Thank You for Joining the Webinar

We'll be Getting Started Shortly

Let’s Get to Know Each Other…

What is your favorite holiday?

Put Your Answer in Chat

Who Wants to Play a Little Trivia?

On average, what is the thing that Americans do 22 times in a day?

Put Your Answer in Chat

Answer

Open the refrigerator

Let's Get to Know Each Other…

What movie defined your generation?

Put Your Answer in Chat

Who Wants to Play a Little Trivia?

When did the website "Facebook" launch?

Put Your Answer in Chat

Answer

2004

Let’s Get to Know Each Other…

What is your go-to karaoke anthem?

Put Your Answer in Chat

Who Wants to Play a Little Trivia?

True or False.

An eggplant is a vegetable.

Put Your Answer in Chat

Answer

False

Let's Get to Know Each Other…

What month were you born?

Put Your Answer in Chat

Who Wants to Play a Little Trivia?

In America, what became the 49th state to enter the union in 1959?

Put Your Answer in Chat

Answer

Alaska

Let's Get to Know Each Other…

What is your most used phone app?

Put Your Answer in Chat

Who Wants to Play a Little Trivia?

What is the rarest M&M color?

Put Your Answer in Chat

Answer

Brown

Let's Get to Know Each Other…

Team egg salad, tuna salad, or pasta salad?

Put Your Answer in Chat

Who Wants to Play a Little Trivia?

How many colors are there in a rainbow?

Put Your Answer in Chat

Answer

Seven (7)

Thanks for playing along

Let’s Get Started…

CMS Priorities, Goals, and Quality Improvement Activities

IPRO ESRD Network Program
Network Council Meeting

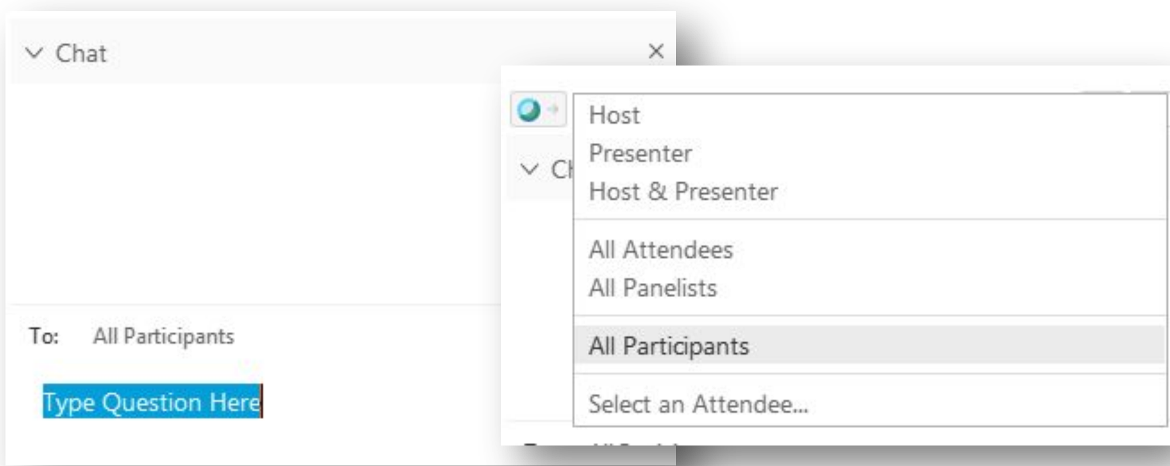
June 16, 2022

Welcome and Opening Remarks

Danielle Daley, MBA
Executive Director
ESRD Network 6 (GA, NC, SC)

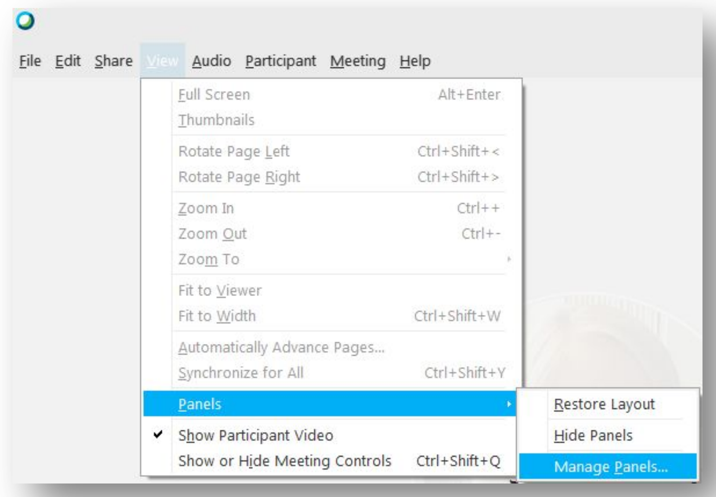
Meeting Reminders

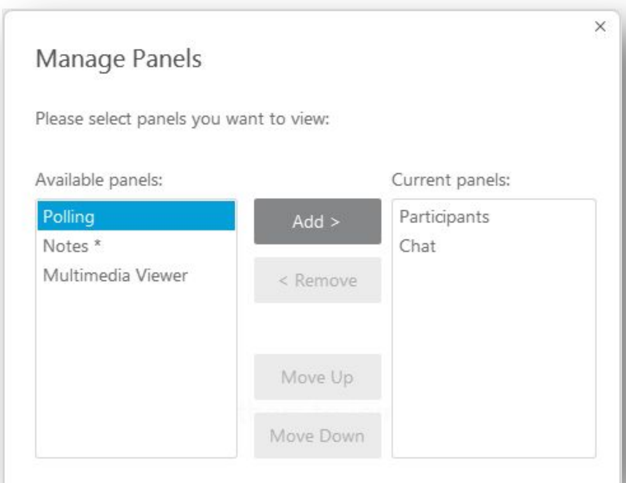
- This WebEx will be recorded and slides made available on the Network Website
- All phone lines have been muted to avoid background noise
- Be present and engaged in the presentations
- Be prepared for active participation in the WebEx chat board



Meeting Reminders

- Be prepared for active participation in polling questions





Agenda Topics

- Welcome
- ESRD Program Administration
  - Overview of CMS Statement of Work
  - Participation/Conditions for Coverage (CfC)
- Social Determinants of Health
- IPRO Learn
- ESRD Data Systems and Quality
- National Initiatives (Goals, Education, Interventions)
  - Quality Improvement
  - Patient Services
- Emergency Management
- Closing Remarks/Next Steps

ESRD Program Administration

Sue Caponi, MBA, RN, BSN, CPHQ
CEO, ESRD Network Program
Executive Director, ESRD Network 1 (CT, MA, ME, NH, RI, VT) and 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

★ Puerto Rico and Virgin Islands are part of Network 3
★ Hawaii, Guam, American Samoa are part of Network 17

IPRO ESRD Network Program
Network Service Areas

Network 2
NY
Dialysis Patients: 28,843
Dialysis Facilities: 354
Transplant Centers: 14

Network 1
CT, MA, ME, NH, RI, VT
Dialysis Patients: 15,022
Dialysis Facilities: 202
Transplant Centers: 15

NW1

NW2

Network 9
OH, KT, IN
Dialysis Patients: 32,493
Dialysis Facilities: 651
Transplant Centers: 14

Network 9
IN, KY, OH

Network 6
GA, NC, SC

Network 6
NC, SC, GA
Dialysis Patients: 50,118
Dialysis Facilities: 799
Transplant Centers: 10

IPRO
ESRD Program

126,476
Dialysis Patients

2,006
Dialysis Facilities

53
Transplant Centers

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 (SOW)

- Contract Cycle: June 1, 2021 – April 30, 2026
- Priorities and goals align with NQS and CMS initiatives designed to result in improvements in the care of individuals with ESRD
- Quality Improvement Activities (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 (AAKH),
  ESRD Treatment Choices (ETC) Payment Model, and the ETC Kidney Transplant Learning Collaborative

CMS Priorities, Goals, and QIAs

ESRD Statement of Work

- Supports achieving 25 quality improvement data driven goals
- 8 Advisory Groups with supporting coalitions conducting 6 month PDSA cycles
- 20% of Network Service Area Patient Record Data Audit Annually
- Networks deploy interventions that target patients, dialysis/transplant providers, other providers, and other stakeholders
- QIAs incorporate a focus on health equity, rural health and vulnerable populations

Network Processes -
From Advisory Committee to a Community of Practice

NW1
NW2
Network 9
IN, KY, OH
Network 6
GA, NC, SC

Provides Data
(Basecamp or Sharing
Platform)

Advisory Committee

Analyze Data
Identify best practices and low performing
Identify regional/local challenges
Provide recommendations
Support CC's PDSA Cycles
Recruit CC Members

Community
Coalitions

Support vision and recommendations
Provide guidance to low performing facilities
Help providers overcome barriers
Perform PDSA Cycles

Community of
Practice

Improve practices
Achieve quality of care

Patients

ESRD Conditions for Coverage (CfC)

- The CMS Federal Register cites Network-specific goals and the dialysis facility's responsibility toward achieving these goals
- State Survey Agencies utilize these goals and initiatives as a guideline for evaluations
- Goals are achieved through the implementation of Quality Improvement Activities (QIAs) to be launched at the dialysis facility level, which are tracked and reported to CMS
- Participation in Network activities is a condition of approval to receive Medicare reimbursement for the provision of End Stage Renal Disease services
- Failure to comply may result in sanctions by CMS

Network and Provider Role

Aligned to Improve the Lives of Those Living with Kidney Disease

Network Role

- Improve quality of life by reaching the goals outlined by CMS for ESRD population
- Ensure patients have access to care and the patient experiences care in an atmosphere of respect and safety
- Maintain the data quality of national datasets utilized to monitor ESRD (EQRS, NHSN)
- Support the ESRD community during emergency events

Provider Role

- Work with the Network to reach goals outlined by CMS in all areas of quality improvement outlined
- Provide a dialysis setting that is safe, respectful and ensures access to care
- Support accurate and timely data entry into EQRS and NHSN
- Collaborate with the Network to ensure all patients receive ESRD care during an emergency event

Health Equity

Danielle Andrews, MPH, MSW
Project Manager-Health Equities Specialist

weitzman institute
inspiring primary care innovation

Health Equity Check-In

- **Do you wear glasses?**
  - Yes
  - No

Health Equity Check-In

- **Have you ever had to order specialty frames (not lenses)?**
  - Yes
  - No

Health Equity Check-In

Health Equity Check-In

- **Do you think health inequities exist within an average dialysis facility?**
  - Yes
  - No
  - Unsure

What is Health Equity?

According the World Health Organization (WHO) health inequalities are systematic differences in healthcare outcomes.

- Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. **Health equity is achieved when everyone can attain their full potential for health and well-being.**

- **Health Inequities:** are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.

EQUALITY
EQUITY

Social Determinants of Health

According the World Health Organization (WHO) health inequalities are systematic differences in healthcare outcomes.

- **Social Determinants of Health (SDOH):** conditions in places where individuals live, learn, work, and play that affect a wide range of health and quality of life, risks and outcomes.
  - Economic Stability
  - Education Access and Quality
  - Healthcare Access and Quality
  - Neighborhood and Built Environment
  - Social and Community Context
- **Examples of SDOH:**
  - Safe housing, transportation, and neighborhoods
  - Racism, discrimination, and violence
  - Education, job opportunities, and income
  - Access to nutritious foods and physical activity opportunities
  - Polluted air and water
  - Language and literacy skills

Social Determinants of Health-Access to Care

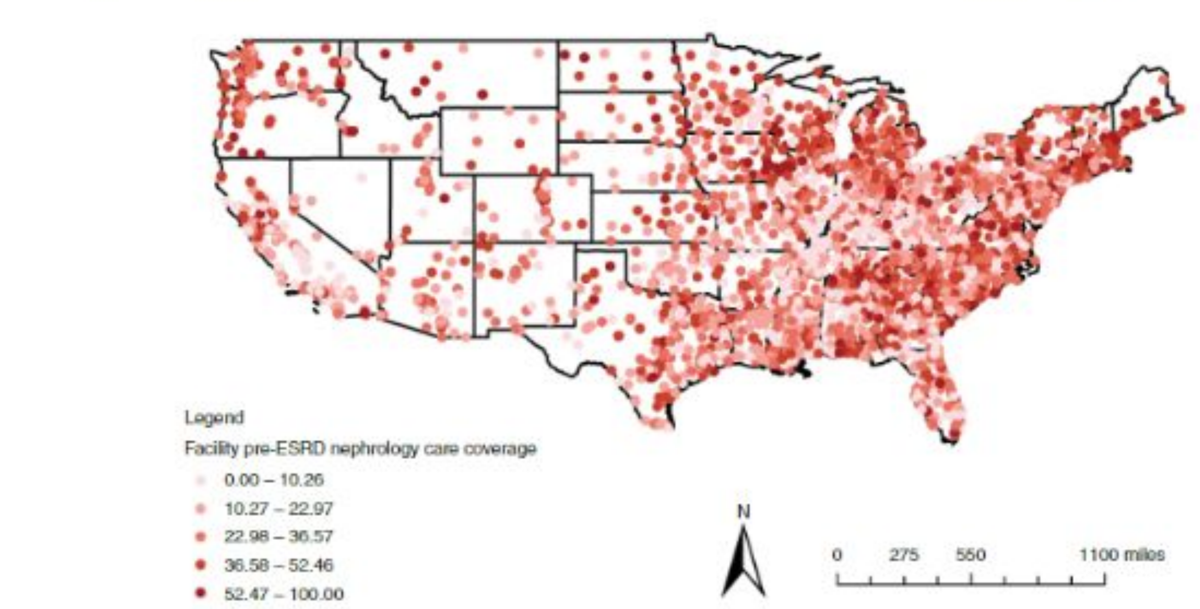


Figure 1 | Variation in pre-end-stage renal disease nephrology care by quintile in dialysis facilities across the US (*N* = 5,387).

Lowest quintile of pre-ESRD nephrology care facilities, SaTScan most likely clusters

Social Determinants of Health-Access to Care

- Large urban and rural counties see lower percentages of patients receiving pre-ESRD nephrologist care compared to suburban and medium/small urban counties (Yan et al., 2013).
- Females, whites, non-Hispanics, and older patients are more likely to receive pre-ESRD nephrology care (Hao et al., 2015).
- Low socioeconomic status and low educational attainment (fewer than 12 years) are associated with a higher prevalence of ESRD (Quiñones, 2020)
- Low educational attainment, African American race, poverty, and unemployment are all associated with lower rates of kidney transplantation (Hao et al., 2015).

Health Equity and Transplant

Which demographic and social factors predict the likelihood of receiving a kidney transplant?

Prospective study

Medical record review

Patients referred for kidney transplant
2010 - 2012

n = 1056

Follow up

From interview
Soon after transplant evaluation

Until after kidney transplant
Or through 2018 if still on waitlist

Likelihood of Black people receiving a:

	Subdistribution hazard ratio
Kidney transplant	0.74 (0.55-0.99)
Living-donor transplant	0.49 (0.26-0.95)
Deceased-donor transplant	0.92 (0.67-1.26)

Factors associated with lower probability of kidney transplant

- Black race
- Transplantation pre- change to Kidney Allocation System (KAS)
- Older age
- Greater religiosity
- Lower income
- Less social support
- Public insurance
- Less transplant knowledge
- More comorbidities
- Fewer learning activities

Conclusions Race and social determinants of health are associated with the likelihood of undergoing kidney transplant.

Hannah Wesselman, C. Graham Ford, Yuridia Leyva, et al. ***Social Determinants of Health and Race Disparities in Kidney Transplant***. CJASN doi: 10.2215/CJN.04860420. **Visual Abstract by Michelle Lim, MBChB, MRCP**

Health Equity Check-In

- **Have you ever heard of or discussed intersectionality?**
  - Yes
  - No
  - Unsure

Health Equity and Intersectionality

The concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination “intersect” to create unique dynamics and effects.

- All forms of inequality are mutually reinforcing and must therefore be analyzed and addressed simultaneously to prevent one form of inequality from reinforcing another. For example, tackling the gender pay gap alone – without including other dimensions such as race, socio-economic status and immigration status – will likely reinforce inequalities among women. (Intersectional Justice, 2022)

Health Equity Check-In

- **Have you previously utilized intersectionality to develop patient specific health plans?**
  - Yes
  - No
  - Unsure

Intersectionality and the Web of Oppression

PRIVILEGE
POWER
ACCESS
RESOURCES

Ethnicity/Race
Native American
African-American
Asian
Latino
Biracial
Multiracial
White

Gender and Sex
Intersex
Transgender
Female
Male

Socioeconomic Status
Welfare
Working Poor
Working Class
Middle
Ruling
Wealthy

National Origin/Language
US Born/English
Native Language
US Born/English
Second Language
Foreign Born/
English Speaking
Foreign Born/English Second Language
Foreign Born/No English

Ability
Able-Bodied
Learning
Disability
Disability
(Not Visible)
Sensory
Disability
Disability
(Visible)
Physical
Disability
Mental Disability

Spirituality/Religion
Protestant
Catholic
Judaism
Agnostic
Hindu
Other
Atheist
Muslim
Buddhist

Sexual Orientation
Heterosexual
Asexual
Bisexual
Lesbian/Gay
Queer
Pansexual

Health Equity Sample Data from IPRO Learn

- 348 Facilities responded
- 26% of patients do NOT have a primary care provider
- 18% of facilities are located in food desert
- 85% Financial Reasons: Largest barrier identified by patients to following renal/diabetic/cardiovascular prescribed diets
- 61% Transportation: Largest barrier identified by patients to becoming/remaining active on the transplant waitlist
- 71% Limited space to host home therapy supplies or set-up: 2nd Largest barrier identified by patients on transitioning to home therapies
- 77% Experienced Mistrust in Healthcare System or Medical Racism: Top reason for vaccination hesitancy

Questions?

IPRO Learn

Svetlana Lyulkin, MBA
Director of Information Management

Why Utilize IPRO Learn

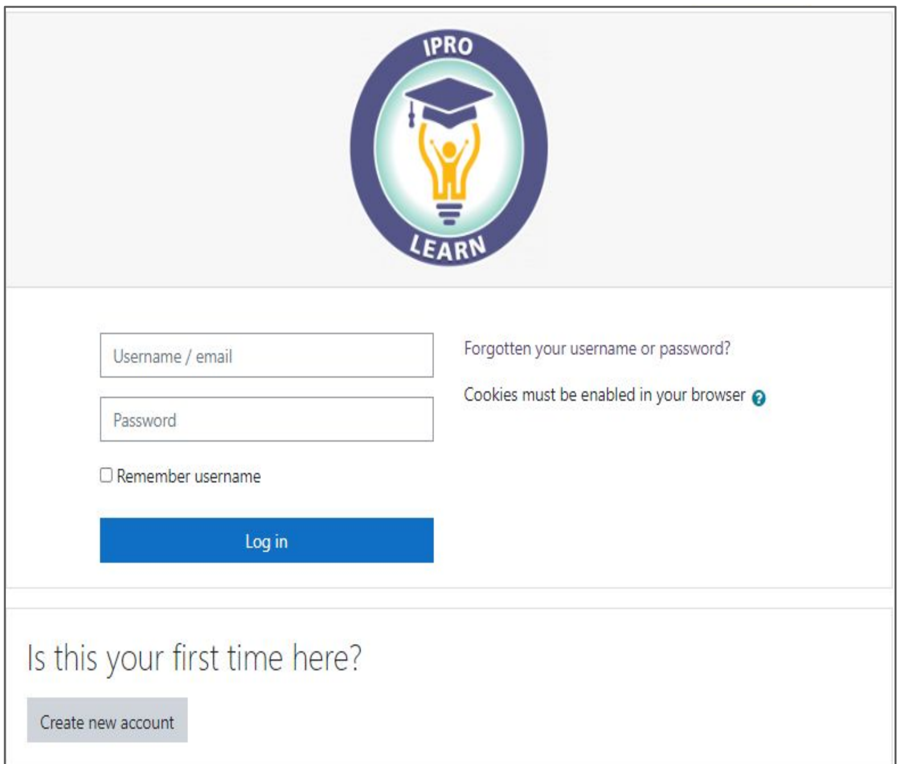
- To Participate in Monthly Network Quality Improvement Activities through the ESRD Facility Quality Improvement Collaborative
- Explore Toolkits which contain nationally vetted resources for multiple quality improvement initiatives
- Share and learn Best Practices
- To obtain CEs for professional development
- To learn about upcoming events and educational offerings
- For patient education on Network involvement and training to perform in the role of Peer Mentor

IPRO Learn 2022 - 2023

Two types of logins to https://learn.ipro.org/

1. Network-assigned facility Login/Password
   - For facility-level Quality Improvement Activities
   - Cannot be changed
   - Should be shared between staff

2. Personal user account
   - For earning IPRO Learn-issued CEs
   - For Peer Mentor training



- Dashboard
- Content bank
- My Courses
- CE: Home Modalities
- CE: Vaccinations
- ESRD Facility QI Collaborative 2021-2022
- Patient Facility Representative Alliance
- Patient Peer Mentoring
- Site administration

Welcome to IPRO Learn!

ESRD Facility Quality Improvement Collaborative 2021-2022

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

ESRD Patient Facility Representative Alliance

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

Earn CEs in IPRO Learn!

Available to you 24/7.
Click to learn how.

Get Started with *IPRO Learn* by watching this 5-Minute Onboarding Tutorial!

Update Your Personnel Contact Info in the: IPRO ESRD Facility Contact Management System

Username: **IPROESRD**
Password: *your facility CCN*

Detailed Facility Contact Management Job Aide (Caspio)

ESRD Facility Quality Improvement Collaborative 2021-2022

Dashboard / My Courses / ESRD Facility QI Collaborative 2021-2022

What's New / Recent Announcements

- New Resource Available: Free COVID-19 At-Home Tests
- New Resource Available: Affordable Internet

To Do / Required Activities for June - Due June 30, 2022

May 2022 Data Entry is now Closed! Please complete June 2022 Activities by 6/30/2022

- Important QIA Information Session 6/16/22: Register Today for the IPRO ESRD Network Council Webinar
- General: Annual Facility Critical Asset Survey (CAS) for 2022 [100% completion required in REDCap]

Achieving CMS Goals Using Quality Improvement Toolkits

- Behavioral Health Toolkit
- COVID-19 Toolkit
- Increasing Home Modality Rates Toolkit

Discussion Board

QIA Best Practices

2021-2022 News & Announcements Library

QI Toolkits

- Behavioral Health Toolkit
- COVID-19 Toolkit
- Home Modality Rates Toolkit
- Transplant & Waitlist Rates Toolkit
- Vaccination Rates Toolkit
- Patient & Family Engagement Toolkit
- Patient Safety in Nursing Homes Toolkit
- Peer Mentorship Toolkit
- Hospitalizations Toolkit
- *NEW* Telehealth/Telemed Toolkit

Patient Opportunities

Help your patient become an active participant as an:

- IPRO PFR Alliance: Patient Facility Representative
- NCC Patient Peer Mentor

Update Your Personnel Contact Info in the: IPRO ESRD Facility Contact Management System

WATCH OUT FOR TYPOS

Username: **IPROESRD**
Password: *your facility CCN*

Detailed Facility Contact Management Job Aide (Caspio)

Need Help?

Submit questions about how to use **IPRO Learn** or any of the course materials electronically through the **IPRO Customer Support Portal**.

Do not include any PHI/PII (SSN, MBI, DOB, FName/LName)

ESRD Facility Quality Improvement Collaborative

Benefits of IPRO Learn include:

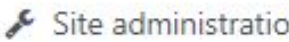
- Facility group login allows for divide and conquer approach to Network Activities
- All activities/resources posted to one site with consistent due-date to complete (fewer emails/reminders)
- Eliminates multiple-submissions (saves facilities time)
- Facilities able to provide feedback easily to Network'
- On Demand availability for everyone to use

IPRO Learn Participation

- Completion of Activities fulfills the facility’s Network participation requirements to meet your conditions for coverage.
- All submissions are received and reviewed by dedicated QI Leads in the Network
- Activities blanket all areas of quality improvement that CMS is targeting improvement in ESRD.
- Facilities who are enrolled in a Community Coalition will have specific assignments.
- All activities need to be reviewed by a member of the facility
- **Split up the work between expert teammates. This should not all be done by 1 person.**

Personal User Name here

- Dashboard
- Content bank
- My Courses
- CE: Home Modalities
- CE: Vaccinations
- ESRD Facility QI Collaborative 2021-2022
- Patient Facility Representative Alliance
- Patient Peer Mentoring
- Site administration



Welcome to IPRO Learn!

ESRD Facility Quality Improvement Collaborative 2021-2022

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

ESRD Patient Facility Representative Alliance

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

Earn CEs in IPRO Learn!

Available to you 24/7.
Click to learn how.

Get Started with *IPRO Learn* by watching this 5-Minute Onboarding Tutorial!

Update Your Personnel Contact Info in the: IPRO ESRD Facility Contact Management System

Username: **IPROESRD**
Password: *your facility CCN*

Detailed Facility Contact Management Job Aide (Caspio)

ESRD Patient Facility Representative Alliance

Dashboard / My Courses / Patient Facility Representative Alliance

What's New / Recent Announcements

Welcome to the **IPRO ESRD Patient Facility Representative (PFR) Alliance!**

Click Here to access resources that provided foundational information on the PFR Alliance, the different tiers, and the associated responsibilities.

We are thrilled to collaborate with you!

PFR Alliance Newsletters:

Patient Voice-Expert Thoughts

- **September 2021**
- **October 2021**
- **November 2021**
- **December 2021**

PFR Training

- PFR Alliance Orientation
- Patient Facility Representative January 2022 Meeting Recording
- Patient Facility Representative February 2022 Meeting Recording

To Do / PFR Activities

- [x] Patient Experience of Care (PEOC): Improve PEOC by Resolving Grievances
- [ ] Behavioral Health: Your Mind and Your Body: Talking to Your Doctor about Mental Health
- [x] Wallet Cards to Help Avoid Hospitalizations
- [ ] Living Donor Transplant: Your Best Option

Need Some Help?

Email **ESRDNetworkProgram@ipro.us** and put "*PFR IPRO Learn Question*" in the Subject line.

IPRO Learn

Personal User Name here

- Dashboard
- Content bank
- My Courses
- CE: Home Modalities
- CE: Vaccinations
- ESRD Facility QI Collaborative 2021-2022
- Patient Facility Representative Alliance
- Patient Peer Mentoring
- Site administration

Welcome to IPRO Learn!

ESRD Facility Quality Improvement Collaborative 2021-2022

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

EMPOWERING MORE THAN 132,000 RENAL PATIENTS IN 13 STATES

NEW ENGLAND · NEW YORK · SOUTH ATLANTIC · OHIO RIVER VALLEY

ESRD Patient Facility Representative Alliance

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.

IPRO ESRD NETWORK PROGRAM PATIENT FACILITY REPRESENTATIVE ALLIANCE
PFR
Working together for better health.

Continuing Education (CE) Courses for Professionals

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

GET VACCINATED. SAVE LIVES!

YOUR TREATMENT YOUR CHOICE

Earn CEs in IPRO Learn!

Available to you 24/7.
Click to learn how.

Get Started with *IPRO Learn* by watching this 5-Minute Onboarding Tutorial!

Update Your Personnel Contact Info in the: IPRO ESRD Facility Contact Management System

Username: **IPROESRD**
Password: *your facility CCN*

Detailed Facility Contact Management Job Aide (Caspio)

- Instructions for creating a personal account: https://iproesrdnetwork.freshdesk.com/support/solutions/articles/9000212344-earning-ces-in-ipro-learn

EQRS Reporting

Svetlana Lyulkin, MBA
Director of Information Management

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

- CMS EQRS Data Management Guidelines Require:
  - **Admits** within 5 business days of starting treatment
  - **2728 Forms** submitted within 45 days of 'New ESRD' Admit Date
  - **2746 Forms** submitted within 14 days of 'Date of Death'

- Network sends monthly Reports to key personnel
- Rates monitored by CMS, goals adjusted based on Network-National performance

- EQRS Possible Duplicate or Near Match Form:

  https://redcap.ipro.org/surveys/?s=9FN3KF8A7T

Resize font:

IPRO

End-Stage Renal Disease
Network Program

esrd.ipro.org

Possible Duplicate Or Near Match Patients Form

Please complete the fields below if you received the Possible Duplicate Patient error message or Near Match error message in EQRS.

Upon submission the Network will evaluate the data and admits the patient in EQRS within 2 business days of receipt.

REDCap is provisioned by IPRO via Amazon Web Services GovCloud. The IT infrastructure that AWS provides to its customers is designed and managed in alignment with best security practices and a variety of IT security standards.

Contact E-Mail
* must provide value

Should the Network require additional information or clarification in regards to the record entered; no PHI/PII will ever be transmitted via e-mail.

Network Number
* must provide value

Information to Process Patient

Unique Patient Identifier (UPI, If you know)

Patient's First Name
* must provide value

EQRS Data Accuracy for Better QIA Outcomes

- (Most) QIA data from EQRS / connected to EQRS patient info
- Batched data not 100% accurate 100% of the time
- Inaccurate EQRS data → poor QIA performance → more assigned QIAs:
  - Missing admissions/discharges (Monthly Patient Roster Verification)
  - Incorrect modalities/treatment settings (EQRS Cleanup Reports)
  - Incomplete/late clinical submissions (Missing Clinical Verification)
  - QIA performance not where expected (Monthly QIA Facility Report)

- Maintain timely EQRS data
- Ensure staff access to EQRS
- Review Reports sent by the Network
- Submit questions to FreshDesk: https://iproesrdnetwork.freshdesk.com/support/tickets/new

IPRO Knowledge Base/FreshDesk

https://help.esrd.ipro.org/support/home

End-Stage Renal Disease Network Program

Home Solutions Tickets

How can we help you today?

Enter your search term here...

New Support Ticket Check Ticket Status

Knowledge base

ESRD Systems Support

Data Systems Security (2)

- PII, PHI and HIPPA Security Require...
- Data System Security Training Reso...

Help Desk Support (5)

- ESRD Network Support
- Dialysis Facility Key Personnel Upda
- EQRS - QualityNet Help Desk
- Facility Contact Management Job Ai
- IPRO ESRD Critical Asset Survey (C

ESRD Network Quality Improvement Activities

General QI Information (6)

- Documenting Patient Influenza (flu) ...
- Required Clinical Data Values for EQ...
- Vascular Access Types and Definitions
- How to get CEUs for NCC LAN Calls
- Conditions for Coverage for ESRD Pr...

Solution home / EQRS - ESRD Quality Reporting System / EQRS Access, Training, and Support

Improving Facility EQRS Data Submission Compliance

Modified on: Wed, Nov 3, 2021 at 6:49 PM

Share this recording and PDF slides with your team so your facility can achieve CMS requirement for EQRS Data Compliance.

Improving Facility EQRS Data Submission Compli...

Watch later Share

Improving Facility EQRS Data Submission Compliance

IPRO ESRD Network Program

Watch on YouTube

End-Stage Renal Disease Network Program

Home Solutions Tickets

Submit a ticket

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) *

IPRO ESRD Facility Contact Management System (Caspio)

- Maintain correct contact info to receive Network Reports
- https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a
- Login: **IPROESRD**
- PW: ***your facility CCN***

Knowledge Base Job aid:
https://help.esrd.ipro.org/support/solutions/articles/9000210454-facility-contact-management-job-aid-caspio-

IPRO

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

Quality Improvement

Deb DeWalt, MSN, RN
Quality Improvement Director

National Clinical Objectives and Key Results (OKRs)

Goal 1: Improve Behavioral Health Outcomes

- Increase Remission of the Diagnosis of Depression

Goal 2: Improve Patient Safety and Reduce Harm

- Reduce catheter infection rate in patients receiving home dialysis within nursing homes

Goal 3: Improve Care in High Cost/Complex Chronic Conditions

- Home and Transplant modality, telemedicine and vaccinations

National Clinical Objectives and Key Results (OKRs)

Goal 4: Reduce Hospital Admissions, Readmissions, and Outpatient Emergency Visits

- Reduction in all areas

Goal 5: Improve Nursing Home Care in Low-Performing Providers

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

Strategic Program Requirements: Improve Patient and Family Engagement

Improve Patient and Family Engagement at the Facility Level

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

Improve Behavioral Health Outcomes

Andrea Bates, MSW, LSW
QI Project Lead

GOAL 1: Improve Behavioral Health Outcomes

C.3.1 Increase Remission of Diagnosis of Depression

IPRO

OY1 Year Goals:

- Increase the percentage of patients accurately screened for depression by 30%
- Increase the percentage of patients with depression receiving treatment by 20%
- Ensure 80% of all facilities report results of monthly screenings

Project Period:

- May 1, 2022 – April 30, 2023

Data:

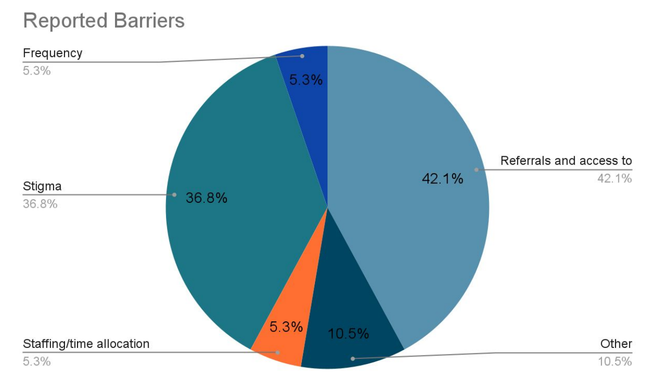
- Data entry in EQRS (CMS data system of record).

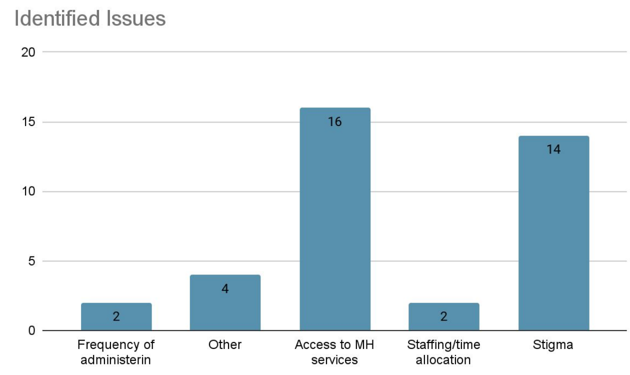
Base Year Outcomes: No data available. Qualitative assessment expected

Activities: Conducted an RCA, Developed tools and shared specific services on IPRO Learn

Root Cause Analysis Results

Barriers to Mental Health Referrals

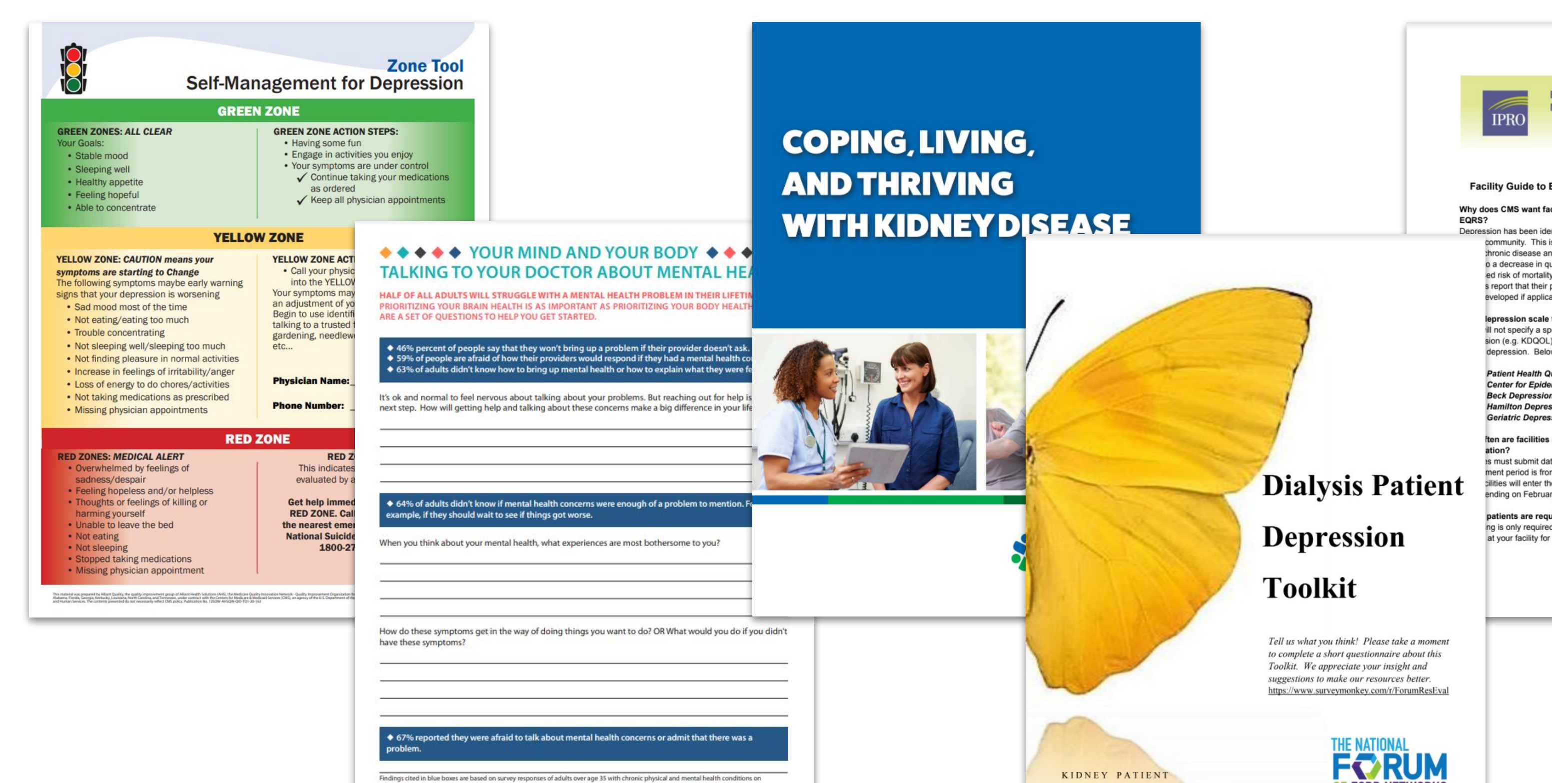




1. Referrals and access to mental health care
2. Stigma associated with a mental health diagnosis
3. Other (misc. category)

IPRO Learn

Interventions and Resources



Improve Patient Safety and Reduce Harm/Improve Nursing Home Care

Kathy Cunningham, BS Ed, RN, CNN
QI Project Lead

GOAL 2: Improve Patient Safety and Reduce Harm

Reduce catheter infection rate in patients receiving home dialysis within nursing homes

Rate of hemodialysis catheter infection per 100 patient-months (lower rates are better)

Adjusted SOW Value: 1.36% Decrease (Relative)

3
2.5
2
1.5
1
0.5
0

National Remeasure 0.90

National Baseline 0.85

18 7 6 5 9 4 10 8 2 14 11 12 13 15 16 1 3 17

ork

Legend

event_per_100_pm_rm upper_limit

-Baseline: June 1, 2020 through April 30, 2021
-Goal: 4% reduction in catheter infection rates in patients receiving home dialysis nursing homes
-Re-Measure: June 2021-April 30, 2022
-Data Source: Claims Data & EQRS
-Goal Met: NW 9, NW1 N/A

- Five Year Goal – 40% reduction
- Peritonitis – 29% reduction in 5yrs * No PD catheters in use

GOAL 5: Improve Nursing Home Care in Low-Performing Providers

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

Decrease the Rate of Blood Transfusions in Dialysis Patients at Nursing Home

Adjusted SOW Value: 0.64% Decrease (Relative)

Lower Numbers are Better

Legend: rate, upper_limit

National Baseline 10.14

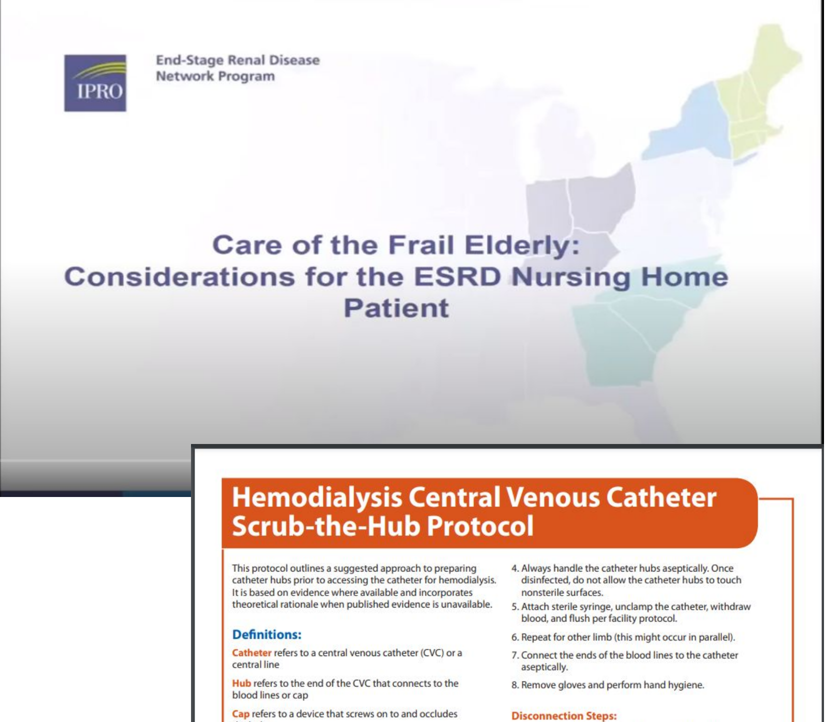
National Remeasure 8.43

Y-axis: 0.00, 5.00, 10.00, 15.00, 20.00, 25.00, 30.00

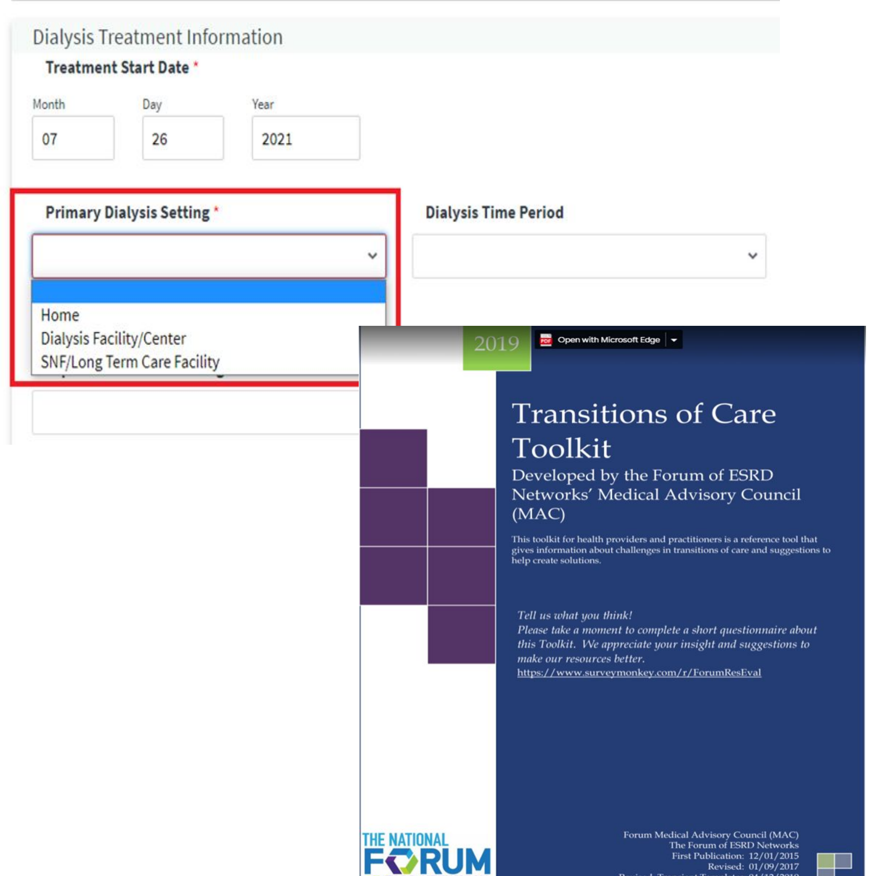
X-axis: 18, 13, 2, 11, 9, 4, 14, 7, 8, 10, 5, 6, 12, 15, 16, 17, 1, 3

- -Baseline: June 1, 2020 through April 30, 2021
- -Goal: 2% decrease of the Rate of Blood transfusions in Dialysis Patients who dialyze in Nursing Homes
- -Re-Measure: June 1, 2021-April 30, 2022
- -Data Source: Claims Data & EQRS
- -Goal Met: NWs 2 and 9, NW 1 N/A
- -Five Year Goal – 20% reduction

Current Resources on IPRO Learn



Guide: EQRS Patient Info Verification



Improve Care in High Cost/Complex Chronic Conditions: Home Dialysis

GOAL 3: Improve Care in High Cost/Complex Chronic Conditions

Increase Incident and Prevalent Patients to Home Dialysis Modality

-Baseline: June 1, 2020 through April 30, 2021

-Goal: 10% Increase of Incident Pts

-Re-Measure: June 1, 2021-April 30, 2022

-Data Source: EQRS

-Goal Met: No Network Met Goal

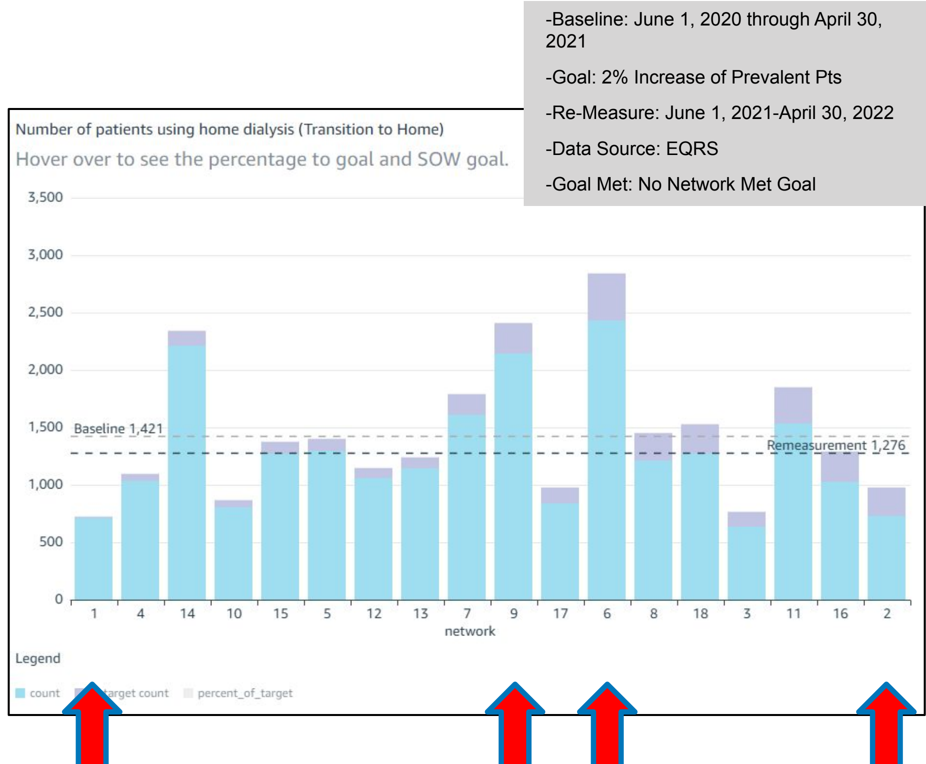
-Baseline: June 1, 2020 through April 30, 2021

-Goal: 2% Increase of Prevalent Pts

-Re-Measure: June 1, 2021-April 30, 2022

-Data Source: EQRS

-Goal Met: No Network Met Goal



GOAL 3: Improve Care in High Cost/Complex Chronic Conditions

Increase in rural patients using telemedicine to access a home modality

Number of rural patients receiving telemedicine

Adjusted SOW Value: 0.98% Increase (Relative)

Legend

count

target

Baseline 283

Remeasurement 260

1,000
800
600
400
200
0

6 8 9 13 11 14 12 5 16 2 15 4 10 1 7 17 18 3

-Baseline: June 1, 2020 through April 30, 2021

-Goal: 2% increase in rural patients using telemedicine to access a home modality

-Re-Measure: June 1, 2021-April 30, 2022

-Data Source: Claims Data & EQRS

-Goal Met: NWs 1 and 2

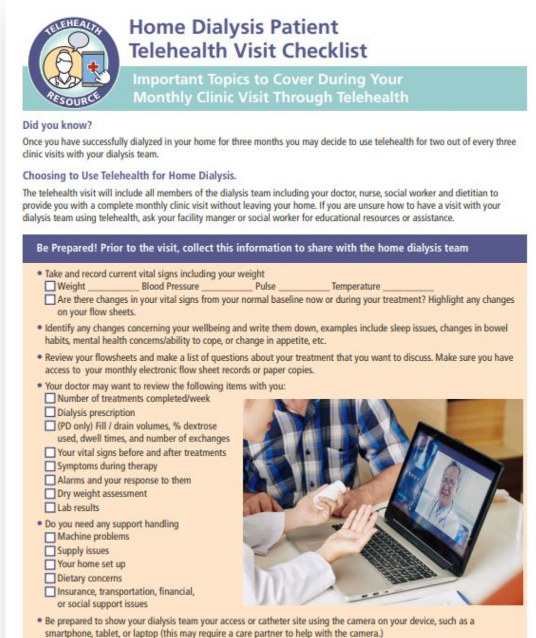
Improve Education and Access to Empower Patient Choice of Home Modality

Facility Intervention/ Resources

https://www.youtube.com/watch?v=mXjdSeW3Pjs

Improve Education and Access to Empower Patient Choice of Home Modality

Patient Resources Intervention/ Resources



Home Dialysis Patient Telehealth Visit Checklist

Important Topics to Cover During Your Monthly Clinic Visit Through Telehealth

Did you know?

Once you have successfully dialyzed in your home for three months you may decide to use telehealth for two out of every three clinic visits with your dialysis team.

Choosing to Use Telehealth for Home Dialysis.

The telehealth visit will include all members of the dialysis team including your doctor, nurse, social worker and dietitian to provide you with a complete monthly clinic visit without leaving your home. If you are unsure how to have a visit with your dialysis team using telehealth, ask your facility manger or social worker for educational resources or assistance.

Be Prepared! Prior to the visit, collect this information to share with the home dialysis team

- Take and record current vital signs including your weight
  - ☐ Weight ________ Blood Pressure ________ Pulse ________ Temperature ________
  - ☐ Are there changes in your vital signs from your normal baseline now or during your treatment? Highlight any changes on your flow sheets.
- Identify any changes concerning your wellbeing and write them down, examples include sleep issues, changes in bowel habits, mental health concerns/ability to cope, or change in appetite, etc.
- Review your flowsheets and make a list of questions about your treatment that you want to discuss. Make sure you have access to your monthly electronic flow sheet records or paper copies.
- Your doctor may want to review the following items with you:
  - ☐ Number of treatments completed/week
  - ☐ Dialysis prescription
  - ☐ (PD only) Fill / drain volumes, % dextrose used, dwell times, and number of exchanges
  - ☐ Your vital signs before and after treatments
  - ☐ Symptoms during therapy
  - ☐ Alarms and your response to them
  - ☐ Dry weight assessment
  - ☐ Lab results
- Do you need any support handling
  - ☐ Machine problems
  - ☐ Supply issues
  - ☐ Your home set up
  - ☐ Dietary concerns
  - ☐ Insurance, transportation, financial, or social support issues
- Be prepared to show your dialysis team your access or catheter site using the camera on your device, such as a smartphone, tablet, or laptop (this may require a care partner to help with the camera.)
  - ☐ If you cannot do this, you could use a cell phone to take pictures and forward them to the team for review.

Kidney Patient Care: Your Guide to Using Telemedicine

What is telemedicine?

Telemedicine simply means having a medical appointment in another way—not in person.

You can have a telemedicine visit with your healthcare team by phone or by using virtual technology. Technology connects you with your healthcare team by using a:

It makes it possible for your doctors or other healthcare professionals, to have a medical visit with you no matter where you are.

Why are people talking about telemedicine now?

Because of Coronavirus 2019 (COVID-19), the Centers for Medicare & Medicaid Services (CMS) changed the rules on telemedicine. They made it easier for patients to get care in a new way—from home. This means that everyone, especially people at higher risk, can see their doctors and stay healthy. And it means less risk of getting, or spreading, the COVID-19 virus. Medicare, Medicaid, and private insurance will pay for many different types of telemedicine care. You can see doctors, nurse practitioners, psychologists, and licensed clinical social workers with telemedicine.

Telemedicine may also be called telehealth. There are slight differences in these two words, but they mean similar things. Telemedicine is when a healthcare worker gives medical care or education from a remote location. The technology used to deliver the medical service to patients is referred to as telehealth. In this guide, we will use the word telemedicine.

ESRD NCC NATIONAL COORDINATING CENTER

Do you know your home treatment options?

HOME DIALYSIS...

Peritoneal Dialysis (PD)	Home Hemodialysis (HHD)
PD Benefits in Brief	**HHD Benefits in Brief**
Needle-free. A catheter is used for treatments.	**More Energy.** Get more dialysis and feel better.
Portable. Take it with you.	**More Control.** Eat, drink, and have visitors during treatments.
Flexible. Choose treatment times that fit your needs and lifestyle.	**Better Access.** Lasts longest when you put in your own needles.
Freedom. Eat and drink more of what you like.	**Better Survival.** You may live just as long as if you received a deceased donor kidney transplant.
Kidney Function. PD may help you keep your remaining kidney function longer than standard hemodialysis.	

What type of support would be provided by the dialysis facility?

- A home nurse will provide one-on-one training until you are comfortable to dialyze at home.
- Your clinic will be available to you 24/7, either in the facility or by phone.
- You will make visits to the home facility for lab tests and evaluations.
- The home nurse will assist in organizing your home with supplies needed for dialysis treatments.

End-Stage Renal Disease Network Program

continued on next page

IPRO, the End-Stage Renal Disease Organization for the Network of New England, Network of New York, Network of the South Atlantic, and Network of the Ohio River Valley, prepared this material under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. CMS Contract Number: 75FCMC19D0029. CMS Task Order Numbers: 75FCMC21F0001 (Network 1), 75FCMC21F0002 (Network 2), 75FCMC21F0003 (Network 6), 75FCMC21F0004 (Network 9).

v.3 8/4/2021

Benchmarking Performance

Facility Performance Score Cards

Home and Transplant Modalities Report

Report incudes EQRS Data as of: 1/31/2022

Measure	NW Rate	National Rate
Home: Transitions	4.1%	5.7%
Home: Incidents	14.7%	13.72%
Txp: Transplanted	1.8%	2.0%
Txp: Waitlisted	3.8%	3.4%

Home Modalities Quality Improvement Activity

For the Increasing Home Modality Quality Improvement Activity, the Network assigned a Goal for each facility based on prior years' performance. If there is no data displayed below, then facility had 0 Transitions and/or Incidents since June 2021.
Home Modality Measures are defined as:

- Transition to a Home Modality includes patients who transition from any modality to a home modality (home hemodialysis, CAPD, CCPD).

- Incident patients are those whose first dialysis treatment are a home modality. This measure is assigned to dialysis facilities that offer a home modalities program.

CMS Home Modalities Goals 2021 - 2025

- 60% increase in the number of new patients starting a home modality

- 30% increase in patients that transition to a home modality

Measure	Baseline Pts added in 2020	(Facility Goal) June 2021 - April 2022	June 2021 to Date	Pts Still Needed to reach Goal	Facility Rate (NW and National Rates shown at top of Report)
Transition	5	6	3	3	4.48%
Incident	4	4	1	3	1.49%

Improve Care in High Cost/Complex Chronic Conditions: Transplantation

Caroline Sanner, MSN, RN-BC
QI Project Manager

June 2021-April 2022
Network Program Performance: Wait Lists

Added to Waitlist Progress to Target (Counts)

SOW Goal: 2% Increase (Relative)

Hover over to see the percentage to goal.

3,000
2,500
2,000
1,500
1,000
500
0

Baseline 1,287

Remeasurement 1,336

15 12 11 6 5 7 9 14 16 2 3 10 18 4 13 8 1 17

network

Legend

count to target percent_of_target

June 2021-April 2022
Network Program Performance: Transplants

SOW Goal: 2% Increase (Relative)

Hover over to see the percentage to goal.

2,000
1,500
1,000
500
0

Baseline 1,035

Remeasurement 965

10 2 1 6 13 18 14 15 3 16 8 11 9 5 7 4 17 12

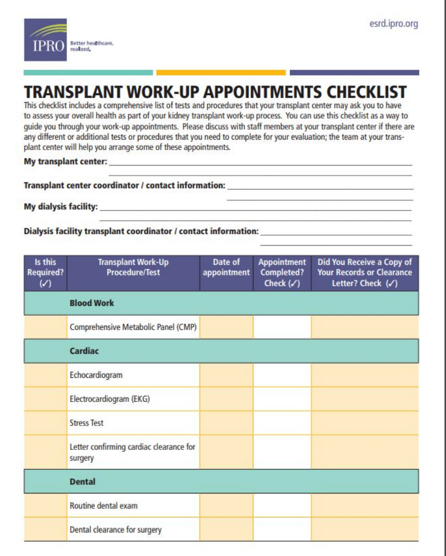
network

Legend

count to target percent_of_target

IPRO Learn

Interventions and Resources



esrd.ipro.org

IPRO Better healthcare, realized.

TRANSPLANT WORK-UP APPOINTMENTS CHECKLIST

This checklist includes a comprehensive list of tests and procedures that your transplant center may ask you to have to assess your overall health as part of your kidney transplant work-up process. You can use this checklist as a way to guide you through your work-up appointments. Please discuss with staff members at your transplant center if there are any different or additional tests or procedures that you need to complete for your evaluation; the team at your transplant center will help you arrange some of these appointments.

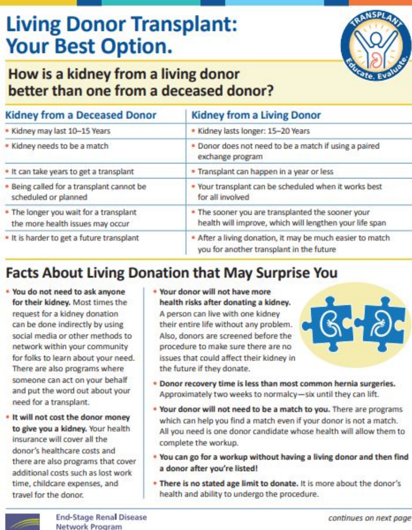
My transplant center: ____________________

Transplant center coordinator / contact information: ____________________

My dialysis facility: ____________________

Dialysis facility transplant coordinator / contact information: ____________________

Is this Required? (✓)	Transplant Work-Up Procedure/Test	Date of appointment	Appointment Completed? Check (✓)	Did You Receive a Copy of Your Records or Clearance Letter? Check (✓)
	Blood Work			
	Comprehensive Metabolic Panel (CMP)			
	Cardiac			
	Echocardiogram			
	Electrocardiogram (EKG)			
	Stress Test			
	Letter confirming cardiac clearance for surgery			
	Dental			
	Routine dental exam			
	Dental clearance for surgery			



Living Donor Transplant: Your Best Option.

How is a kidney from a living donor better than one from a deceased donor?

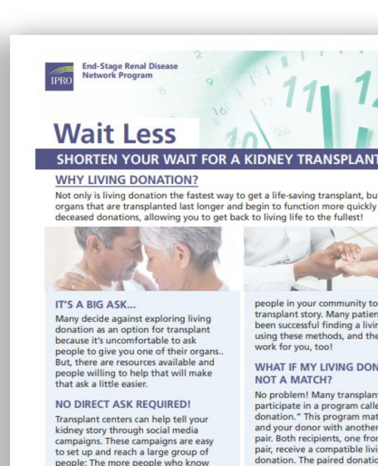
Kidney from a Deceased Donor	Kidney from a Living Donor
Kidney may last 10–15 Years	Kidney lasts longer: 15–20 Years
Kidney needs to be a match	Donor does not need to be a match if using a paired exchange program
It can take years to get a transplant	Transplant can happen in a year or less
Being called for a transplant cannot be scheduled or planned	Your transplant can be scheduled when it works best for all involved
The longer you wait for a transplant the more health issues may occur	The sooner you are transplanted the sooner your health will improve, which will lengthen your life span
It is harder to get a future transplant	After a living donation, it may be much easier to match you for another transplant in the future

Facts About Living Donation that May Surprise You

- **You do not need to ask anyone for their kidney.** Most times the request for a kidney donation can be done indirectly by using social media or other methods to network within your community for folks to learn about your need. There are also programs where someone can act on your behalf and put the word out about your need for a transplant.
- **It will not cost the donor money to give you a kidney.** Your health insurance will cover all the donor's healthcare costs and there are also programs that cover additional costs such as lost work time, childcare expenses, and travel for the donor.
- **Your donor will not have more health risks after donating a kidney.** A person can live with one kidney their entire life without any problem. Also, donors are screened before the procedure to make sure there are no issues that could affect their kidney in the future if they donate.
- **Donor recovery time is less than most common hernia surgeries.** Approximately two weeks to normalcy—six until they can lift.
- **Your donor will not need to be a match to you.** There are programs which can help you find a match even if your donor is not a match. All you need is one donor candidate whose health will allow them to complete the workup.
- **You can go for a workup without having a living donor and then find a donor after you're listed!**
- **There is no stated age limit to donate.** It is more about the donor's health and ability to undergo the procedure.

End-Stage Renal Disease Network Program

continues on next page



End-Stage Renal Disease Network Program

esrd.ipro.org

Wait Less

SHORTEN YOUR WAIT FOR A KIDNEY TRANSPLANT

WHY LIVING DONATION?

Not only is living donation the fastest way to get a life-saving transplant, but living organs that are transplanted last longer and begin to function more quickly than deceased donations, allowing you to get back to living life to the fullest!

IT'S A BIG ASK...

Many decide against exploring living donation as an option for transplant because it's uncomfortable to ask people to give you one of their organs.. But, there are resources available and people willing to help that will make that ask a little easier.

NO DIRECT ASK REQUIRED!

Transplant centers can help tell your kidney story through social media campaigns. These campaigns are easy to set up and reach a large group of people: The more people who know about your need for a transplant, the better your chances of finding a willing donor! Your transplant centers may also train someone to serve as your "Transplant Champion," Acting on your behalf, this person will help connect people in your community to your transplant story. Many patients have been successful finding a living donor using these methods, and they can work for you, too!

WHAT IF MY LIVING DONOR IS NOT A MATCH?

No problem! Many transplant centers participate in a program called "paired donation." This program matches you and your donor with another kidney pair. Both recipients, one from each pair, receive a compatible living kidney donation. The paired donation program assures you receive a living donation, even when your willing donor is not a match to you. Make sure you check to see if this program is offered at your transplant center!

Waiting for a kidney from a deceased donor can take 3-5 years or more. There are many benefits to living donation, including shorter wait times.

End-Stage Renal Disease Network Program

esrd.ipro.org

HELP YOUR PATIENTS

REDUCE THE WAIT FOR A KIDNEY TRANSPLANT

LIVING DONATION

Patients living with end stage renal disease face life-changing treatment regimens and uncertain wait-times for a kidney transplant. There is much patients can do, with the help and support of their care providers, to reduce the time they wait for a transplant. A companion handout that will help you educate your patients about some of their options is available. This flyer includes nationally supported references for the strategies described in the handout. Increasing your understanding of these strategies by reviewing this resource will help you to be the best advocate possible for anyone waiting for a transplant.

MAKING THE ASK EASIER

Living Donation is the fastest way to receive a kidney transplant. Many patients will not consider this option for a variety of reasons, but chief among them is their concern about asking someone for a donor kidney. Many transplant centers can assist by creating a social media campaign, which is easy to set up, reaches a large number of people, and has been proven to help patients successfully find a donor, faster. The patient or significant other has to supply the information to share with family, friends and the community, but they will not have to do the direct "ask" for a kidney. Learn here how a social media campaign increased living donor registration.
John Hopkins Medicine: https://bit.ly/2NS6e4L.

TRANSPLANT CHAMPIONS

Some transplant centers will offer to train someone who has been designated by the patient to act on their behalf as their "Champion." This person shares the patient's story and helps connect folks in the community with the opportunity to become a living donor. Through training, the Champion will know what to discuss and how to answer many of the questions that someone who is considering donating their kidney might ask. Talking with someone other than the person who needs the organ helps to ease the discomfort of saying no.

POTENTIAL DONOR NOT A MATCH? TRY PAIRED DONATION

If a willing living donor is not a match for the patient, or if the patient is worried that the person they are considering will not be a match, the patient and their donor could be considered for paired donation.

Many transplant centers participate in a paired donation program, in which the patient and their donor are matched with another patient-donor pair. The result is that both recipients (one from each pair) receives a compatible living donation. This ensures that the patient receives the best matching kidney for the patient from a living donor, when an identified potential donor is not a match to them. Make sure you direct someone who has these concerns to a center that offers assistance through this program. See the attached reference from the National Institutes of Health (NIH) on paired donation, as well the Living Kidney Donors network. NIH Link: https://bit.ly/37kkmeU
Living Kidney Donors: https://bit.ly/38wWBr

Benchmarking Performance

Facility Performance Report Cards

Home and Transplant Modalities Report

Report includes EQRS Data as of:

CCN:

Measure	NW Rate	National Rate
Txp: Transplanted	1.8%	2.0%
Txp: Waitlisted	3.8%	3.4%

Home Modalities Quality Improvement Activity

Transplantation Waitlisting Quality Improvement Activity

End of Report

IPRO ESRD Network Program

Measure	NW Rate	National Rate
Txp: Transplanted	1.8%	2.0%
Txp: Waitlisted	3.8%	3.4%

Transplantation Waitlisting Quality Improvement Activity

For the Increasing Transplantation and Waitlisting Quality Improvement Activity, the Network assigned a Goal for each facility based on prior years' performance. This numbers below from the UNOS national registry. If you note a discrepancy, please contact your transplant center to verify your listings.

Transplant QIA Measures include the following:

- Waitlist: Patients added to a transplant waitlist at one (or multiple) transplant centers in the U.S.
- Transplant: Patient who receives a kidney transplant. Transplants should be documented in EQRS.

CMS Transplant Waitlist Goals 2021 - 2025

- Increase the number of patients that are waitlisted for transplant by 20%
- Increase the number of patients that receive a kidney transplant by 30%

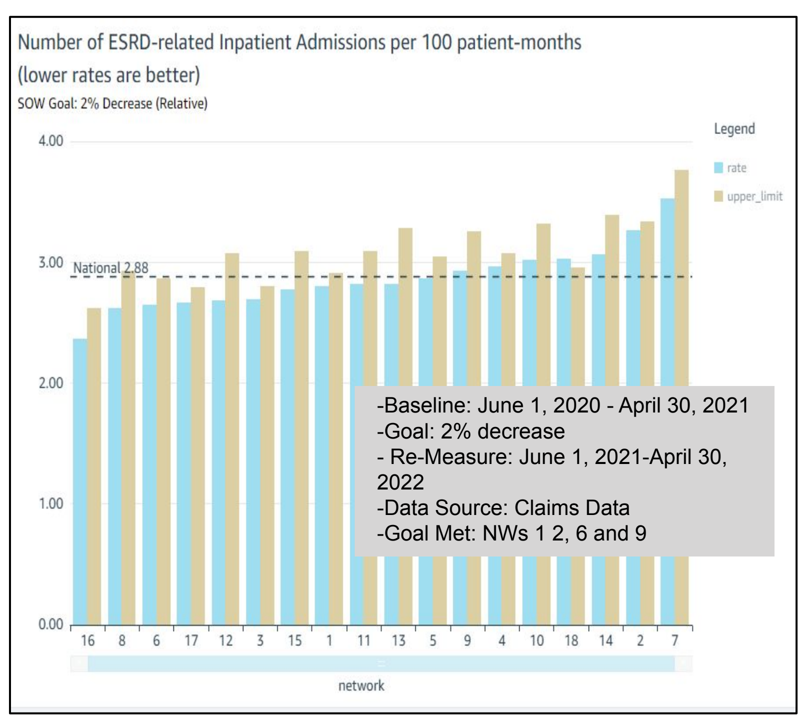
Measure	(Baseline) Pts Added in 2020	(Facility Goal) June 2021 - April 2022	June 2021 to Date	Pts Still Needed to reach Goal	Facility Rate (NW and National Rates shown at top of Report)
Waitlist	5	5	4	1	6.06%
Transplant	1	1	2	-1	3.03%

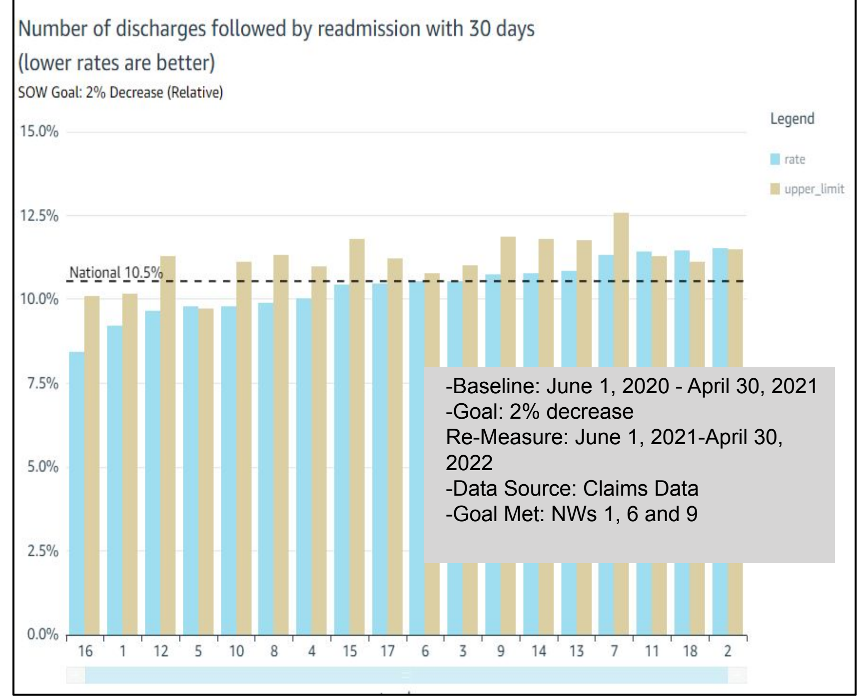
Scan Here to Update Contacts

Reduce Hospital Admissions, Readmissions, and Outpatient Emergency Visits

Deb DeWalt, MSN, RN
Quality Improvement Director

GOAL 4: Reduce Hospital Admissions and Readmissions





GOAL 4: Reduce Outpatient Emergency Visits

Number of ED Visits per 100 patient-months (lower rates are better)

SOW Goal: 2% Decrease (Relative)

Legend

rate

upper_limit

National 1.60

2.50
2.00
1.50
1.00
0.50
0.00

2 3 4 10 1 12 7 18 15 8 17 6 11 9 16 5 14 13

network

-Baseline: June 1, 2020 - April 30, 2021
-Goal: 2% decrease in ED visits
-Re-Measure: June 1, 2021-April 30, 2022
-Data Source: Claims Data
-Goal Met: NWs 2, 6 and 9

Performance Score Cards

New for 2022-2023!

Reducing Hospitalizations, 30 Day Unplanned Readmissions, and Emergency Room/Department Visits Report

Report incudes current Medicare claims Data for ESRD Patients in EQRS as of: 3/31/2022

- Only patients who have Fee-For-Service (FFS) Medicare coverage are counted in this Report.
- Reducing hospitalizations and unplanned readmissions align with the Quality Incentive Payment Program (QIPP) goals for Standardized Hospitalization Rates (SHR) and Standardized Readmission Rates (SRR).

Reducing Emergency Room/Department Visits

(Baseline) Emergency Dept (ED/ER) Visits Jan - Dec 2020	(Goal) Not To Exceed ED Visits June 2021-April 2022	Current Total ED Visits to Date
14	13	13

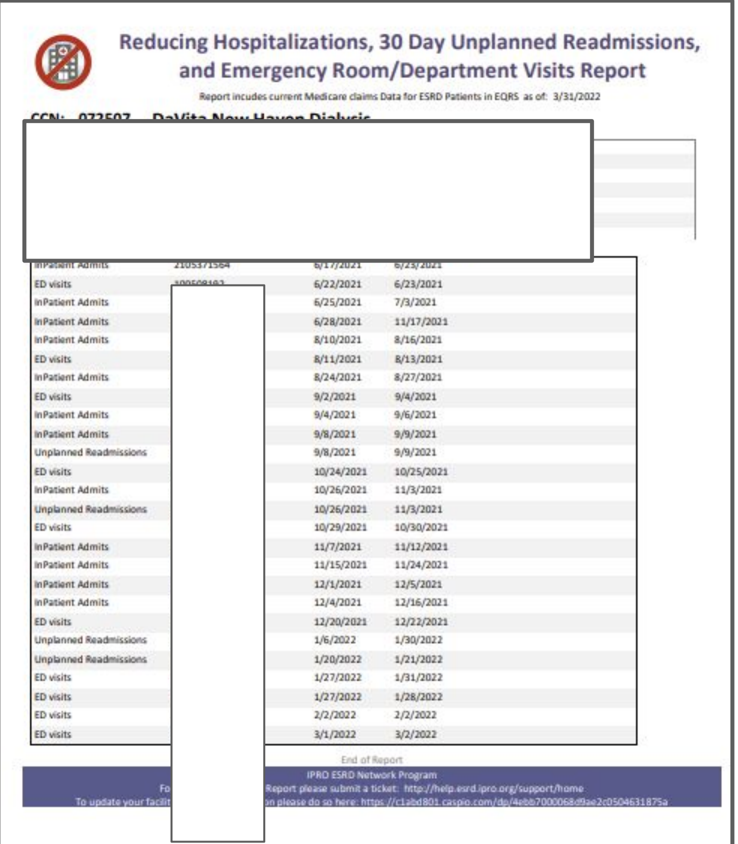
Reducing Inpatient Hospitalizations

(Baseline) Inpatient Hosp Admits Jan - Dec	(Goal) Not To Exceed Inpatient Admits June 2021-April 2022	Current Inpatient Hosp Admits to
40	38	20

Reducing Unplanned 30-Day Readmissions

(Baseline) UnPlanned Hosp Readmits Jan - Dec 2020	(Goal) Not To Exceed Readmits June 2021-April 2022	Current UnPlanned Readmits to Date	
4	3	4	Exceeded Limit

See Next Page for list of FFS UPIs counted as "Current" in this Report...



Reducing Hospitalizations, 30 Day Unplanned Readmissions, and Emergency Room/Department Visits Report

Report incudes current Medicare claims Data for ESRD Patients in EQRS as of: 3/31/2022

InPatient Admits	2105371564	6/17/2021	6/23/2021
ED visits		6/22/2021	6/23/2021
InPatient Admits		6/25/2021	7/3/2021
InPatient Admits		6/28/2021	11/17/2021
InPatient Admits		8/10/2021	8/16/2021
ED visits		8/11/2021	8/13/2021
InPatient Admits		8/24/2021	8/27/2021
ED visits		9/2/2021	9/4/2021
InPatient Admits		9/4/2021	9/6/2021
InPatient Admits		9/8/2021	9/9/2021
Unplanned Readmissions		9/8/2021	9/9/2021
ED visits		10/24/2021	10/25/2021
InPatient Admits		10/26/2021	11/3/2021
Unplanned Readmissions		10/26/2021	11/3/2021
ED visits		10/29/2021	10/30/2021
InPatient Admits		11/7/2021	11/12/2021
InPatient Admits		11/15/2021	11/24/2021
InPatient Admits		12/1/2021	12/5/2021
InPatient Admits		12/4/2021	12/16/2021
ED visits		12/20/2021	12/22/2021
Unplanned Readmissions		1/6/2022	1/30/2022
Unplanned Readmissions		1/20/2022	1/21/2022
ED visits		1/27/2022	1/31/2022
ED visits		1/27/2022	1/28/2022
ED visits		2/2/2022	2/2/2022
ED visits		3/1/2022	3/2/2022

End of Report

IPRO ESRD Network Program

Fo... Report please submit a ticket: http://help.esrd.ipro.org/support/home

To update your facilit... on please do so here: https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a

Improve Care in High Cost/Complex Chronic Conditions: Vaccinations

Aisha Edmondson
QI Project Lead

Vaccines are one of our best defenses against serious diseases. Many diseases are becoming rare or eradicated in the United States because we have been vaccinated against them. This is a great public health accomplishment because the pain, suffering and death from these diseases are changing day to day due to vaccines.

- Vaccines work better when more people are vaccinated " herd immunity"
- Vaccines are one of the most convenient and safest preventive self care measures available.
- Vaccines are tested and undergo a robust approval process to ensure all licensed vaccines are safe and effective
- Potential side effects associated with vaccines are uncommon and much less severe than the diseases they prevent

GOAL 3: Improve Care in High Cost/Complex Chronic Conditions

Decrease Hospitalization of COVID-19 Positive ESRD Patients

COVID admissions (note that lower values are better and targets are based on baseline totals)

SOW Goal: 25% Decrease (Relative)

Legend
admissions
upper_limit

5,000
4,000
3,000
2,000
1,000
0

Remeasurement 1,292

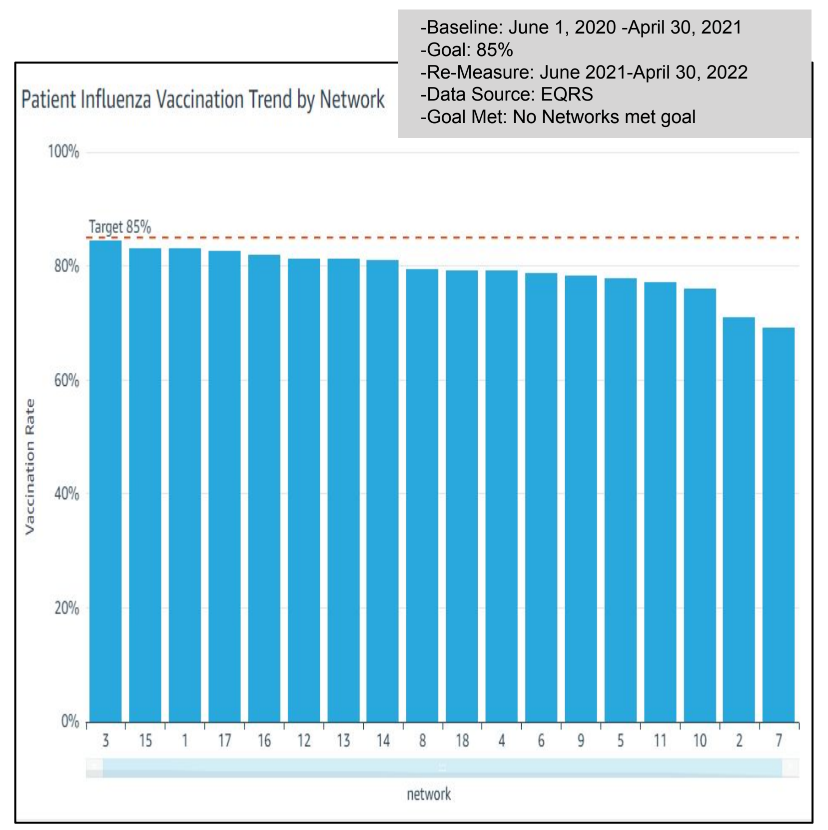
1 3 16 4 13 12 17 10 15 8 5 2 18 11 9 7 6 14

network

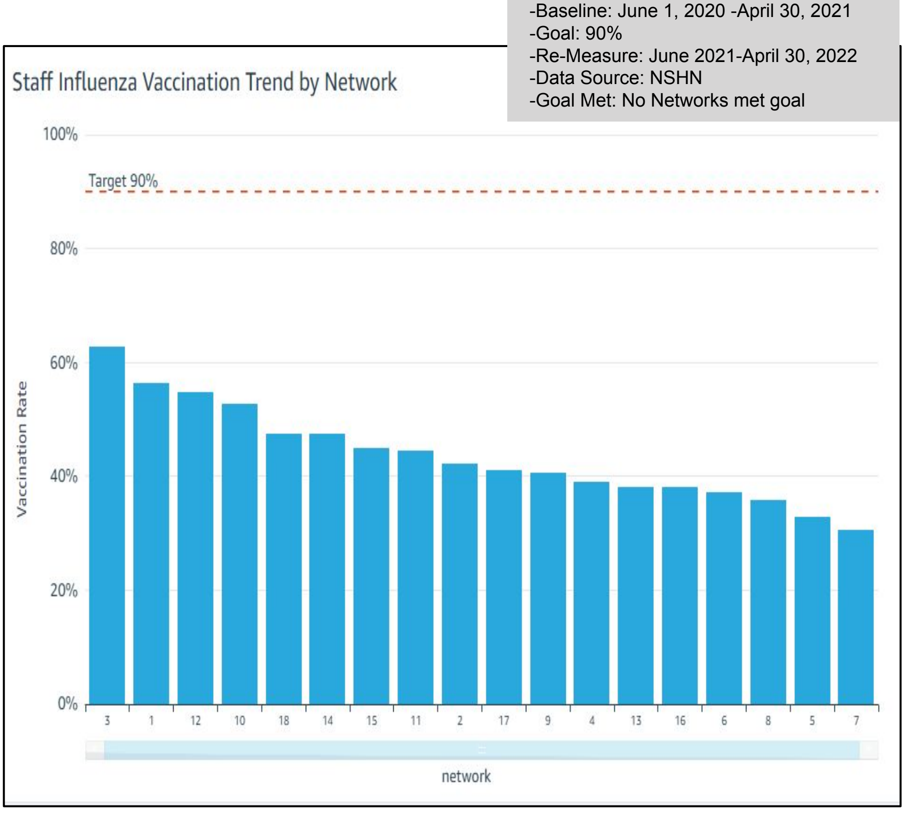
-Baseline: June 1, 2020 through April 30, 2021
-Goal: 25% decrease
-Re-Measure: June 2021-April 30, 2022
-Data Source: Claims Data & NHSN
-Goal Met: NWs 2, 6 and 9

GOAL 3: Improve Care in High Cost/Complex Chronic Conditions

Ensure 90 % of dialysis patients and 90% of Staff receive an influenza vaccination by the end of the base period.



-Baseline: June 1, 2020 -April 30, 2021
-Goal: 85%
-Re-Measure: June 2021-April 30, 2022
-Data Source: EQRS
-Goal Met: No Networks met goal



-Baseline: June 1, 2020 -April 30, 2021
-Goal: 90%
-Re-Measure: June 2021-April 30, 2022
-Data Source: NSHN
-Goal Met: No Networks met goal

Interventions/Resources

Staying Safe in Multigenerational Households

What is a multigenerational household?
A multigenerational household, or *grandfamily*, is one where more than two age groups live in the same home. This could be adults with children whose parents (the grandparents) also live with them. Or, it could be any other family members of different generations living together.

Multigenerational households have special needs when it comes to Coronavirus 2019 (COVID-19). This is true when someone has kidney disease and is living on dialysis or with a transplant. **Remember—everyone needs to protect against COVID-19. Anyone of any age can get sick with the virus.**

Here are some common needs and ideas on how to make it work.

Check ou

Grandparents
People in this generation may be the most v
like kidney failure.

It is important to understand and follow me
directed. As with most people, it is best to g
look into telemedicine.

Please write after each vaccine the date it was received.

- **Influenza (Flu)**
  You should receive this vaccine once every year.
  Please list date you receive this vaccine each year.

Influenza (Flu) Year 1:	Influenza (Flu) Year 5:
Influenza (Flu) Year 2:	Influenza (Flu) Year 6:
Influenza (Flu) Year 3:	Influenza (Flu) Year 7:
Influenza (Flu) Year 4:	Influenza (Flu) Year 8:

Adult Multiple Dose - Multiple Administration Vaccines

- **Pneumococcal pneumonia**
  You should receive up to three doses of this vaccine in your lifetime, with doses being five years apart.
  Circle type: PCV 13 / PPV 23 Date: ____________
  Circle type: PCV 13 / PPV 23 Date: ____________
  Circle type: PCV 13 / PPV 23 Date: ____________
- **TD (tetanus/diphtheria)**
  You should receive this vaccine once every ten years.
  Date: ____________
- **COVID-19**

2021 Vaccination Toolkit

Developed by the Forum of ESRD Networks' Medical Advisory Council (MAC)

This toolkit for health providers and practitioners is a reference tool that provides information about vaccination requirements for kidney patients in the dialysis facility.

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

Forum Medical Advisory Council (MAC)
The Forum of ESRD Networks
First Publication: 08/01/2009
Revised: 08/01/2011
Revised: 01/08/2020
Revised: 08/05/2021
© Copyright, Forum of ESRD Networks, 2021

IAL RUM ETWORKS

How Vaccines Prevent Diseases

Vaccines reduce the risk of infection by working with the body's natural defenses to help it safely develop immunity to disease.

When germs, such as bacteria or viruses, invade the body, they attack and multiply. This invasion is called an infection, and the infection is what causes illness. The immune system then has to fight the infection. Once it fights off the infection, the body is left with a supply of cells that help recognize and fight that disease in the future.

Vaccines help develop immunity by imitating an infection, but this "imitation" infection does not cause illness. It does, however, cause the immune system to develop the same response as it would to a real infection, so the body can recognize and fight the vaccine-preventable disease in the future.

IPRO End-Stage Renal Disease Network Program

Do It!

For more information or to file a grievance, please contact us:
IPRO End-Stage Renal Disease Network Program (Networks 1, 2, 6, and 9)
Corporate Office: 1979 Marcus Avenue Lake Success, NY 11042-1072
Toll Free: (800) 238-ESRD (3773)
Website: esrd.ipro.org

Protect yourself. Get the Vaccines You Need!

Vaccination is a safe, effective way to protect yourself from serious illness.

Vaccines recommended for dialysis patients:
- Annual Flu Vaccine
- Pneumonia Vaccine
- Hepatitis Vaccine

IPRO End-Stage Renal Disease Network Program
(800) 238-ESRD (3773)
esrd.ipro.org

Annual Influenza (Flu) Vaccine

- Influenza, also called the flu, is a contagious and serious respiratory disease.
- As a dialysis patient, if you get the flu you are more likely than others to develop serious problems.
- Each year there are different types of flu vaccines available; some are better suited for kidney patients. Ask your healthcare team about which flu vaccine is best for you.
- Receiving an annual flu vaccine will help protect you from getting the flu.
- According to the Centers for Disease Control and Prevention (CDC), influenza season usually is at its worst in February and can last until late May. The best time to receive a vaccine is October or November.

Pneumonia Vaccine

- Pneumonia, an infection of the lungs, needlessly affects millions of people worldwide each year.
- Pneumonia is caused by bacteria and can lead to serious infections.
- Pneumonia infections can often be prevented and can usually be treated.
- The pneumonia vaccine protects your body from many types of harmful bacteria.
- You should receive a pneumonia vaccine every five years.
- You can receive this vaccine any time of year.

Hepatitis Vaccine

- Hepatitis B causes the liver to become inflamed, and limits its normal functions. It is a serious infection that can be very dangerous and even life-threatening.
- Hepatitis B is spread through contact with blood or body fluids from someone who has the virus.
- Dialysis patients are at greater risk for exposure to this virus because of repeated access to the bloodstream during treatment.
- The hepatitis B vaccine is your best protection against the virus. It also protects against a form of liver cancer caused by hepatitis B.
- The hepatitis B vaccine is usually given in a series of three to four injections or doses over a six-month period.

For more information about these vaccines

Data Performance Scorecards/Interventions

Influenza Vaccination Report

NW 9

CCN: 152517 FMC - CANAL DIALYSIS

152517 Sajjad Habib	shabib@nephdocs.com	Facility Medical Director
152517 Angie Summers	angelene.summer@fmc-na.com	Facility Head Nurse/Nurse Supervisor
152517 Danielle Boughton	danielle.boughton@freseniusmedic om	

This facility's Patient Influenza (flu) Vaccination Rate fo

Current Flu Vacc Count	Current Eligible Patients	Current Flu
34	38	89.4

Review the list of UPIs below and make sure they have Influenza (flu)
If the patient Declines or is deemed Medically-Ineligible, that still need
EQRS.
Detailed Instructions (with screenshots) for reporting flu vaccinations
located here:
KnowledgeBase: Documenting Patient Influenza Vacc

Start of Remeasurement	End of Remeasurement	UPI No Flu Vaccina / Not Medical
8/1/2021	3/31/2022	310372
8/1/2021	3/31/2022	310362
8/1/2021	3/31/2022	310371
8/1/2021	3/31/2022	210552

IPRO ESRD Network Progr
Submit a ticket: http://help.esrd.ipro.or

End of Report

Page 1 / 1

NHSN Home
Alerts
Reporting Plan
HCW
Lab Test
Exposure
Prophy/Treat
Import/Export
Vaccination Summary
Surveys
Analysis
Users
Facility
Group
Logout

NHSN Healt

Action Items

COMPLETE THE

ALERTS

Annual Vaccination Flu Sum
Weekly Flu Vaccination Sum
COVID-19 Weekly Vaccination Summary

Missing Weekly Summary Data

IPRO

Documenting Patient Vaccines in EQRS
Pneumococcal Pneumonia, Influenza, & Hepatitis B

EQRS Dashboard Facilities
CROWN Home Patients Clinical Facilities Form 2744 CROWN Reports

Login to EQRS https://cportal.qualitynet.org/QNet/pgm_select.htm

- Choose ESRD Quality Reporting System from the drop down
- Provide login information

Documenting vaccinations

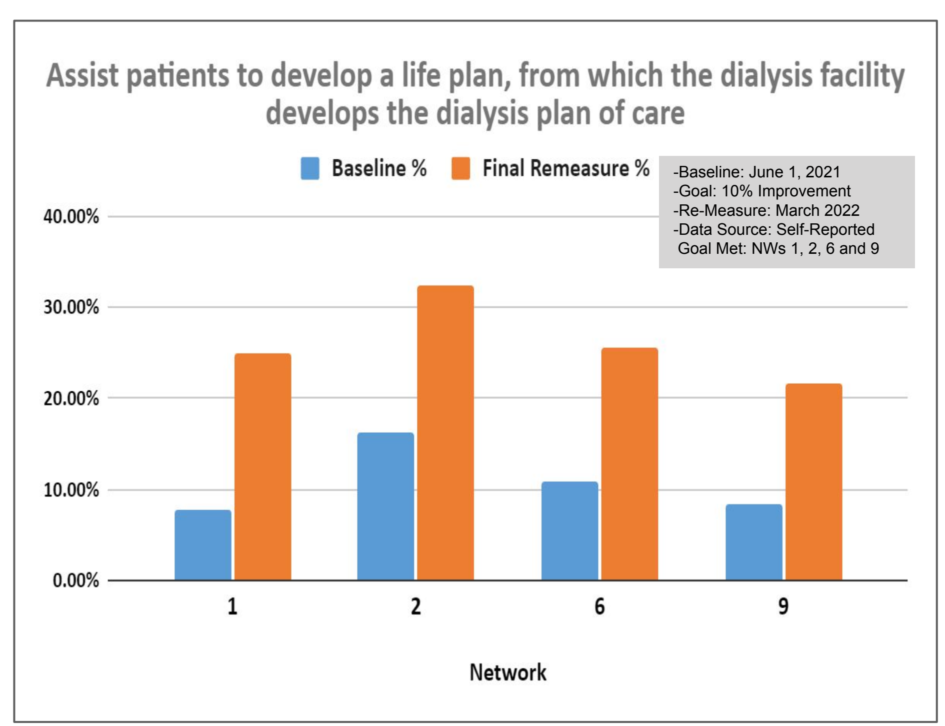
- Select the Clinical Tab
- Manage Clinical Vaccination
- Enter the Facility CCN# or Medicare Identification Number
- Select
  - Collection type, Hemodialysis or Peritoneal Dialysis
  - Clinical Month
  - Display patient
  - Select patient

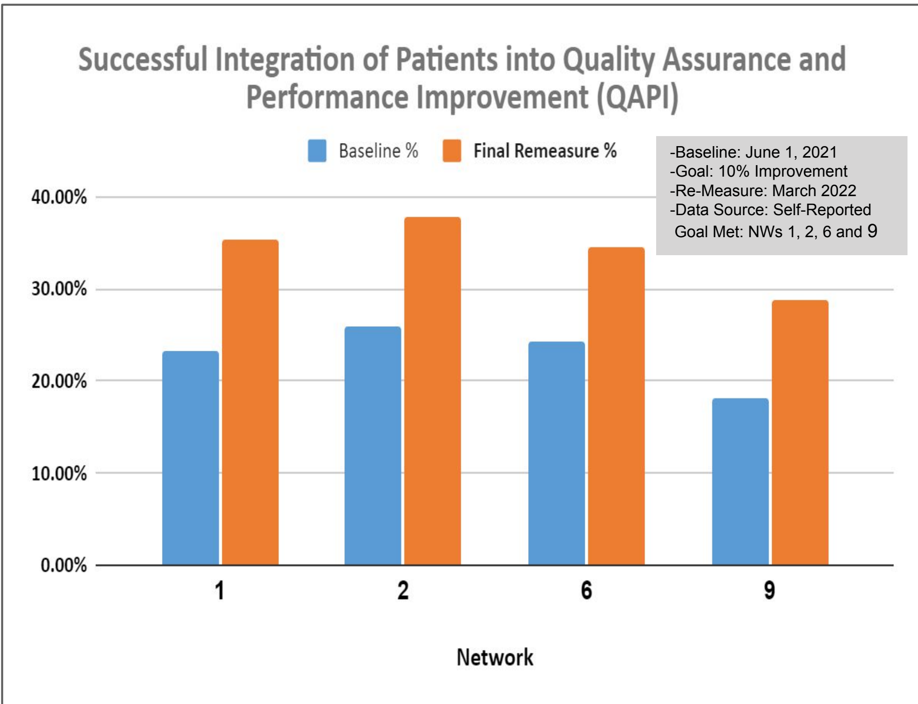
Improve Patient and Family Engagement at the Facility Level

Andrea Bates, MSW, LSW
QI Project Manager

Strategic Program Requirements: Improve Patient and Family Engagement

Plan of Care and QAPI Goals





Interventions to Address Barriers

Patients involved with QAPI

- Top barrier to patients not being including patients in QAPI were concerns with patient confidentiality
- The ***Help with HIPAA*** handout was created to assist facilities who reported
- A short video was created for facilities outlining the basics of patient inclusion
  - *Incorporating the Patient's Voice into Your Facility's QAPI Meetings*

Strategic Program Requirements: Improve Patient and Family Engagement

Peer Mentoring Program

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

Baseline %
Final Remeasure %

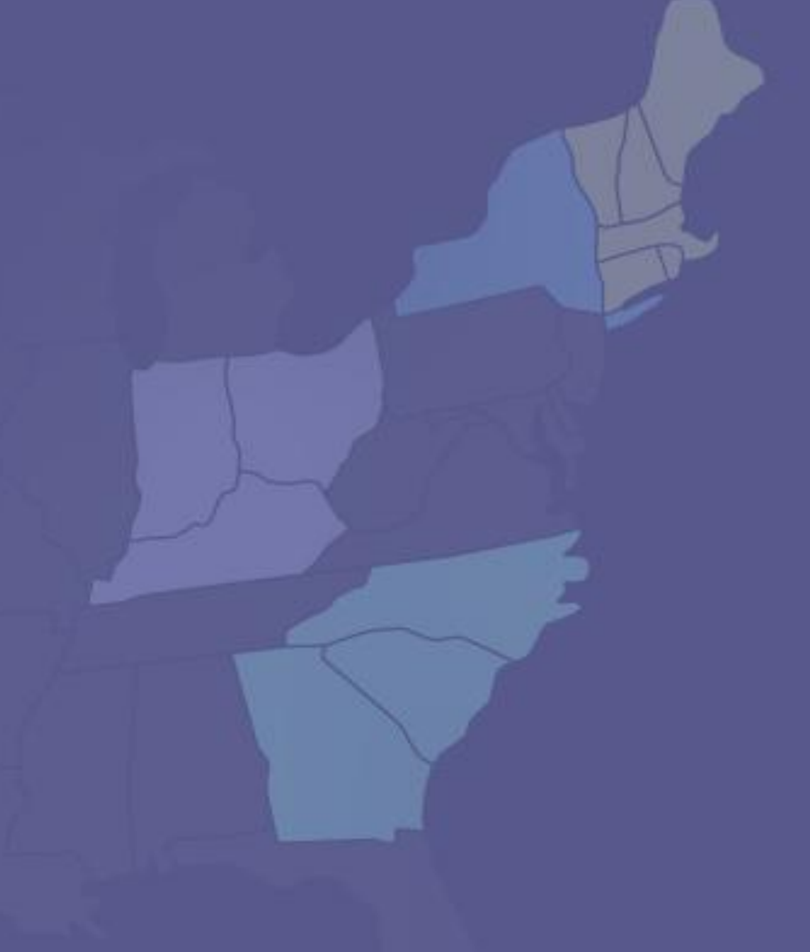
-Baseline: June 1, 2021
-Goal: 5% Improvement
-Re-Measure: March 2022
-Data Source: Self-Reported
Goal Met: NWs 1, 2, 6 and 9

25.00%
20.00%
15.00%
10.00%
5.00%
0.00%

1
2
6
9

Network

Improve the Patient Experience of Care



Danielle Daley, MBA
Executive Director
ESRD Network 6 (GA, NC, SC)

National Initiatives

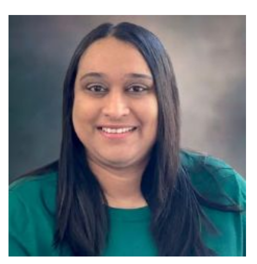
Improve the Patient Experience of Care by Resolving Grievances/Access to Care Issues

- 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.

Patient Services Team: 516-231-9767

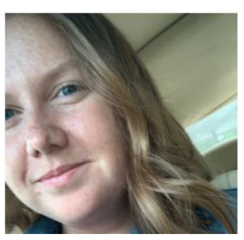
Danielle Daley, MBA
Executive Director

Agata Roszkowski, LMSW
Patient Services Director
Network 1



Shezeena Andiappen, MSW
Patient Services Coordinator
Network 2

Brooke Andrews, MSW
Patient Services Coordinator
Network 6



Elizabeth Lehnes, MSW
Patient Services Coordinator
Network 9

Julia Dettmann, BSW
Patient Services Coordinator
Emergency Coordinator

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

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

Grievance Case Management

January - May 2022

Case Categories	Network 1	Network 2	Network 6	Network 9	IPRO ESRD Network Program
Immediate Advocacy	9	7	13	8	**37**
General Grievance	2	12	16	11	**41**
Quality of Care	3	4	9	2	**18**
Total	**14**	**23**	**38**	**21**	**96**

PATIENT EXPERIENCE OF CARE

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)

esrd.ipro.org

Kidney Chronicles

IPRO END-STAGE RENAL DISEASE NETWORK PROGRAM

HELPFUL TIPS TO EMPOWER ESRD PATIENTS AS CONSUMERS

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.

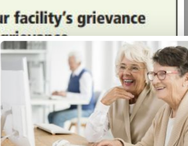
YOU have Options!

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;
- Works with renal professionals to improve the care given to you;



Filing a Grievance with your ESRD Network

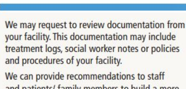
Your Network can work with you and your facility to help resolve your concerns. Before filing a grievance with us we encourage you to discuss your concern directly with a staff member at your facility. Ask to speak with someone with whom you feel comfortable sharing your concerns. If you do not wish 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.



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 decideto 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.

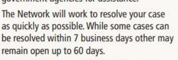
The Network will collaborate with you and the facility staff to reach a resolution by advocating on your behalf based on your rights as a patient.

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.

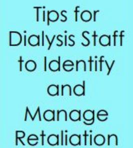


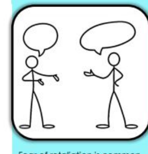
The Network will work to resolve your case as quickly as possible. While some cases can be resolved within 7 business days other may remain open up to 60 days.

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
- Notice your actions – they speak louder than words

Fear of retaliation is common among dialysis patients. It is never okay for a patient to feel

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 ... willingness to take every opportunity available to ... are.

What if the grievant wants to file a grievance anonymously?

The Network encourages facilities to develop an internal process for anonymous grievances to include the date of the incident, staff involved, description of incident and any witnesses, ensuring that the grievance can be submitted to maintain anonymity. Grievances can also be reported to the Network anonymously if desired.

What fosters an environment that encourages patients, family members ...

... responsible for carrying out an ...gation of a grievance?

...y Administrator/Clinic Manager should take the lead ...ating and resolving all grievances. If the grievance ...e Facility Administrator/Clinic Manager, the ... should be investigated by that individual's direct ... This helps to create a process that is easy for ... understand and eliminates questions about with ...y should follow up if questions arise.

End-Stage Renal Disease Network Program

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 (CfC).*

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 Governance (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)*
IVD should be the option of last resort	An involuntary discharge can begin only if: 1. All efforts to resolve the problem have failed. 2. The issues and interventions to address them have been properly documented. ...e facility should assist the patient with est... another facility if the IVD cannot be avert... ...hen attempting to assist the patient in tra... ...e medical information requested by the ot... ...NOT include additional documentation indicat... circumstances surrounding the discharge unle... is considered blacklisting and will be reported
	...ses of immediate severe threat to the health a... ...eviated IVD procedure. Per the CfC Interpretiv... ...e a threat or physical harm. For example, if a p... ...ysical harm, this would be considered an "im... ...al abuse is not considered to be an immediate ...ities must notify the State Survey Agency of al... **result of immediate, severe threats, the S... ...ediately.**

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) *Standard: Right to be informed regarding the facility's discharge and transfer policies.* 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 for Governance 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

IPRO End-Stage Renal Disease Network of New England — network1.esrd.ipro.org

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.)

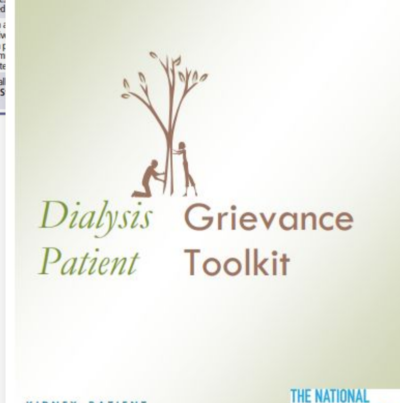
- **NO:** I do not feel comfortable talking to someone at the Network **or** I am not sure the Network can address my grievance
- **YES:** After speaking with the Network I feel my grievance will be handled. → **SUCCESS**

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 HHSM-500-2016-00019C



Access to Care

Upon the receipt of a access to care concern, 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

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 & Medicaid Services (CMS) Conditions for Coverage (CfC).

IVD Guidelines

- Notify the Network **PRIOR** to discharge any potential IVD and notice provided to patient
- Have a policy and procedure in place for IVDs
- Train facility staff
- Document everything
- IVD should be the option of **LAST** resort
- Assist the patient with placement
- Notifying the State Survey Agency

Access to Care Case Management

January - May 2022

Case Categories	Network 1	Network 2	Network 6	Network 9	IPRO ESRD Network Program
Facility Concern	51	92	75	80	**298**
Access to Care	24	44	59	50	**177**
Averted Discharge	8	9	7	18	**42**
Involuntary Discharge	3	6	35	28	**72**
Failure to Place	3	6	1	4	**14**
Total	**75**	**136**	**134**	**130**	**475**

Emergency Management

Danielle Daley, MBA
Executive Director
ESRD Network 6 (GA, NC, SC)

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

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

IPRO

IPRO ESRD Network Program: Emergency Operational Status Report

Please complete the form below for your facility's operational status (Open/Closed/Altered).

- The Emergency Operational Status Report must be received by **11AM Daily** until the dialysis facility's normal operational status is resumed following an **active weather related emergency**.
- For all other reportable events, submit an initial report of the event and submit a follow-up report once the event has concluded.
- Survey completion is dependent on all fields as marked by * **must provide value.**

FACILITY INFORMATION

Select your Network from the dropdown menu below:
* must provide value

If your CCN and Facility Name is NOT listed above, please list CCN, Facility Name and Address below.

Expand

FACILITY OPERATIONAL STATUS - A NEW FORM
SCHEDULE BY 11AM IF IMPACT EXTENDS FOR M

Please select the date for which you a facility's operational status.
* must provide value

Please select your facility's operationa selected above:
* must provide value

What type of event are you reporting o
* must provide value

- ☐ Power Outage
- ☐ Water Issues (RO, municipal water, etc.)
- ☐ Renovations/ Remodeling
- ☐ Positive Cultures
- ☐ Wind Storm/Damage
- ☐ Flash Flooding
- ☐ Earthquake
- ☐ Winter Weather: Snow/ Ice/ Sleet/ Freezing Rain
- ☐ Hurricane/Tropical Storm
- ☐ Structural Damage
- ☐ Fire Alarm System Failure
- ☐ Hazardous Materials Incident
- ☐ Bomb Threat
- ☐ Evacuation/Relocation of Patients
- ☐ Other (Specify Below)

Choose all that apply.

Brief description of event and mitigation plans.
* must provide value

PATIENT INFORMATION

Have you provided any of the following information to patients in preparation for this event?
* must provide value

- ☐ 3 Day Emergency Diet
- ☐ Hurricane Preparedness Tip Sheet
- ☐ Facility Emergency Contact Information
- ☐ Organization Specific Emergency Preparedness Resource
- ☐ Other

Choose all that apply.

Have all patients been contacted and/or accounted for?
* must provide value

- ○ Yes
- ○ No

reset

(Requests or Needs) - Is there anything that the Network can do to support your facility or patients at this time?

Expand

e.g. Transportation, staffing, generator fuel, potable water

Additional Comments:

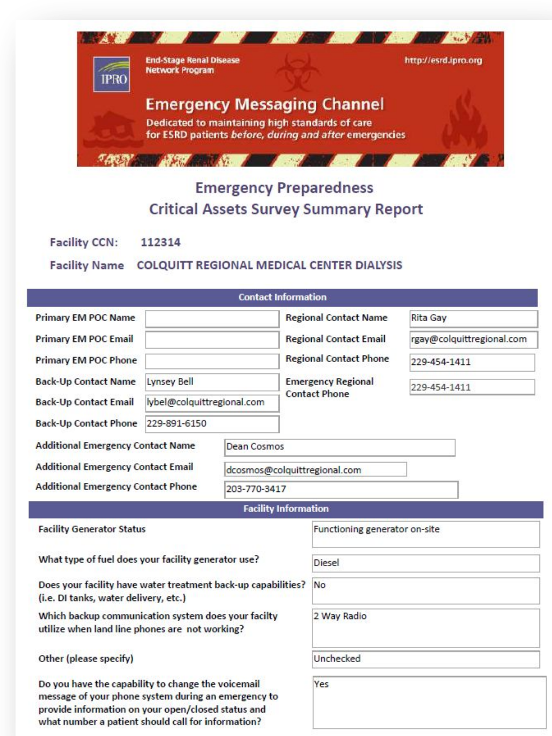
Expand

Critical Asset Survey (CAS) for 2022

- Annual Critical Assets Survey (CAS)
  - https://redcap.ipro.org/surveys/?s=FFNKEEHC9EYJAC8F
  - 88% completion rate (1,752/2,002) for 2022
  - 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



End-Stage Renal Disease Network Program

http://esrd.ipro.org

IPRO

Emergency Messaging Channel

Dedicated to maintaining high standards of care for ESRD patients *before, during and after* emergencies

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 facilty 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

Critical Asset Survey (CAS) for 2022

Due 5/31/2022. Collection calls will begin next week.

- If you receive an email = no CAS submitted
- It is not considered **Submitted** if:
  - It was incomplete/abandoned
  - Wrong CCN was entered

Re-Enter your facility CCN as it appears in the drop down above (6 digits, no spaces, no dashes)

- Only 1 submission per facility.
- If you enter the correct CCN and get a "Duplicate Value!" message, it means that this Survey has already been submitted and no further action required**!**

* must provide value

Submit 1 per facility Only. If you see "Duplicate Value!" message, that means it has already been submitted and no further action needed.

Thank You

For more information about the IPRO ESRD Network Program,
go to https://esrd.ipro.org/

Department Phone and Fax Lines:
Patient Services: 516-231-9767
Data Management: 516-268-6426
Administration: 516-686-9790

Toll-Free Patient Line: 800-238-3773 (ESRD)

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

http://ipro.org