with someone with whom you feel comfortable sharing your concerns. If you do not wish to identify yourself, ask about how an anonymous grievance can be filed.

If you do not feel comfortable filing a grievance with your facility or you feel dissatisfied with the response of facility staff to your concerns, you have the right to file a grievance with your Network and with your state agency. Your state agency's contact information should be posted in the lobby of your facility; it is also provided on the back of this brochure.

How can I file a grievance?

You can file a grievance in one of three ways. You can

1. Call the Network using the toll-free line,
2. Mail us a letter, or
3. Fax us the information.

esrd.ipro.org

Kidney Chronicles

I PRO END-STAGE RENAL DISEASE NETWORK PROGRAM

What is a Grievance?

A grievance is any concern or issue you may have about the care you receive from your dialysis facility. Patients, family members, loved ones, dialysis staff members, or anyone else who has concerns about a facility may submit a grievance.

YOU have Options!

As a dialysis patient, if you are not satisfied with the care you receive there are several ways that you can share your concerns:

1. Attend a patient care plan meeting
2. Speak to members of your care team
3. File a complaint with your facility
4. Contact the State Department of Health
5. Contact your IPRO ESRD Network (see page 2 for info)

How the Network Serves You

- Advocates for you;
- Answers your questions about treatment, modality choices or other issues;
- Develops and provides educational materials for you and your family.

The Network's contact information for all three options is available on the cover of this brochure.

To best help you, the Network may request information from you, such as your name, phone number, address and your date of birth. We will also ask for details (name and address) about the facility you have concerns about. If you do not feel comfortable giving us these details or sharing them with the facility, you have the right to file a grievance confidentially or anonymously.

If you file a confidential grievance, the Network will collect these details; however, we will NOT share them with the facility. If you file an anonymous grievance, we will not collect these details at all during your case. If you decide to file a case anonymously and your concern relates directly to your personal care, the Network may be limited in the actions we can take during your investigation. We will respect your choice and protect your anonymity to the best of our ability.

What should I expect during the grievance process?

A member of the Network's Patient Services Department will listen to your concerns and help you to best organize your thoughts; they will also provide feedback to you and maybe offer another point of view.

The Network will collaborate with you and the facility staff to reach a resolution by advocating on your behalf based on your rights as a patient.

We may request to review documentation from your facility. This documentation may include treatment logs, social worker notes or policies and procedures of your facility.

We can provide recommendations to staff and patients/ family members to build a more positive patient-provider relationship and encourage patients and staff to participate in care conferences to address issues at the facility level.

We can provide you educational materials on kidney disease or contact information for other kidney-related organizations.

When necessary, the Network may work with your state agency for further investigation or refer your case to other governing boards or government agencies for assistance.

The Network will work to resolve your case as quickly as possible. While some cases can be resolved within 7 business days other may remain open up to 60 days.

The Network will keep in contact with you throughout the process via phone and in writing.



Grievance and Access to Care Educational Resources



Tips for Dialysis Staff to Identify and Manage Retaliation

Retaliation is treating an individual differently (usually in a negative manner) as a result of that individual voicing a concern about you. Retaliation can be intentional or unintentional, blatant or subtle. Retaliation is an act of revenge.

What patients have said about retaliation:

- "Retaliation is occurring. I've experienced it. It's often subtle, for example, patients can be ignored when making a simple request."
- "I have felt isolated after voicing a concern. My support system (at dialysis) is the staff, so it hurts when they stop talking to me."
- "I have received comments from a manager and nurse that feel like a threat, such as, 'if you're not happy here, you can always transfer to another facility.'"

Things said or done in a moment of frustration, even a joke, can have lasting impact. It is important to stay professional and maintain appropriate boundaries with patients. These are some tips to consider when communication becomes difficult:

- Be objective – don't take things personally
- Acknowledge anger or hurt feelings

Grievance Process Questions & Answers

A Guide for Dialysis Facilities

All patients, family members, and care partners have the right to file a grievance, internally or externally, without fear of retaliation.

What is a grievance?
According to the Centers for Medicare & Medicaid Services, a grievance is defined as follows:
"A written or oral communication from an ESRD patient, and/or an individual representing an ESRD patient, and/or another party, alleging that an ESRD service received from a Medicare-certified provider did not meet the grievant's expectations with respect to safety, civility, patient rights, and/or clinical standards of care."

Who should be responsible for receiving and documenting a grievance?
Everyone. Any staff person who receives a grievance is responsible for documenting the grievance in the grievance log and reporting the concern to the Facility Administrator/Clinic Manager for follow up. Patients, family members and care partners should be able to report any problems and/or concerns to anyone at the unit without complication. As care providers it is our obligation to create an environment that fosters open communication and patient engagement. It is important to take every opportunity available to do so.

Who is responsible for carrying out an action on a grievance?
The Facility Administrator/Clinic Manager should take the lead in resolving all grievances. If the grievance is not resolved by the Facility Administrator/Clinic Manager, the grievance should be investigated by that individual's direct supervisor. This helps to create a process that is easy for the patient and eliminates questions about what should follow up if questions arise.

Dialysis Facility Involuntary Discharge Guidelines

STOP Before considering an involuntary discharge (IVD), a facility's interdisciplinary team (IDT) should:

1. Conduct a thorough assessment of the situation
2. Develop a plan to address any problems or barriers the patient may be experiencing

Note: Discharging a patient for "non-compliance" is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CIC).

IVD Guidelines

Notify the Network of any potential IVD
Immediately notifying the Network provides an opportunity for the Network to review the issues and interventions with facility staff and see if there are other options that could be explored.

Have a policy and procedure in place for IVDs
It is the medical director's responsibility to ensure "that no patient is discharged or transferred from the facility unless:
• The patient or payer no longer reimburses the facility for the ordered services
• The facility ceases to operate
• The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs
• The facility has reassessed the patient and determined the patient's behavior is disruptive and abusive to the extent in which the delivery of care to the patient, or the ability of the facility to operate effectively is seriously impaired..."

Train facility staff
All staff should receive training in conflict management techniques.
• Training must be documented
The Facility should establish IVD and transfer policies and procedures as outlined in 494.190 Condition of Care (Page 20484). A link to the full document is located on the ESRD website along with additional resources to assist you facility:
<https://network1.esrd.ipro.org/home/patient-and-family-resources/access-to-care/>

Document everything
It is essential that staff document and address any and all problematic behaviors, no matter how insignificant they may seem. Include documentation of all:
• Related assessments/plans of care, meetings, and interventions
• Behavioral agreements that the staff and patients work on together (all behavioral agreements should be mutual between the patient and facility and should be reassessed at specified time intervals)



End-Stage Renal Disease Network Program

V-TAGS & INTERPRETIVE GUIDANCE REGARDING PATIENT INVOLUNTARY DISCHARGE

CMS End Stage Renal Disease (ESRD) Program Interim Final Version Interpretive Guidance Version 1.1

TAG NUMBER	REGULATION	INTERPRETIVE GUIDANCE
V468 (Patient Rights)	(b) <i>Standard: Right to be informed regarding the facility's discharge and transfer policies.</i> The patient has the right to – (1) Be informed of the facility's policies for transfer, routine or involuntary discharge, and discontinuation of services to patients; and	Patients must be given information about the facility policies for routine and involuntary discharges. Refer to the Condition of Care at V766-V767 for involuntary discharge or transfer regulations and guidance, including acceptable reasons for involuntary discharge. Use those tags for failure to follow the involuntary discharge procedures. Use this tag for failure to inform patients about the transfer and discharge policies.
V469 (Patient Rights)	(2) Receive written notice 30 days in advance of an involuntary discharge, after the facility follows the involuntary discharge procedures described in § 494.180(f)(4). In the case of immediate threats to the health and safety of others, an abbreviated discharge procedure may be allowed.	The involuntary discharge procedures described at V767 identify the steps that a facility must follow prior to the involuntary discharge of a disruptive and abusive patient. After following the required procedures, a facility must give at least 30-days prior notice to any patient whom they opt to discharge involuntarily, except in the case of a patient who makes severe and immediate threats to the health and safety of others. An "immediate threat to the health and safety of others" is considered to be a threat of physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this can be considered an "immediate threat." Verbal abuse is not considered to be an immediate threat. In instances of an immediate threat, facility staff may utilize "abbreviated" involuntary discharge or transfer procedures. These abbreviated procedures may include taking immediate protective actions, such as calling "911" and asking for police assistance. In this scenario, advance notice is not possible or required and there may not be time or opportunity for reassessment, intervention, or contact with another facility for possible transfer, as outlined at V767.
V716	(ii) The interdisciplinary team adheres to the discharge and transfer policies and procedures specified in § 494.180(f).	The medical director must monitor and review each involuntary patient discharge to ensure that the facility interdisciplinary team follows the discharge and transfer policies and completes the steps required under the

Grievance Process Guide

Use this step-by-step guide to help you get your grievance handled in a direct and successful manner. After taking each suggested step, ask yourself whether or not the step helped. Then follow the arrows. Please note that it is not mandatory to follow the flow chart. Patients may contact any of the three agencies at any time.

Step 1: Talk to Someone at Your Facility

Ask to speak to someone at your facility with whom you feel comfortable sharing your concern. This might be your social worker, kidney doctor or the facility manager. (Talk to the staff about how a grievance can be filed anonymously at your facility.)

NO
I do not feel comfortable talking to someone at my facility.
or
I spoke to someone and I don't feel like my grievance will be handled.

YES
I spoke to someone and feel my grievance will be handled.

SUCCESS

Step 2: Call Your Network

Your Network can work with you and your facility to help resolve your grievance. The Network can be reached via this toll free number: (866) 286-3773 (If you wish to remain anonymous, ask the Network how to file a grievance anonymously.)

NO
I do not feel comfortable talking to someone at the Network.
or
I am not sure the Network can address my grievance.

YES
After speaking with the Network I feel my grievance will be handled.

SUCCESS

Step 3: Call Your State Agency

Your state agency contact number should be posted in your dialysis facility lobby or you can ask the Network for the number to call. (The state can address your grievance anonymously. Please let them know if that is what you prefer.)

To file a grievance, please contact us:
IPRO End-Stage Renal Disease Network of New England
1952 Whitney Avenue, 2nd Floor, Hamden, CT 06517
Patient Toll-free: (866) 286-3773 (Patients only) • Phone: (203) 387-9332
Fax: (203) 389-9902 • E-mail: info@nw1.esrd.net • Web: network1.esrd.ipro.org

Developed by IPRO ESRD Network of New England while under contract with Centers for Medicare & Medicaid Services. Contract #HSM-560-2016-00019C

involuntary discharge can begin only if:
• Efforts to resolve the problem have failed
• The facility should assist the patient with est another facility if the IVD cannot be avert
• When attempting to assist the patient in tra medical information requested by the ot
• NOT include additional documentation indicat circumstances surrounding the discharge unles is considered blacklisting and will be reported
• In cases of immediate severe threat to the health : eviated IVD procedure. Per the CIC Interpretiv a threat or physical harm. For example, if a g physical harm, this would be considered an "im al abuse is not considered to be an immediate
• Facilities must notify the State Survey Agency of all result of immediate, severe threats, the S ediate.

Dialysis Patient Grievance Toolkit

KIDNEY PATIENT ADVISORY COUNCIL (KPAC)


THE NATIONAL FORUM OF ESRD NETWORKS

Community Outreach



Patient Community Outreach

- Conducting a “Healthy Living Campaign” through our PFR Alliance Facebook Group
- The Healthy Living Campaign has encompassed all aspects of ESRD/CKD treatment including:
 - Medical and treatment adherence
 - Maintaining the Renal Diet and understanding fluid restrictions
 - Open Communication with members of your medical team
 - Creation of a self-care plan to promote mental health and self awareness



End-Stage Renal Disease
Network Program

Search...

Home About **Patients & Family** Providers Emergency Management Quality Improvement Events ESRD Help Desk


PATIENT FACILITY REPRESENTATIVE (PFR) ALLIANCE

Interested In Getting Involved? Join Our PFR Alliance!

The Patient Facility Representative (PFR) Alliance is a program organized by the IPRO ESRD Network Program, that provides an opportunity for dialysis patients, transplant recipients, and care partners to lend their first-hand perspective, expertise, and assistance in the promotion of patient, family, and care partner engagement in ESRD care at the local community level, as well as promoting positive self-care management and relationships between patients, provider staff, renal community stakeholders, and the ESRD Network.

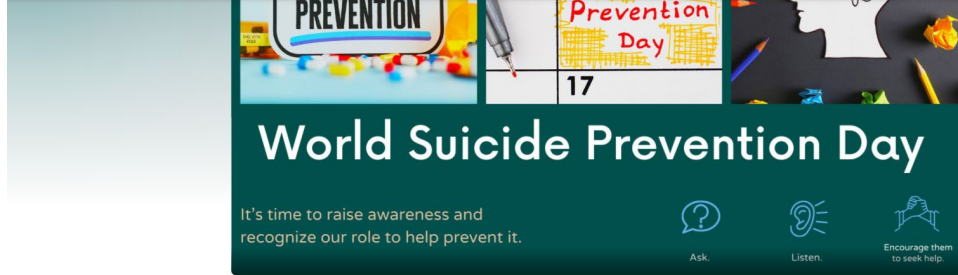
To view upcoming events for patients, check out our [Events](#) calendar!

Get To Know Our PFRs!



facebook

Email or Phone Password



World Suicide Prevention Day

It's time to raise awareness and recognize our role to help prevent it.

Ask Listen Encourage them to seek help

IPRO ESRD Network Patient Facility Representative (PFR) Alliance

Private group · 244 members

Join Group



Community Awareness Campaigns

September

- National Recovery Month
- Pain Awareness Month
- National Suicide Prevention Day (September 10th)
- World Sepsis Day (September 13th)
- World Heart Day (September 29th)

October

- Long-Term Care Planning Month
- Health Literacy Month
- Emotional Wellness Month
- Global Diversity Awareness Month

November

- American Diabetes Month
- National Hospice and Palliative Care Month
- World Diabetes Day (November 14th)

December

- National Human Rights Month
- Universal Human Rights Month

Living Healthy with The Network

Part of being healthy is developing positive habits and successfully adopting a new lifestyle. As individuals with ESRD understanding your healthcare treatment and abiding by your new medical restrictions help create a **Healthier You**.

Utilize these Resources:

- [Guide to a Healthier You \(Eng\)](#)
- [Guía para estar más saludable](#)

Share your healthy choices with the Network:

1. Post your tips of medication adherence #healthykidneys2021
2. Discuss with us how you have incorporated infection prevention in your daily life #healthykidneys2021

[f](#) [t](#) [i](#) [l](#) [y](#)

Let's work together to
#GetHealthy!

Learn new healthy habits with the WRO ESRD
Network Program

Emergency Management

Shannon Wright, BSW
Executive Director
ESRD Network 6 (GA, NC, SC)



Emergency Preparedness, Mitigation, and Response

- Annual Critical Assets Survey (CAS)
 - 98% completion rate (1,942/1,990) for 2021
 - Represents Preparedness activities and resources of Dialysis Facilities
- Data Used By:
 - State OEMS
 - Healthcare Coalitions
 - Network Emergency Management
- Facility Summary Reports
 - Facility Summary Reports distributed mid-August, add this to your facility's Emergency Plan

The screenshot displays a web-based survey report for the End-Stage Renal Disease Network Program (IPRO). The header includes the IPRO logo, the program name, and the website <http://esrd.ipro.org>. Below the header is a red banner with the text "Emergency Messaging Channel" and a biohazard symbol. The main title of the report is "Emergency Preparedness Critical Assets Survey Summary Report".

Facility CCN: 112314
Facility Name: COLQUITT REGIONAL MEDICAL CENTER DIALYSIS

Contact Information

Primary EM POC Name		Regional Contact Name	Rita Gay
Primary EM POC Email		Regional Contact Email	rgay@colquittregional.com
Primary EM POC Phone		Regional Contact Phone	229-454-1411
Back-Up Contact Name	Lynsey Bell	Emergency Regional Contact Phone	229-454-1411
Back-Up Contact Email	lybel@colquittregional.com		
Back-Up Contact Phone	229-891-6150		
Additional Emergency Contact Name	Dean Cosmos		
Additional Emergency Contact Email	dcosmos@colquittregional.com		
Additional Emergency Contact Phone	203-770-3417		

Facility Information

Facility Generator Status	Functioning generator on-site
What type of fuel does your facility generator use?	Diesel
Does your facility have water treatment back-up capabilities? (i.e. DI tanks, water delivery, etc.)	No
Which backup communication system does your facility utilize when land line phones are not working?	2 Way Radio
Other (please specify)	Unchecked
Do you have the capability to change the voicemail message of your phone system during an emergency to provide information on your open/closed status and what number a patient should call for information?	Yes



Emergency Preparedness, Mitigation, and Response

- REPORT Closed/Altered Status
- Use the Closed/Altered Reporting Link:
<https://redcap.ipro.org/surveys/?s=R8K7RWETHM>

Why?

- Network reports to CMS, State and local OEMS during events
- Assists in placing patients as needed
- Provides Situational Awareness.in an emergency

The image shows a screenshot of a web-based survey form titled 'IPRO ESRD Network Program: Emergency Operational Status Report'. The form is divided into several sections. At the top, there is a header with the IPRO logo and the Emergency Management Cycle diagram. Below the header, there is a section for 'FACILITY INFORMATION' which includes a dropdown menu for 'Select your Network from the dropdown menu below:' and a text area for 'If your CCN and Facility Name is NOT listed above, please list CCN, Facility Name and Address below:'. The next section is 'PATIENT INFORMATION' which includes a section for 'Have you provided any of the following information to patients in preparation for this event?' with checkboxes for '3 Day Emergency Diet', 'Hurricane Preparedness Tip Sheet', 'Facility Emergency Contact Information', 'Organization Specific Emergency Preparedness Resource', and 'Other'. Below this is a section for 'Have all patients been contacted and/or accounted for?' with radio buttons for 'Yes' and 'No'. The final section is '(Requests or Needs) - Is there anything that the Network can do to support your facility or patients at this time?' with a large text area for input. The form also includes a 'Brief description of event and mitigation plans.' section at the bottom. The form is designed with a clean, professional layout and includes various interactive elements like dropdown menus, checkboxes, and radio buttons.

ESRD Data Systems

Shannon Wright, BSW
Executive Director
ESRD Network 6 (GA, NC, SC)



ESRD Data Systems Management

- CMS ESRD Primary Data Systems
 - ESRD Quality Reporting System (EQRS)
 - National Healthcare Safety Network (NHSN)
- Data Collected is used to:
 - Establish facility performance related to quality improvement goals
 - Determine QIP score which impacts your facilities reimbursement rate
 - Establishes your facilities Star Rates which provides transparency in quality of care provided by your facility
- The Network provides technical assistance to facilities in being compliant with CMS Data Management guidelines in support of these initiatives.

Improve the Data Quality of the Patient Registry in the ESRD Quality Reporting System (EQRS)



- CMS EQRS Data Management Guidelines Require:
 - Patients are admitted within 5 business days of starting dialysis at facility
 - CMS-2728 forms are submitted within 45 days of the date dialysis began
 - CMS-2746 forms submitted within 14 days of the date of death

Goal for Each Measure = 100%



Supporting Facilities with Admission Timeliness

Possible Duplicate or
Near Match Patients Form
<https://redcap.ipro.org/surveys/?s=9FN3KF8A7T>

IPro ESRD Program
Transplant Event Form
<https://redcap.ipro.org/surveys/?s=AR4PATFFMJ>

The screenshot shows the IPro logo and the text 'End-Stage Renal Disease Network Program' and 'esrd.ipro.org'. Below this is the title 'Possible Duplicate Or Near Match Patients Form'. The text reads: 'Please complete the fields below if you received the Possible Duplicate Patient error message or Near Match error message in EQRS.' and 'Upon submission the Network will evaluate the data and admits the patient in EQRS within 2 business days of receipt.'

The screenshot shows the IPro logo and the text 'End-Stage Renal Disease Network Program' and 'esrd.ipro.org'. Below this is the title 'IPro ESRD Program Transplant Event Form'. The text reads: 'Please complete the below data collection tool to capture Transplant and Death information for patients. The ESRD Network will enter this information into EQRS daily.' and 'REQUIREMENT CHANGE: Patient Transplant and Death event data must be submitted to the Network daily. CMS requires new patients to be admitted into EQRS within 5 business days of the first treatment. This requirement will ensure that the patient information is available in EQRS to complete the CMS 2728 and 2746 timely.'



Strategies to Improve Data Quality

Network Actions

- Provide missing data and compliance monitoring reports
- Provide Training on data management best practices in EQRS and NHSN
- Monitor improvement and provide technical assistance until goals are met
- Select facilities for interventions starting January 2022 based on performance data

Facility Actions

- Follow Clinical Submission Schedule in EQRS and NHSN reporting Requirements
- Understand routine data management activities in EQRS
- Verify Patient Roster Monthly in IPRO Learn
- Resolve missing data and compliance issues provided in Network distributed reports
- Establish internal IQI process to meet the timelines
- Incorporate the measures in their overall facility QAPI process

Introducing IPRO Learn



IPRO Learn Learning Management System (LMS)

- IPRO Learn = Learning Management System (LMS)
<https://learn.ipro.org/>

At the request of facilities:

- Organized resources & initiatives to meet CMS Goals
- creates a one-stop-shop for collaboration
- reduces number of emails sent
- provides centralized location to submit self-reported data

What facilities are saying:

- The ability to share the user name and password with across facility staff get more staff involved to participate in Network initiatives
- Love going to one place for all Network activities and reduction of emails
- Allows staff to create a personal account in addition to your facility account to obtain Continuing education hours for Nurses, Dieticians, and Technicians for FREE!

IPRO Learn Welcome Letter



Introducing IPRO Learn

The IPRO ESRD Network Program is excited to announce a new and innovative virtual platform to connect the ESRD provider community to the quality improvement initiatives the Centers for Medicare & Medicaid Services (CMS) is requiring of all dialysis facilities.

Facility-specific login information is Attached.

This new platform, known as [IPRO Learn](https://learn.ipro.org/), will become a one stop shop to:

- Learn about upcoming national and regional educational events
- Manage Quality Improvement Activities and complete interventions the Network is requiring dialysis facilities to participate in as part of achieving the CMS objectives and key results (OKRs)

Check your email for the
‘Welcome to IPRO Learn’
Letter!

<https://learn.ipro.org/>

★ **Do not try to change the
Password that was provided** ★

**Team effort for facility staff:
share the login/password:
divide and conquer!**

IPRO

Custom Username & Password - To be given

.....

☒ Remember username

Log in

Forgotten your username or password?

Cookies must be enabled in your browser ?

IPRO Learn Dialysis Facility 2021-2022 QI Collaborative



The Network will:

- Provide education and training
- Gather and disseminate best practices
- Vet (QI) tools and resources
- Link you to events and educational offerings
- Collect self reported data

Facilities will:

- Log in using CCN and provided password weekly
- Share Toolkits with teammates
- Participate in Discussion Forums
- Submit self-reported data collections

The screenshot shows the IPRO Learn dashboard. On the left is a sidebar with a blue header containing 'Dashboard', 'My Courses', and 'ESRD Facility QI Collaborative 2021-2022'. The main content area has a white header 'Welcome to IPRO Learn!'. Below this is a red-bordered box for the 'ESRD Facility Quality Improvement Collaborative 2021-2022', which includes a description and a collage of four images representing different regions: New England, New York, South Atlantic, and Ohio River Valley. Below this box is another section for the 'ESRD Patient Facility Representative Collaborative 2021-2022' with a description and a 'Patient & Family Engagement' logo. At the bottom is a section for 'Continuing Education (CE) Courses for Professionals' with a description and a 'GET VACCINATED' logo.

Dashboard

My Courses

ESRD Facility QI Collaborative 2021-2022

Welcome to IPRO Learn!

ESRD Facility Quality Improvement Collaborative 2021-2022

Enter all CMS-Certified Dialysis Facilities to participate in annual Quality Improvement Activities.

NEW ENGLAND NEW YORK SOUTH ATLANTIC OHIO RIVER VALLEY

ESRD Patient Facility Representative Collaborative 2021-2022

Patient Facility Representatives/Subject Matter Experts who submit the PRF Application for Participation & Confidentiality Form will receive the **Enrollment Key** for this Course from their facility.

Continuing Education (CE) Courses for Professionals

Use your individual login (not your Facility login) to **earn 1 CE (Continuing Education)** if you are an **RN, LPN, Dietitian, and Dialysis Technicians**.

IPRO Learn Navigating the Site



What's New/ Recent Announcements

- Upcoming Webinars
- Event Invites
- General Network Announcements

To Do/ Required Activities

- Intervention Activities to support achieving facility performance goals
- Collection of your feedback through self reported assessments and surveys

Achieving CMS Goals Using Quality Improvement Toolkits

- QIA-specific resources
- Network-developed tools
- Nationally-recognized best practices

The screenshot shows the IPRO Learn website interface for the 'Dialysis Facility Collaborative 2021-2022' course. The left sidebar contains a navigation menu with the following items: 'Dashboard', 'My Courses', 'PFR Collaborative 2021-2022', 'Dialysis Facility Collaborative 2021-2022' (highlighted), and 'Vaccination CEs'. The main content area is titled 'IPRO Learn ESRD 2021-2022' and includes a breadcrumb trail: 'Dashboard / My Courses / Dialysis Facility Collaborative 2021-2022'. Below the title, there is a section for 'What's New / Recent Announcements' with a welcome message and a webinar announcement for September 22, 2021. Another section, 'To Do / Required Activities - Due October 5, 2021', lists four tasks: 'Vaccinations: Required Video: Vaccinations to Improve Patient Outcomes & Knowledge Assessment', 'Home Modalities: Required Video: How to have a Quality of Life with Kidney Disease Modality Options considering Lifestyle & Kn', 'Transplant: Required Video: ASCENT to Transplant & Knowledge Assessment', and 'EQRS: Monthly EQRS Patient Roster Verification'. The final section, 'Achieving CMS Goals Using Quality Improvement Toolkits', lists three toolkits: 'Improving Vaccination Rates Toolkit', 'Increasing Home Modality Rates Toolkit', and 'Increasing Waitlisting and Transplantation Rates Toolkit'.



September data is due October 3rd



New and
Improved...



****NEW****

IPRO ESRD Facility Contacts Management System

- Facilities can maintain their own Key Personnel using our new [IPRO ESRD Facility Contacts Management System](#)

Facilities can login any time:

- Login: **IPROESRD**
- Password: facility **CCN**

Link is available in:

- KnowledgeBase help.esrd.ipro.org
- IPRO Learn learn.ipro.org

The screenshot shows the login interface for the IPRO ESRD Facility Contacts Management System. At the top, there is a header with the IPRO logo and the text 'End-Stage Renal Disease' and 'IPRO ESRD Network Program'. Below the header, a paragraph explains that the system is the Network's source for facility personnel contact information and provides instructions on how to sign in. It specifies the login ID as 'IPROESRD' and the password as the facility's 6-digit CCN number. A link to the IPRO ESRD Customer Support Portal is provided for additional assistance. The login form consists of two input fields: 'Login ID' with a help icon and 'Password/CCN No.' with a help icon. The first field contains the text 'IPROESRD' and the second field contains the text 'Your Facility's 6 Digit CCN Number'. A 'Login' button is located at the bottom of the form.

End-Stage Renal Disease

IPRO ESRD Network Program

The IPRO ESRD Facility Contacts Management System is the Network's source for facility personnel contact information. Sign in to the system to review and make changes to staff associated with your facility.

Login ID: IPROESRD
Password: Facility 6 digit CCN number

Once logged in you will be able to add, edit, and delete facility staff information.

If you need additional assistance, please submit a ticket using [IPRO ESRD Customer Support Portal](#)

Login ID ?
IPROESRD

Password/CCN No. ?
Your Facility's 6 Digit CCN Number

Login

IPRO ESRD Customer Support Portal Fastest Way to Connect with Staff!



Submit a ticket

☐ I acknowledge that I have not included any patient PHI/PII (e.g., Name, SSN, DOB, etc.). Only use the EQRS Patient UPI to identify a patient. I have also not included any attachments including PHI/PII. *

Name *

Phone Number (with no spaces or dashes)

Email Address *
[Add cc](#)

Network *

CCN (CMS Certification Number) *

Facility Name *

Topic *

Subject (Brief Description / Action Requested) *

Description - Be Specific, provide the Where (System), Who (UPI), What (to Fix), When (Date of Event) - Do not submit PHI/PII *

[+ Attach a file](#)



<http://help.esrd.ipro.org/>



How can we help you today?


[+ New Support Ticket](#) [+ Check Ticket Status](#)

- Submit tickets for any issues such as Data, QI initiatives, Emergency, Patient Experience of Care and Patient Engagement
- Search the knowledge base for frequently asked questions


Remember: Never Submit PHI or PII, use the patient UPI to prevent security violation



IPro ESRD Customer Support Portal Technical Assistance Calls



End-Stage Renal Disease
Network Program



Shannon Wright

ESRD Network Technical Assistance Request

🕒 30 min

☎ Phone call

This technical assistance call is available to facilities who would like support in achieving CMS goal focus areas.

Select a Date & Time

September 2021

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		


🌐 Eastern Time - US & Canada (12:28pm) ▼

POWERED BY
Calendly


8:00am

8:30am

←



End-Stage Renal Disease
Network Program



Shannon Wright

ESRD Network Technical Assistance Request

🕒 30 min

☎ Phone call

📅 8:00am - 8:30am, Tuesday,
September 28, 2021

🌐 Eastern Time - US & Canada


Enter Details

Name *

Email *

[Add Guests](#)

Phone Number *



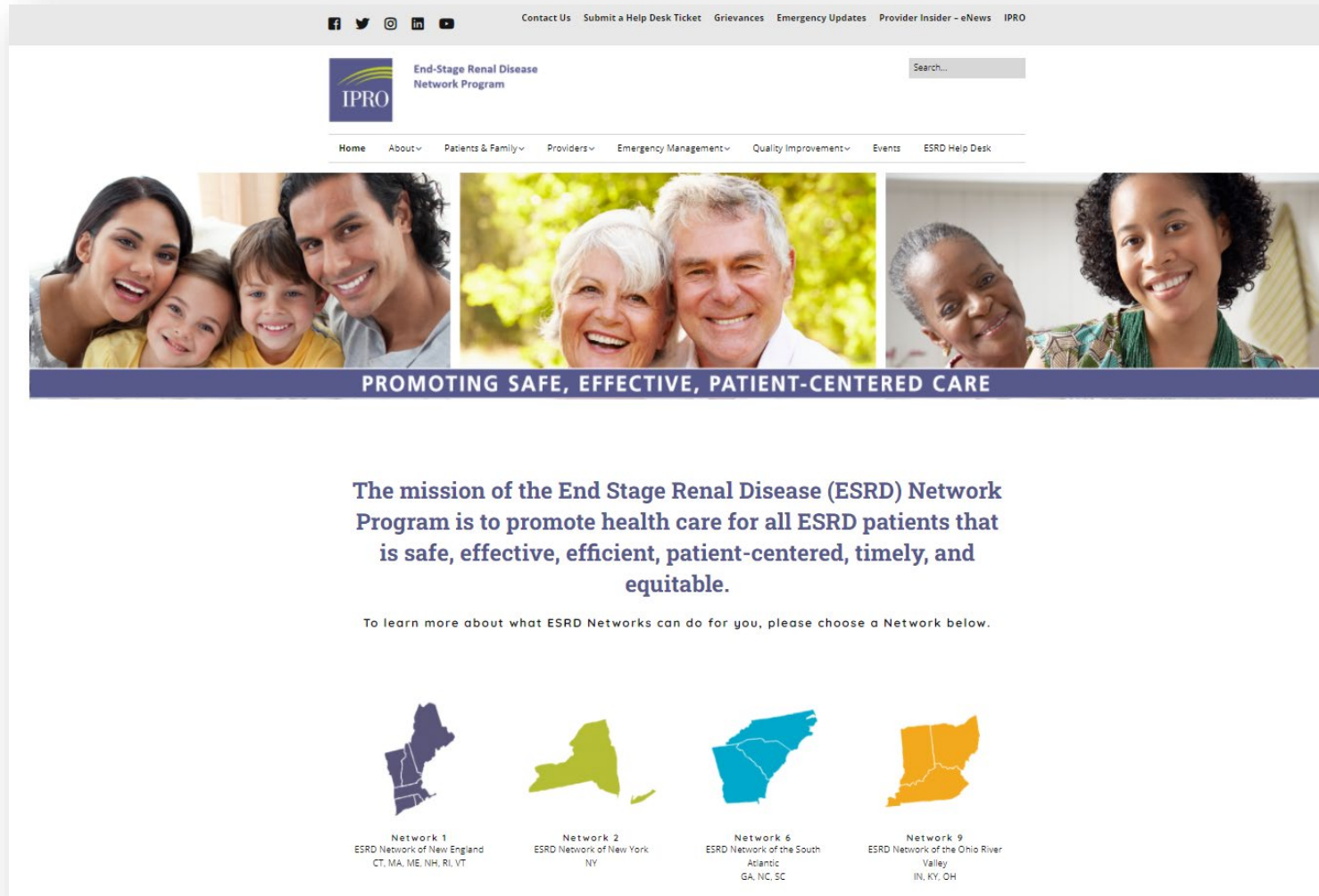
Please share anything that will help prepare for our meeting.

[Schedule Event](#)

Closing Remarks

Danielle Daley, MBA
Executive Director
ESRD Network 1 (CT, MA, ME, NH, RI, VT)

IPRO ESRD Network Program Website



The screenshot shows the homepage of the IPRO End-Stage Renal Disease (ESRD) Network Program. At the top, there is a navigation bar with social media icons (Facebook, Twitter, Instagram, LinkedIn, YouTube) and links for 'Contact Us', 'Submit a Help Desk Ticket', 'Grievances', 'Emergency Updates', 'Provider Insider - eNews', and 'IPRO'. Below this is a search bar and a main navigation menu with links: 'Home', 'About', 'Patients & Family', 'Providers', 'Emergency Management', 'Quality Improvement', 'Events', and 'ESRD Help Desk'. The main content area features a large banner with three photographs of diverse people (a family, an older couple, and two women) and the text 'PROMOTING SAFE, EFFECTIVE, PATIENT-CENTERED CARE'. Below the banner, the mission statement reads: 'The mission of the End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable.' This is followed by the instruction: 'To learn more about what ESRD Networks can do for you, please choose a Network below.' At the bottom, there are four colored map icons representing different ESRD Networks: Network 1 (New England, CT, MA, ME, NH, RI, VT), Network 2 (New York, NY), Network 6 (South Atlantic, GA, NC, SC), and Network 9 (Ohio River Valley, IN, KY, OH).

<https://esrd.ipro.org/>

Follow Us on Social Media



IPRO ESRD Network Program and PFR Alliance Facebook Pages

- <https://www.facebook.com/IPROESRDNetwork>
- <https://www.facebook.com/groups/IPROESRDPAC>



Twitter

- <https://twitter.com/IPROESRDNetwork>



LinkedIn

- <https://www.linkedin.com/in/iproesrdnetwork/>



Instagram

- https://www.instagram.com/ipro_esrd_network/

Next Steps

- Recruit PFRs, submit online applications
- Recruit Peer Mentors, submit referral forms
- Check out IPRO Learn: Log in using facility ID credentials
- Visit Network Program website for additional resources
- Follow us on Twitter, LinkedIn, Facebook, Instagram
- Ask questions and find answers in the IPRO ESRD Customer Support Portal
- Update Facility personnel in the Contact Management System

Please complete the post event survey!

**Thank You for your
ongoing dedication to
providing quality care to
individuals with ESRD**



Better healthcare,
realized.

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072

<http://ipro.org>