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

June 12, 2024
Meeting Reminders

Chat with Us!

- This meeting 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 Chat
Meeting Reminders
Agenda

• IPRO ESRD Network Program
• Quality Improvement
  • Objectives and Key Results (Goals, Education, Interventions)
  • Health Equity and Culturally and Linguistically Appropriate Services (CLAS)
• Patient Services
  • Emergency Management
  • Patient Experience of Care
• ESRD Data Management
IPRO ESRD Network Program

Sue Caponi, MBA, BSN, RN, CPHQ, CPXP
Vice President, ESRD Network Program
IPRO Overview
Capabilities

- Healthcare quality improvement-focused entity for **40 years**
- Quality Innovation Network - Quality Improvement Organization (QIN-QIO) since the first Scope of Work in **1989**
- End-Stage Renal Disease (ESRD) Network since **2006**
- External Quality Review Organization (EQRO) in **11 states**
- Independent Review Organization (IRO) in **15 states and the District of Columbia**
- Network of more than **500 board-certified physician consultants**
- **300 professional employees** including physicians, registered nurses, epidemiologists, biostatisticians, data analysts, medical record reviewers, health policy experts, programmers, systems analysts, Web technology experts and marketing/communications specialists
- Nationwide healthcare quality experts evidenced by our work in **33 U.S. states and territories**
- **URAC Accredited** IRO since 2000
- **ISO 9001:2015 certified**
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.
Administration Team
Phone: 516-686-9790

Susan Caponi, MBA, BSN, RN, CPHQ, CPXP
Vice President, ESRD Program
Executive Director, Network 1 and 2

Danielle Daley, MBA, CPHQ, CPXP
Executive Director, Network 6
Patient Services Lead
Emergency Incident Commander

Victoria Cash, MBA, BSN, RN, CPHQ
Executive Director, Network 9
Quality Improvement Lead

Laura Edwards
Contract Manager
ESRD Statement of Work (SOW)

5-Year Contract Cycle

- Contract Cycle (Option Period): June 1, 2021 – April 30, 2026
- Option Period 3 ends April 30, 2025
- Supports achieving quality improvement (QI) goals
- Networks deploy interventions that target patients, dialysis/transplant providers, other providers, and other stakeholders
- QIAs incorporate a focus on health equity and vulnerable populations
- Large focus on facility site visits to drive improvement
- Contract modification with OY3
  - Modification began on May 1, 2024
  - Measures excluded: nursing home, depression, telemedicine, and 2728 (over one year)
  - There are 18 QI Goals in Option Year 3
IPRO ESRD Network Program
Service Areas (June 2024)

IPRO ESRD Program

202,694
Dialysis Patients

1,950
Dialysis Facilities

55
Transplant Centers

Network 1
CT, MA, ME, NH, RI, VT
Dialysis Patients: 14,919
Dialysis Facilities: 202
Transplant Centers: 15

Network 2
NY
Dialysis Patients: 28,401
Dialysis Facilities: 363
Transplant Centers: 15

Network 6
GA, NC, SC
Dialysis Patients: 50,591
Dialysis Facilities: 772
Transplant Centers: 12

Network 9
IN, KY, OH
Dialysis Patients: 32,413
Dialysis Facilities: 613
Transplant Centers: 13
CMS Expectations

Network Responsibilities

• Create a collaborative environment to focus on quality improvement
• Assist CMS in understanding the needs of patients
• Provide assistance to ESRD patients and providers
• Encourage patient engagement
• Evaluate and resolve patient grievances
• Collect data to measure quality of care
• Emergency preparedness and disaster response
CMS Expectations
Facility Responsibilities

- Participate in Network Quality Improvement Activities (QIAs)
- Inform patients of available Network resources
  - Grievance resolution
  - Educational materials
  - Peer-to-peer mentoring
- Notify the Network of major events
  - Facility closures/altered treatment schedules
  - Staffing or supply shortages
- Respond to inquiries and requests for information
- Timely submission of data
- Keep facility personnel information updated in the IPRO ESRD Facility Information Management System
- Discuss challenges/barriers
Annual Collaborator Survey
We Want to Hear from YOU!

• Conducted early June 2024
  • Request sent via ESRD Communications Email and IPRO Learn
• Metrics are used to gauge the effectiveness and efficiency of collaborating with our organization (IPRO), including:
  • Customer Satisfaction
  • Usefulness of Educational Materials for Quality Improvement
  • Technical Assistance/Help Desk Support
  • Staff Responsiveness
  • Patient and Family Engagement Support
Annual Collaborator Survey
Interventions Based on Feedback

• Launching a video of the Network’s role for dialysis new staff - Coming in July!
• Website redesign for easier navigation - Beginning in Fall 2024!
• Toolkit: Empower Yourself: A Facilities Guide to Connecting and Knowing your ESRD Network - Coming in July!
Quality Improvement

Victoria Cash MBA, RN, CPHQ
Executive Director
Quality Improvement Team

Michele Anderson, CCHT
On-Site Technical Assistance

Marie Heard, OCDT
Assistant Director
On-Site Technical Assistance

Vicki Dodds, BSN, RN
Assistant Director
On-Site Technical Assistance

Joseph Kiswii, MBChB, MPH, RN, BSN
Assistant Director
On-Site Technical Assistance

Katie Chorba, MSN, RN
Assistant Director; Project Lead - Hospitalizations, and Clinical Quality of Care Cases

Caroline Sanner, MSN, RN-BC, CPHQ
Assistant Director
Project Lead - Transplantation

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Quality Improvement Team

Aisha Edmondson  
Project Lead - Patient Family Engagement

Yvonne Heavner RN, RNBS  
Project Lead - CKD and Behavioral Health/Depression

Michelle Prager, MSW, LSW  
Project Lead - Home Modalities and Telemedicine

Tiffany Reese-Arrington, CCHT  
Project Lead – Healthy Lifestyles

Stephanie Roy, MPH  
Health Equity Specialist
May 2024-April 2025 Updates and Initiatives

Program Objectives

• 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 to Prevent Disease - Related Vaccinations
• Reduce Hospitalizations and Outpatient Emergency Room Visits
• Improve Patient and Family Engagement at the Facility Level
• Improve quality of Data entered into the End Stage Renal Disease Quality Reporting System (EQRS)
• Lead efforts to improve equity in the delivery of healthcare - CLAS
How Do We Effect Change?
Multifaceted Approach

Network-Wide

1. **Daily** - 1:1 problem solving and idea sharing
2. **Weekly** - Provide technical assistance based on data outcomes
3. **Monthly** IPRO Learn interventions
4. **Quarterly** NCC LAN, CoP, and Expert Team Calls
5. **Bi-Annual** Community Coalition Cycles, MRB Calls, and Best Practice Calls
6. **Annual** Network Council Call
### What's New / Recent Announcements

- Featured Event: Click Here for Past Events. Click ‘Registration’ for Upcoming Event Info
- Happy Father’s Month 🎉
- IPRO Learn

### To Do / Required Activities Due June 30, 2024 🕒

- **NEW FEATURE** Add or designate your facility’s ADMINISTRATIVE ASSISTANT and PHYSICIAN EXTENDER ROLE (Nursing Practitioner / Physician’s Assistant) to your facility’s contact list with the Network, so they can also receive Network updates and reminders!

#### Text Your Implicit Bias (Informatives & 100% Confidential Text)

#### Network Facility Flyer

#### QIA EQRS Compliance: 2728 Forms: New Facility Guidel

- **To do:** Student must submit this questionnaire to complete it

#### QIA Health Equity: Smart Food Choices on the Go

- **To do:** Student must submit this questionnaire to complete it

#### QIA Healthy Living: Join the Movement by taking the Healthy Living Podcast

- **To do:** Student must submit this questionnaire to complete it

#### QIA Home: CKD and Modality Education

- **To do:** Student must submit this questionnaire to complete it
Polling Question
Your Feedback is Needed!

IPRO Learn

Have you used any of the activities or resources from the monthly IPRO Learn activities at your facility?

Ready to Answer?
Performance Reports and Network/National Calls

CMS Home Modalities Goals 2021 - 2025
- 30% increase in INCIDENT patients starting a home modality over baseline.
- 12% increase in TRANSITION patients switching to a home modality over baseline.

For the increasing Home Modality QIA, the network assigned the facility Goal based on your current patient census.
- INCIDENT PATIENTS are 'New ESRD' whose FIRST modality is HOME/PO. 'This modality is assigned to dialysis facilities that are CMS Certified to offer home modalities.
- TRANSITION PATIENTS change from an in-center modality to HOME/CAPO/ECOD. The in-center facility gets credit when a patient either: has a HOME/PO treatment added in the same facility OR is admitted to another facility as a HOME/PO patient.

INSTRUCTIONS for This Report
- Share this Report with your Home Nurses (if applicable)
- Look up each UPI in EQRS to make sure their Admit and Treatment Dates are correct
- If any patient is missing from this Report, fax their Admit and Treatment Information in EQRS; submit a Ticket to the Network for assistance

REMEMBER: This Report only shows patients ADDED to a Home Modality during the period of May 1, 2023 – April 30, 2024.

EQRS Guide: New ESRD Patients Start

EQRS Guide: Reporting Home Modality

Additional Information:
- USRDS 2019: 30.0% HOME/PO

UPRs of patients counted towards facility Goals are listed below/next page of this Report.

<table>
<thead>
<tr>
<th>UPI</th>
<th>Facility Goal by</th>
<th>Current Count</th>
<th>Left to reach Goal by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>April 30, 2024</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4/30/2024</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>April 30, 2024</td>
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</tbody>
</table>

IPRO ESRD Network Best Practice Series: Engaging Patients to Drive Success

Details
Join us to learn how patient engagement strategies help drive better patient outcomes focused on peer-to-peer support, patient activation, and preventative care planning.

Our speakers will share their experiences in these key areas and how they have contributed to greater facility success in quality improvement.

Health Equity Learning
Learning and Action Network (LAN)

April 23, 2024
Facilitator: Chiao Wen Lan and Emma Okamoto
End Stage Renal Disease National Coordinating Center (ESRD NCC)
How Do We Effect Change?
Targeted Improvement Effort

Community Coalitions and On Site Visits

1. Focused selection of facilities based on demographics and past performance
2. 6-month engagement in a quality improvement focus area
3. Accompanied with an On Site Visit
4. Root Cause Analysis and Plan-Do-Study-Act
5. Resource dissemination and monitoring of performance with tailored feedback
6. Daily technical assistance
7. Patient integration into the QI process
Root Cause Analysis (RCA)
First Step in Problem Solving

• Identify your high-level problem
• Ask the 5-whys
  • Sometimes it can take <5 or >5
• Once you ask your whys, you are led to your root cause
• The root cause will be the barrier that you work on overcoming/solving throughout the project life cycle
Plan-Do-Study-Act (PDSA)

- What is a PDSA cycle?
  - For improving a process or carrying out a change
  - Utilizes internal and external customers to determine what change is needed and generates feedback on success
On-Site Technical Assistance

- Some facilities will have an on-site visit by the Network
- Site Visits will include:
  - Review of your data outcomes and areas of improvement
  - Quality improvement assistance
  - Resource and intervention planning to mitigate barriers
- Site visits are focused on providing help to facilities to address quality barriers and to increase a health equity focus. They are not audits
Quality Improvement Objectives and Key Results

Katie Chorba, MSN, RN
Assistant Director

Caroline Sanner, MSN, RN-BC, CPHQ
Assistant Director
Improve Care in High Cost/ Complex Chronic Conditions
Improve Education and Access to Transplantation

Goal

• Increase the number of patients added to the kidney transplant waitlist
• Increase the number of patient who receive a kidney transplant
Improve Education and Access to Transplantation Interventions

Better Than Dialysis Kitchens

Improve Education and Access to Transplantation Interventions

Better Than Dialysis Kitchens

Expanded Criteria Kitchens

Expanded criteria kidney donors have the following risk factors:

- Donor age is over 60, or over age 50 with these risk factors:
  - History of high blood pressure
  - Stroke as the cause of death
  - Serum creatinine level over 1.5 mg/dL before the kidney is removed (this shows the level of kidney damage)

Accepting one of these kidneys can improve your quality of life while also providing rest from dialysis.

Your transplant center must get your written permission to consider one of these kidneys for you. This kidney may not be perfect but could be a great option for you. These kidneys may require some dialysis after the transplant to “kick start” the function of the kidney, but your transplant team will have a plan for that.

Ask your nephrologist or transplant team about Expanded Criteria and High KDPI kidneys - they are Better Than Dialysis.

KDPI is used to provide each kidney with a score to help transplant professionals match the right kidney for you. KDPI scores are based on characteristics of the individual donating the kidney. A high KDPI kidney score may be based on a kidney donor’s:

- Age, height, and weight
- Race/Ethnicity
- History of high blood pressure and diabetes
- Cause of death
- Serum creatinine level, and
- Presence of hepatitis C.

All or any of these characteristics can help determine how long the kidney will function for you.

Higher KDPI scores are expected to function for a shorter amount of time and every transplant and recipient’s experience will vary. These kidneys may be a good option if you do not want to stay on dialysis for a long time.

https://youtu.be/VpPyKJ_26o0?si=sScclf2m6hBtiqhd

https://youtu.be/VpPyKJ_26o0?si=sScclf2m6hBtiqhd
Patient and Family Engagement
Improve Patient and Family Engagement at the Facility Level

Goal

• Increase the number of facilities who integrate patients and families into QAPI meetings
• Increase the number of facilities that assist patients to develop a life plan
• Increase the number of facilities that develop and support a patient-patient support program
Health Equity and Culturally and Linguistically Available Services (CLAS)

Goal

• Deploy health equity interventions to the entire population
• Improve communications in areas with low health literacy
• Work with dialysis organization to implement National CLAS standards
  • CLAS are services that are respectful of and responsive to each person's cultural and communication needs
• Assess facility’s commitment to health equity using five attestation domains
Health Equity and Culturally and Linguistically Available Services (CLAS)

Interventions
2728 Form and 2746 Form Timeliness Compliance
Submitting CMS-Required Forms in EQRS

- **2728 Forms**: Due within 45 Days of ‘New ESRD’ Admission
  - Patient’s Medicare eligibility Form, confirms ESRD vs CKD
  - Patient and Physician signature **dates** required

- **2746 Forms**: Due within 14 Days of ‘Date of Death’ in EQRS
  - No signature needed
  - Select **Unknown** if Cause of Death is not known

**Compliance Rate**

\[
\text{Compliance Rate} = \frac{\text{# of Forms Submitted On Time}}{\text{Total # of Forms Submitted}}
\]

**New 2728 Form not ready to use until October 2024**
Improve Care in High Cost/Complex Chronic Conditions
Improve Education and Access to Home Modalities

Goal

• Increase the number of incident patients starting on a home modality

• Increase the number of prevalent patient transitioning to home modality
CMS Modifications To Home Projects
Incident Goal Changes

• Achieve a 15% increase in the Natal number of incident ESRD patients using a home modality (previous goal was 45%)

• Data for this goal will get re-baselined for this performance year

• An incident patient will now be defined as starting a home modality within their first 90 days of starting dialysis
CMS Modifications To Home Projects
Prevalent Goal Changes

• Achieve an 8% increase in the Natal number of prevalent patients using a home modality (previous goal was 20%)

• Data for this goal will get re-baselined for this performance year

• Prevalent patients will be defined as patients beyond the 90 days following their first dialysis start date
Improve Education and Access to a Home Modality Interventions

Seeing Yourself in a Positive Light with a Peritoneal Dialysis Catheter

What is body image?
Body image is how a person perceives, thinks and feels about their body. A person’s body image could be positive or negative or both. What’s important to remember is that our body image may not be directly related to our actual appearance; we tend to fix our minor imperfections that others do not notice.

Having kidney failure is going to make changes to your body. This is partly due to your body’s inability to get rid of chemicals that your kidneys are no longer able to remove and also due to the procedures you will undergo to make sure that your body is able to remove those chemicals through other means.

If you and your doctor determine that dialysis is the best treatment for you—whether you are using a catheter, graft, or fistula—you will need to undergo a procedure that will leave a mark on your body. Even receiving a transplant will leave a scar. It is important for you to know about these changes and work on a plan to keep a positive outlook, so you can make the best choices for your care.

Some people worry that doing dialysis at home, which may involve a catheter in the stomach, will affect their body image. However, those concerns may be outweighed by learning as much as you can about how this treatment is done and the benefits of this type of dialysis, called peritoneal dialysis.

Overcoming body image issues.

It is important to consider your concerns about body image and how you can work through them to experience the benefits of peritoneal dialysis.

- Peritoneal dialysis is daily, so you can eat and drink more and may require fewer medications to help you between your dialysis treatments than you would with other treatments.
- The therapy is gentler to your body than other treatments, reducing stress on your heart and blood vessels, which has been shown to reduce hospitalizations for individuals on this treatment.
- It is easier to carry out your daily activities as well as work and travel.
- You can swim! Swimming is recommended in either sea water or private swimming pools as long as you follow the recommendations of your home nurse on exit site care.
- If you get back to these activities, it will help improve your mood and make you feel better overall.

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Improve Care in High Cost/ Complex Chronic Conditions
Healthy Living - A Preventative Health Approach

Goal

• Increase 25% of dialysis patients fully vaccinated for COVID-19, from the baseline, including boosters* (previous goal was 80%)
• Increase 15% of dialysis facility staff fully vaccinated for COVID-19, from the baseline, including boosters* (previous goal was 95%)
• Ensure 80% of ESRD patients receive the annual flu vaccination (previous goal was 90%)
• Ensure 15% of ESRD staff receive the annual flu vaccination from the baseline (previous goal was 90%)
• Increase 10% of ESRD patients who are fully vaccinated for pneumococcal pneumonia from the baseline (previous goal was 7%)

*As determined by the CDC or CMS
Reduce Hospitalizations and Outpatient ED Visits
Inpatient Hospitalizations, 30-Day Readmissions, and ED Visits

Goal

• Decrease in the rate of hospital admissions*
• Decrease in the rate of hospital 30-day, unplanned readmissions*
• Decrease in rate of emergency department visits*
  • Data is based on Medicare claims data

*Caused by a primary diagnosis category, defined by CMS
Reduce Hospitalizations and Outpatient ED Visits

Interventions

### WHAT TYPE OF CARE DO I NEED?

Sometimes you need to make a quick decision about where you should go to seek medical attention. Here’s a guide to help you get the care you need when you need it.

If you need assistance, contact your dialysis unit during operation hours. When in doubt, dial 911.

<table>
<thead>
<tr>
<th>Condition, Signs, Symptoms</th>
<th>Primary Care Doctor</th>
<th>Urgent Care Facility</th>
<th>Hospital Emergency Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alarms (sleeping or waking)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Allergies (seasonal)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Auditory attacks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding that will not stop</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broken bone</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Broken bone (bone sticking out of skin)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Burn (minor)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Burn (white or charred – severe)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Cast problem (wet or soiled)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Cold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Cut (skin surface – minor)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Cut (deep cut, needling stiches – severe)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Dehydration (weak, dizzy, fever, headache, unable to keep fluids down or foods down)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>✔</td>
<td>✔</td>
<td></td>
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<tr>
<td>Diarrhea (failing, unable to stand)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Dry skin</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Earache</td>
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<td></td>
</tr>
</tbody>
</table>

### WHAT TYPE OF CARE DO I NEED? (continued)

<table>
<thead>
<tr>
<th>Condition, Signs, Symptoms</th>
<th>Primary Care Doctor</th>
<th>Urgent Care Facility</th>
<th>Hospital Emergency Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Pneumonia (vomiting)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Severe abdominal pain</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Shock (dizziness, poor maoe)</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

### Health Literacy, Barriers and Strategies to Decreasing Acute Incidents

Katie Chorba MSN, RN
IPRO ESRD Assistant Director of Quality Improvement

More information about the IPRO End-Stage Renal Disease Network Program.

IPRO End-Stage Renal Disease Network Program

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Email: info@ipro-endstage.com
Website: www.pro-endstage.com
Patient Services

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Executive Director
Patient Services Team
Phone: 516-231-9767

Shezeena Andiappan, MSW
Patient Services Specialist

Brooke Andrews, MSW
Patient Services Specialist

Stephanie Cole, BA, PSM, QP
Patient Services and Community Outreach Specialist

Julia Gesick, BSW
Patient Services and Emergency Management Specialist

Liz Lehnes, MSW, LCSW
Patient Services Specialist

Agata Roszkowski, LMSW
Patient Services Manager

Secure eFax: 516-403-5969
Vocational Rehabilitation
Getting Patients Back to Work and/or School

• Social Security Administration Ticket to Work [https://choosework.ssa.gov/](https://choosework.ssa.gov/)
• Job Accommodation Network (JAN) [https://askjan.org/](https://askjan.org/)
• National Kidney Foundation (NKF)
  • Returning to Work While on Dialysis [https://www.kidney.org/newsletter/dialysis-returning-to-work](https://www.kidney.org/newsletter/dialysis-returning-to-work)
• Life Options Rehabilitation Program
• Network vocational rehabilitation resources [https://esrd.ipro.org/patients-family/patient-education/vocational-rehab/](https://esrd.ipro.org/patients-family/patient-education/vocational-rehab/)
Emergency Preparedness, Mitigation, and Response
Network Responsibilities

• Networks are the foundation of ESRD Emergency Management in collaboration with the Kidney Community Emergency Response (KCER) national response coordination contractor
• Networks monitor conditions that impact a facility’s ability to provide service to dialysis patients
• Networks establish relationships with state emergency management officials and healthcare coalitions
• During an emergency, Networks:
  • Work to identify challenges and barriers impacting patients and facilities
  • Collaborate with emergency response stakeholders at the local level to re-establish interrupted services
What is an Emergency?
Emergencies can be Local, State Level, Regional or National

- Facility Closed/Altered (Water, Power, Structural)
- Public Health Issues (COVID-19)
- Weather Event (Local, State or Regional)
- Man Made Event (Terrorism, Saline Shortage)
- Transportation Event (Bridge Collapse, Company Closure)
- Communications Event (Phone/Internet Outage)

“A serious, unexpected, and often dangerous situation requiring immediate action”
Emergency Operational Status Reporting
Facility Responsibilities

- REPORT Closed/Altered Status https://redcap.ipro.org/surveys/?s=R8K7RWETHM

Scan QR Code for Quick Access
Critical Assets Survey (CAS)
Facility Responsibilities

- Collected annually
- Preparedness capabilities and dialysis facility resources
- Available to be updated through the IPRO ESRD Facility Information Management System
  https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a

Data Used By/For:

- Network Emergency Management Mitigation
- State Health Department
- Office of Emergency Management (OEMs)
- Healthcare Coalitions
- Facility Emergency Planning
The ESRD Emergency Hub Mobile App
Alerts in Real Time

• A FREE collection of resources and tools created by kidney care and emergency management experts.
• The information you need to stay safe and healthy during any emergency.
• Always at your fingertips on your smartphone or tablet.
• Easily create, store, and find your treatment information, emergency resources, and needed phone numbers.
• In an emergency, receive critical information in real time, based on your location, and from trusted sources.
The ESRD Emergency Hub Mobile App

Application Features

• Emergency notifications
• Emergency and healthcare support organization's contact information
• My Vital Dialysis Information, prescriptions, and checklist
• Go bag supply checklist
• 3-Day emergency diet plan and shopping list
• Evacuation information page
• Medical needs shelter information page
• Severe weather information page

Google Play

Apple Store
The ESRD Emergency Hub Mobile App
Staff and Patient Education

• Display flyers on educational boards or high traffic areas of facility
• Provide staff education on why the app is important to promote to patients
• Discuss with staff and patient the information needed to complete the My Vital Dialysis Information
• 3-minute video provides overview of the mobile app
  • Available on YouTube: https://www.youtube.com/watch?v=hyA_KPaSN8I
  • Stream video on TV in lobby or chairside
Patient Experience of Care

Agata Roszkowski, LMSW
Patient Services Manager
National Initiatives
Improve the Patient Experience of Care

• 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.
Patient Experience of Care

Network Role

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
Network Role

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 10 calendar 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
Access to Care
Network Role

Dialysis patients having permanent and stable access to their dialysis treatments with continuity of care from an interdisciplinary healthcare team.

Why is it important to preserve it?
• Dialysis is life-saving treatment for the ESRD community
• Without an outpatient facility, patients are forced to dialyze emergently at the hospital removing regular continuity of care
• Mortality rates are increased for patients without access to regular dialysis
• Patients who go to the hospital expecting immediate treatment or better care not knowing they will not receive dialysis unless their labs show elevated lab values
Access to Care
Network Role

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

- **At Risk Involuntary Discharge**: Concerns related to possible patient discharge
- **Involuntary Discharge**: Immediate or 30 day IVD; volume monitored by the Network
  - Patient is informed in writing their treatment will be terminated from their current facility
- Two types of IVD cases:
  - 30-Day Termination
  - Immediate Termination
Access to Care
Before considering an involuntary discharge (IVD), a facility’s interdisciplinary team (IDT) should:

• Conduct a thorough assessment of the situation
• 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 and Medicaid Services (CMS) Conditions for Coverage (CfC)
• Notify the Network PRIOR to discharge any potential IVD and notice provided to patient
• Assist the patient with placement
Involuntary Transfer (IVT)

Network Role

Patient is given written notice they will be transferred to an alternate facility.

Reasons for the IVT

• Patient’s nephrologist no longer will provide care and acquires an alternate nephrologist who rounds at a different facility
• Patient’s facility is no longer in-network with their insurance
• The facility can no longer meet the patient’s medical need
• Improper coding in EQRS
Preventing Discharges
How We All Win

• Patients will feel respected and will share openly due to mutual trust
• The entire team will have a shared responsibility for a positive patient experience of care
• Discharges can be decreased and/or prevented allowing the patient to have continuity of care more of a chance of success
Preventing the Involuntary Discharge of Dialysis Patients

- Check your organization's process for specific guidance
- It is to be used as an example or guide for work that should be documented prior to consideration of an IVD
- Necessary documents may be adjusted to meet the specific needs of the facility, patient, and reason for discharge

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)
Grievance and Access to Care Educational Resources
Decreasing Patient-Provider Conflict (DPC) Toolkit

- Revised in December 2022
  - Health Equity
  - Self Awareness
  - De-escalation Techniques
  - Suggested safety measures

https://esrd.ipro.org/decreasing-patient-provider-conflict-dpc/
Polling Question
Your Feedback is Needed!

Grievances

Does your facility have a Speak Up Poster visible to patients?

Ready to Answer?
ESRD Data Management

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Assistant Director
Data and Analytics Team

Svetlana Lyulkin, MBA
Assistant Director

Yameng Guo, MPS
Data Analyst

Sharon Lamb
Data Specialist

Megan Veltman
Data Specialist

One-on-One and Training Meetings:
- Mornings: https://calendly.com/mornings_one_on_one_support
- Afternoons: https://calendly.com/mveltman
- Evenings: https://calendly.com/slyulkin
Preventing Security Violations
CMS Requirements

- Network-CMS security policy is different from your corporate policy!

- Security violations are reported to CMS

- Review to ensure all staff are aware and in compliance

When contacting the ESRD Network, 
always include the UPI... never any PHI/PII.
Data Reporting Requirements for CMS
EQRS, QIP, and NHSN

• All Quality Improvement Activities (QIAs) use EQRS Data
• Patient-Level Data: **Important for patient benefits eligibility**
• Facility-Level: **Important for facility QIA eligibility and goals**
• **Staff should have access to EQRS, QIP, and NHSN**
  • Sign up for End Stage Renal Disease Quality Reporting System (EQRS):
  • Request ESRD Quality Incentive Program (QIP) access:
    [https://help.esrd.ipro.org/support/solutions/articles/9000188457-request-access-for-qip](https://help.esrd.ipro.org/support/solutions/articles/9000188457-request-access-for-qip)
  • Sign up for National Healthcare Safety Network (NHSN):
## Measure Domains and Weights Used to Calculate TPS

<table>
<thead>
<tr>
<th>Measure/Measure Topics by Subdomain</th>
<th>Newly Finalized Measure Weight as Percent of TPS PY 2026</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient and Family Engagement Measure Domain</strong></td>
<td>15.00</td>
</tr>
<tr>
<td>In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) measure</td>
<td>15.00</td>
</tr>
<tr>
<td><strong>Care Coordination Measure Domain</strong></td>
<td>30.00</td>
</tr>
<tr>
<td>Standardized Hospitalization Ratio (SHR) clinical measure</td>
<td>9.00</td>
</tr>
<tr>
<td>Standardized Readmission Ratio (SRR) clinical measure</td>
<td>9.00</td>
</tr>
<tr>
<td>Percentage of Prevalent Patient Waitlisted (PPPW) measure</td>
<td>6.00</td>
</tr>
<tr>
<td>Clinical Depression Screening and Follow-Up measure</td>
<td>6.00</td>
</tr>
<tr>
<td><strong>Clinical Care Measure Domain</strong></td>
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</tr>
<tr>
<td>Kt/V Dialysis Adequacy Comprehensive measure</td>
<td>11.00</td>
</tr>
<tr>
<td>Long-Term Catheter Rate measure</td>
<td>12.00</td>
</tr>
<tr>
<td>Standard Transfusion Ratio (STrr) measure</td>
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</tr>
<tr>
<td><strong>Safety Measure Domain</strong></td>
<td>10.00</td>
</tr>
<tr>
<td>National Healthcare Safety Network (NHSN) Blood Stream Infection</td>
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</tr>
<tr>
<td><strong>Reporting Measure Domain</strong></td>
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<tr>
<td>Facility Commitment to Health Equity measure</td>
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<tr>
<td>Hypercalcemia measure</td>
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<tr>
<td>Medication Reconciliation (MedRec) measure</td>
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<tr>
<td>NHSN Dialysis Event measure</td>
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</tr>
<tr>
<td>COVID-19 HCP Vaccination measure</td>
<td>2.00</td>
</tr>
</tbody>
</table>
Quality Measures and Performance Scores
QIP 2024 Requirements for Payment Year 2026

• Different Deadlines in EQRS and NHSN!
• *New Attestation*
  • **Commitment to Health Equity (EQRS)**
• Maintain Contact Info with Network: https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a
• Join CMS listserv: https://mycrownweb.org/
• Join NHSN listserv: https://www.cdc.gov/nchs/products/nchs_listservs.htm
Data Reporting Requirements for the Network and CMS
IPRO Learn: Network-Required Participation and Collaboration

• One login per facility
  • https://esrd.iprolearn.org/
  • Login: facility CCN
  • PW: Assigned to each facility

• Click on image to enter Facility Course

• Delegate tasks between teammates

• 4-Minute Onboarding Video:
  https://www.youtube.com/watch?v=tcKgWCaCk0Y
Facility Contact Information Maintenance
IPRO ESRD Facility Information Management System (Caspio)

- [https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a](https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a)
- Personnel Updates
- Facility-Network Agreement
- Critical Asset Survey: Emergency preparedness
- Be on the list to receive:
  - Monthly QIA Progress Report Cards
  - Weekly EQRS Cleanup Reports
  - Newsletters, invites, emergency updates
Network Resources and Assistance
Where to Find Help

- Network EQRS resources and instructions: [https://help.esrd.ipro.org/support/home](https://help.esrd.ipro.org/support/home)
  - Search by keyword

- **Submit a Ticket** for Network assistance: [https://help.esrd.ipro.org/support/tickets/new](https://help.esrd.ipro.org/support/tickets/new)
  - Request one-on-one Appointments scheduled at your convenience!
Important Links For Facilities
Bookmark and Share

• IPRO Learn: https://esrd.iprolearn.org/login/index.php
• IPRO ESRD Facility Information Management System: https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a
• IPRO Helpdesk Knowledge Base: https://help.esrd.ipro.org/support/home
• Submit a Helpdesk Ticket: https://help.esrd.ipro.org/support/tickets/new
• EQRS: https://eqrs.cms.gov/globalapp/
• Quality Incentive Program (QIP): https://dialysisdata.org/
• 5-Star Quality Rating: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS
Did you receive the IPRO ESRD Data Newsletter this week?
Thank You

If you have questions or need assistance, please contact us:

IPRO ESRD Network Program - ESRDNetworkProgram@ipro.org
Patient Services: 516-231-9767
Data Management: https://help.esrd.ipro.org/support/tickets/new
Administration: 516-686-9790

This material was prepared by the IPRO ESRD Network Program, comprising the ESRD Networks of New York, New England, the South Atlantic and the Ohio River Valley, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication #