End-Stage Renal Disease Network Program

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

June 12, 2024

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

Meeting Reminders

Chat with Us!

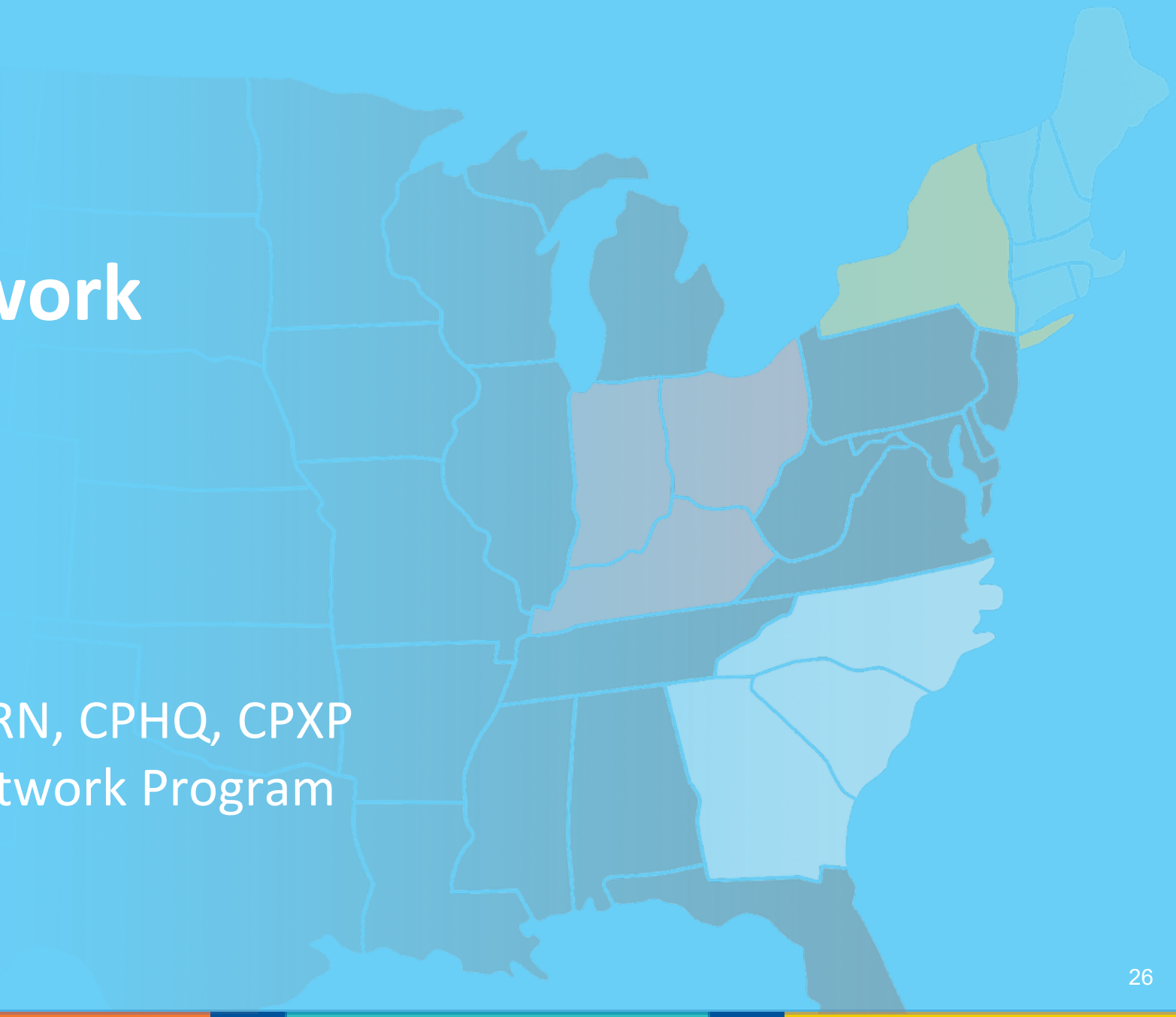
- This meeting will be recorded and slides made available on the Network Website
- All phone lines have been muted to avoid background noise
- Be present and engaged in the presentations
- Be prepared for active participation in Chat

Meeting Reminders

Agenda

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

IPRO ESRD Network Program



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

IPRO Overview

Capabilities

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

Mission Statement

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

Administration Team

Phone: 516-686-9790

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

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

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

Laura Edwards
Contract Manager

ESRD Statement of Work (SOW)

5-Year Contract Cycle

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

IPRO ESRD Network Program

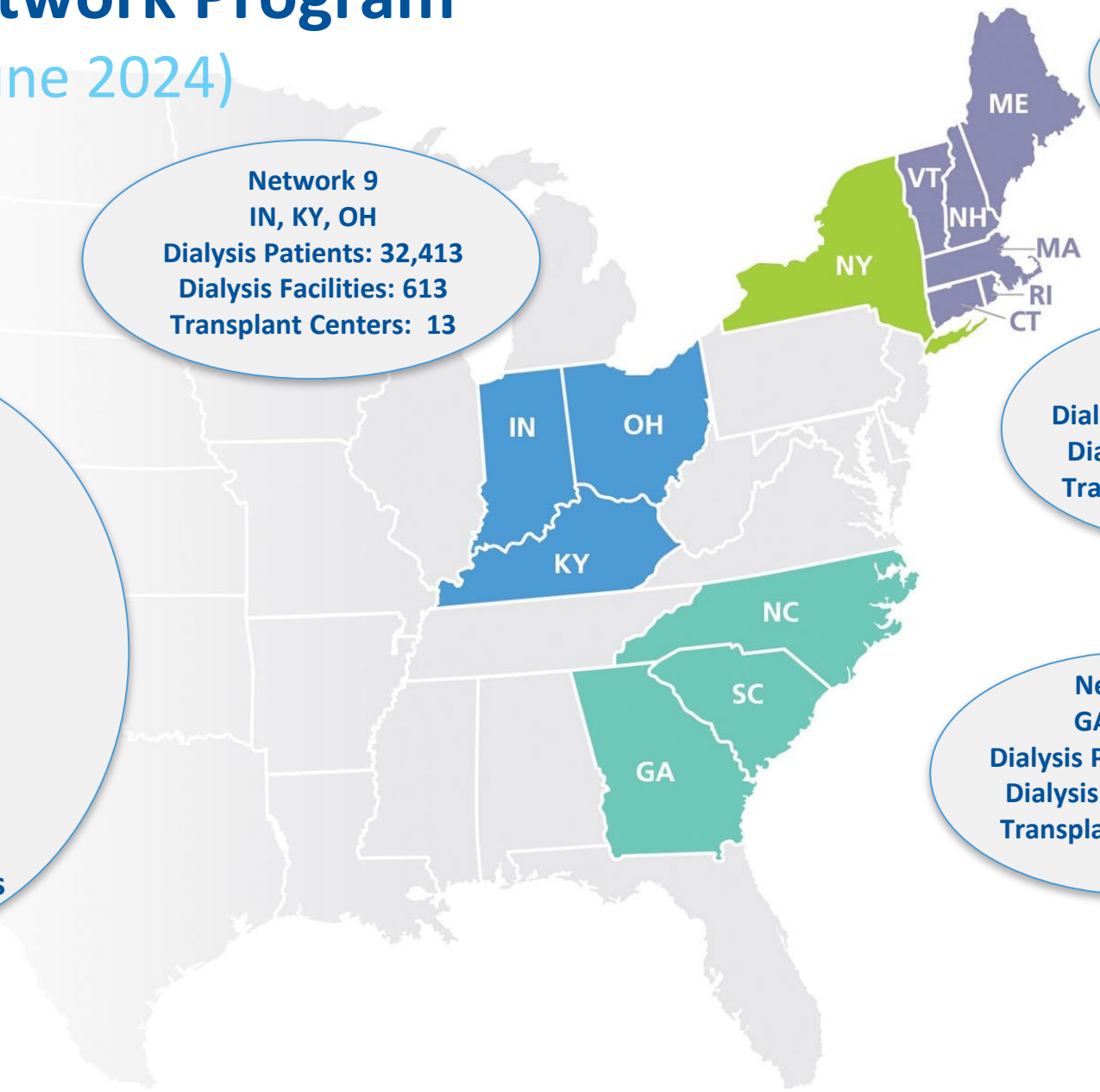
Service Areas (June 2024)

IPRO ESRD Program

202,694
Dialysis Patients

1,950
Dialysis Facilities

55
Transplant Centers



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

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

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

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

CMS Expectations

Network Responsibilities

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

CMS Expectations

Facility Responsibilities

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

Annual Collaborator Survey

We Want to Hear from YOU!

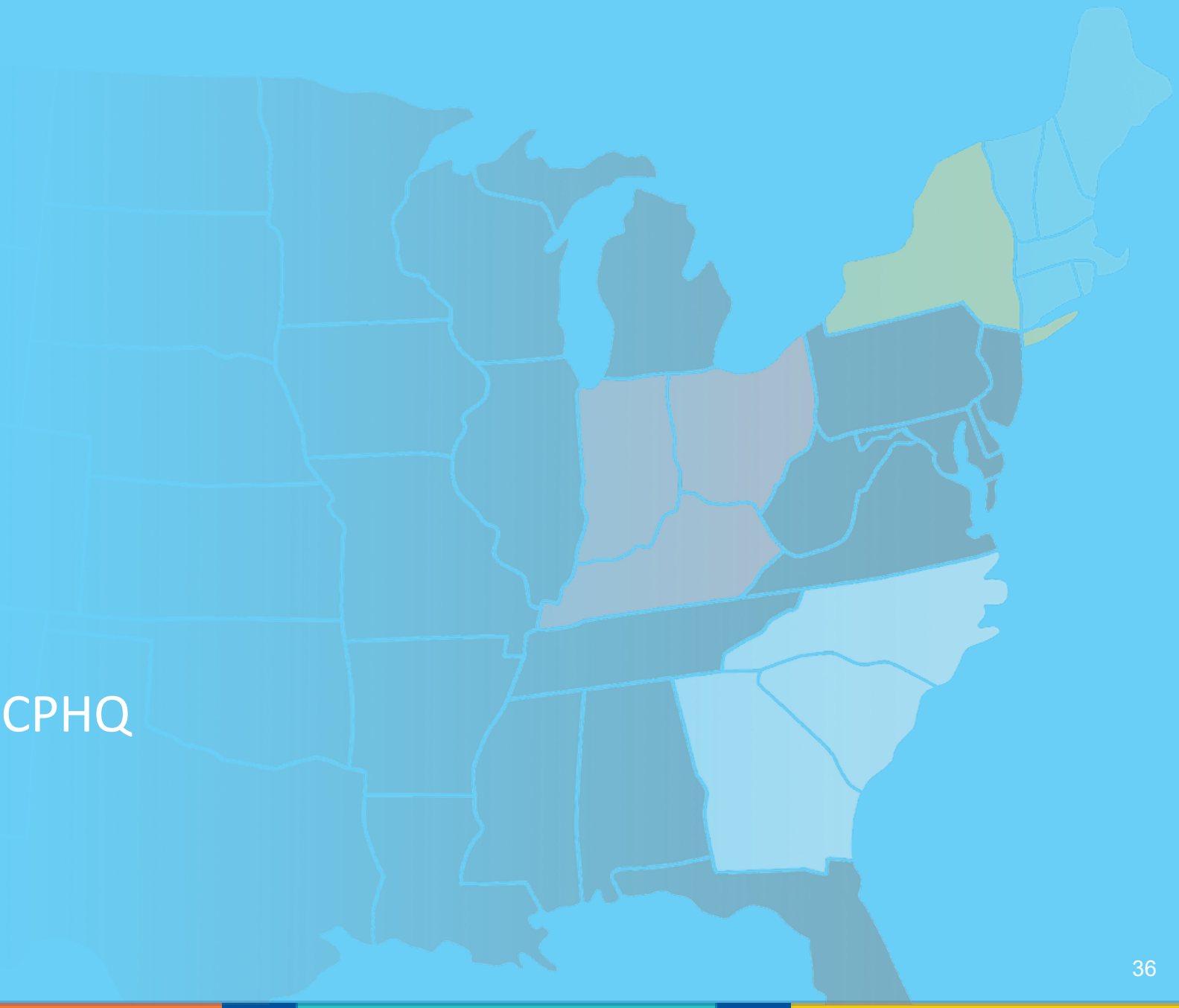
- Conducted early June 2024
  - Request sent via ESRD Communications Email and IPRO Learn
- Metrics are used to gauge the effectiveness and efficiency of collaborating with our organization (IPRO), including:
  - Customer Satisfaction
  - Usefulness of Educational Materials for Quality Improvement
 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

Annual Collaborator Survey

Interventions Based on Feedback

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

Quality Improvement



Victoria Cash MBA, RN, CPHQ
Executive Director

Quality Improvement Team

Michele Anderson, CCHT
On-Site Technical Assistance

Marie Heard, OCDT
Assistant Director
On-Site Technical Assistance

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

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

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

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

Quality Improvement Team

Aisha Edmondson
Project Lead - Patient Family Engagement

Tiffany Reese-Arrington, CCHT
Project Lead – Healthy Lifestyles

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

Stephanie Roy, MPH
Health Equity Specialist

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

May 2024-April 2025 Updates and Initiatives

Program Objectives

- Improve Care in High Cost/ Complex Chronic Conditions
  - Improve Education and Access to Empower Patient Choice of a Home Modality
  - Improve Education and Access to Empower Patient Choice of Transplant
  - Educate and Manage to Prevent Disease - Related Vaccinations
- Reduce Hospitalizations and Outpatient Emergency Room Visits
- Improve Patient and Family Engagement at the Facility Level
- Improve quality of Data entered into the End Stage Renal Disease Quality Reporting System (EQRS)
- Lead efforts to improve equity in the delivery of healthcare - CLAS

How Do We Effect Change?

Multifaceted Approach

Network-Wide

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

IPRO Learn

What's New / Recent Announcements

Collapse all

Featured Events! Click Here for Past Events, Click 'Registration' for Upcoming Event Info

- 6/12 **Registration** IPRO ESRD Network: What You Need to Know about CMS Priorities, Goals, and IPRO Quality Improvement Activities

Happy #PrideMonth!

The LGBTQ+ community faces many barriers when it comes to seeking healthcare due to the fear of discrimination and rejection. This puts the community at a higher risk for developing health problems like kidney disease. Listen to this podcast from National Kidney Foundation (NKF) to learn how you can help you/ your patients advocate for themselves at future healthcare appointments to make sure everyone receives the care that they deserve.

Apple Podcast | Spotify Podcast

Join the Ohio River Valley Transplant Coalition!!

Not available unless: You belong to **OH** (hidden otherwise)

To Do / Required Activities Due June 30, 2024

NEW FEATURE Add or designate your facility's ADMINISTRATIVE ASSISTANT and PHYSICIAN EXTENDER ROLE (Nursing Practitioner / Physician's Assistant)to your facility's contact list with the Network, so they can also receive Network updates and reminders!	
Test Your Implicit Bias! (Informative & 100% Confidential Test)	
Network-Facility Flyer	**To do:** Make a choice
QIA EQRS Compliance: 2728 Forms: New Facility Guide!	**To do:** Student must submit this questionnaire to complete it
QIA Health Equity: Smart Food Choices on the Go	**To do:** Student must submit this questionnaire to complete it
QIA Healthy Living: Join the Movement by taking the Healthy Living Pledge!	**To do:** Student must submit this questionnaire to complete it
QIA Home: CKD and Modality Education	**To do:** Student must submit this questionnaire to complete it

ESRD Network Public Events

QIA Forums & Toolkits

Depression
Forum
Toolkit

Health Equity
Forum
Toolkit

Healthy Living
Forum
Toolkit

Home Modalities
Forum
Toolkit

Polling Question

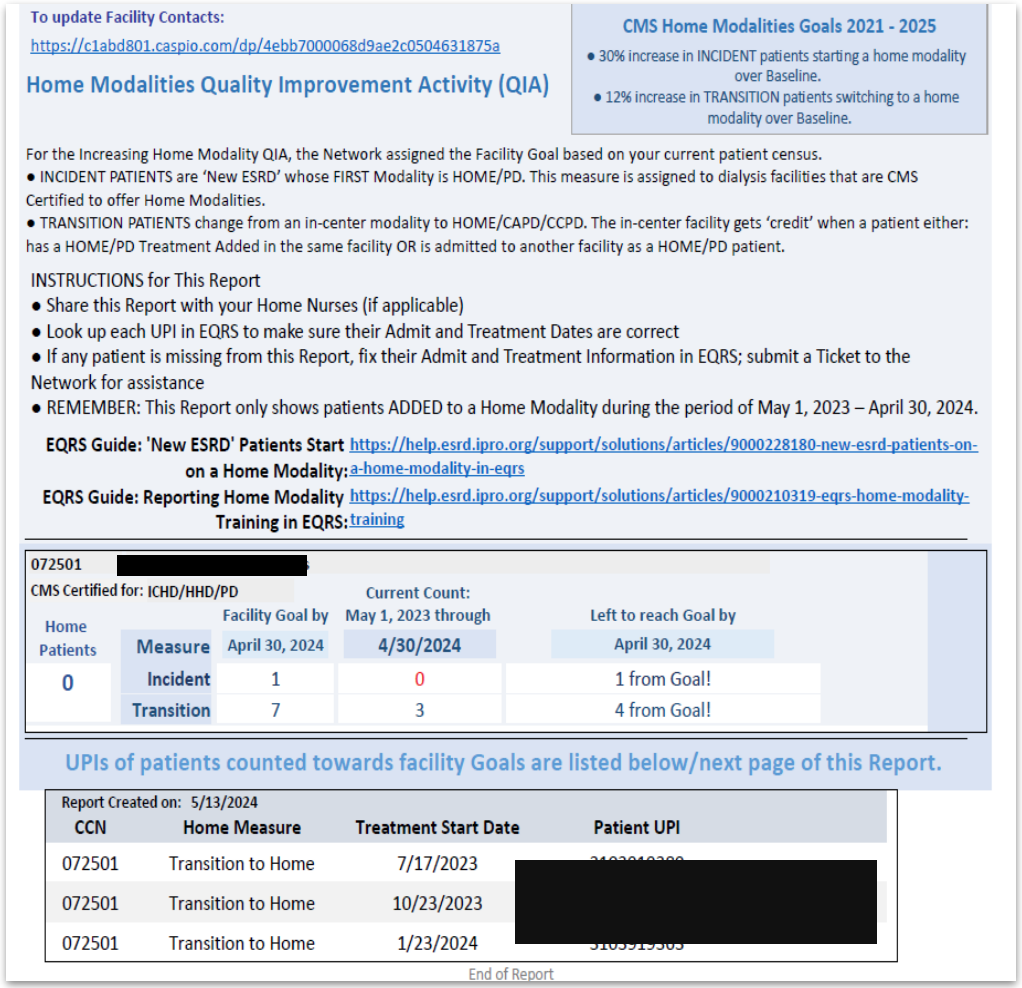
Your Feedback is Needed!

IPRO Learn

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

Ready to Answer?

Performance Reports and Network/National Calls



To update Facility Contacts:
https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a

Home Modalities Quality Improvement Activity (QIA)

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

For the Increasing Home Modality QIA, the Network assigned the Facility Goal based on your current patient census.
- INCIDENT PATIENTS are 'New ESRD' whose FIRST Modality is HOME/PD. This measure is assigned to dialysis facilities that are CMS Certified to offer Home Modalities.
- TRANSITION PATIENTS change from an in-center modality to HOME/CAPD/CCPD. The in-center facility gets 'credit' when a patient either: has a HOME/PD Treatment Added in the same facility OR is admitted to another facility as a HOME/PD patient.

INSTRUCTIONS for This Report
- Share this Report with your Home Nurses (if applicable)
- Look up each UPI in EQRS to make sure their Admit and Treatment Dates are correct
- If any patient is missing from this Report, fix their Admit and Treatment Information in EQRS; submit a Ticket to the Network for assistance
- REMEMBER: This Report only shows patients ADDED to a Home Modality during the period of May 1, 2023 – April 30, 2024.

EQRS Guide: 'New ESRD' Patients Start on a Home Modality: https://help.esrd.ipro.org/support/solutions/articles/9000228180-new-esrd-patients-on-a-home-modality-in-eqrs

EQRS Guide: Reporting Home Modality Training in EQRS: https://help.esrd.ipro.org/support/solutions/articles/9000210319-eqrs-home-modality-training

072501 [redacted]
CMS Certified for: ICHD/HHD/PD

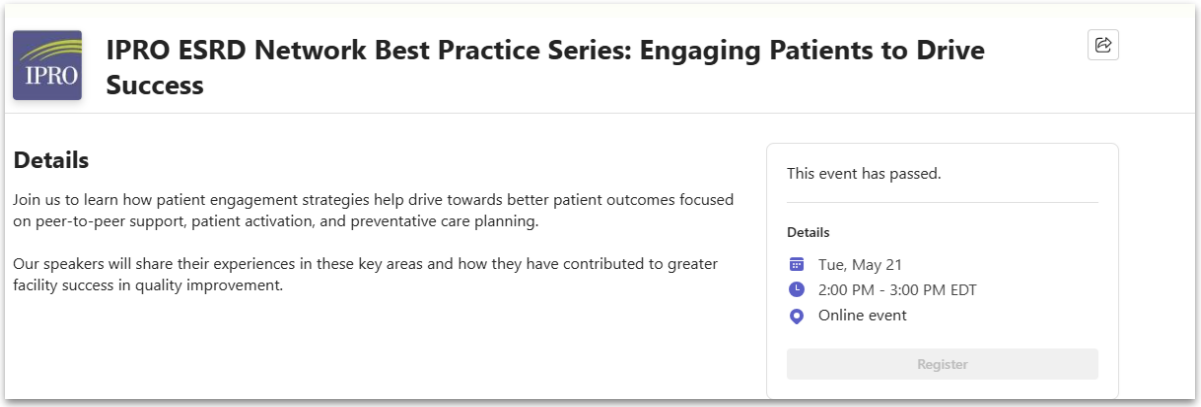
Home Patients	Measure	Facility Goal by April 30, 2024	Current Count: May 1, 2023 through 4/30/2024	Left to reach Goal by April 30, 2024
0	Incident	1	0	1 from Goal!
	Transition	7	3	4 from Goal!

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

Report Created on: 5/13/2024

CCN	Home Measure	Treatment Start Date	Patient UPI
072501	Transition to Home	7/17/2023	[redacted]
072501	Transition to Home	10/23/2023	
072501	Transition to Home	1/23/2024	

End of Report



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

Details

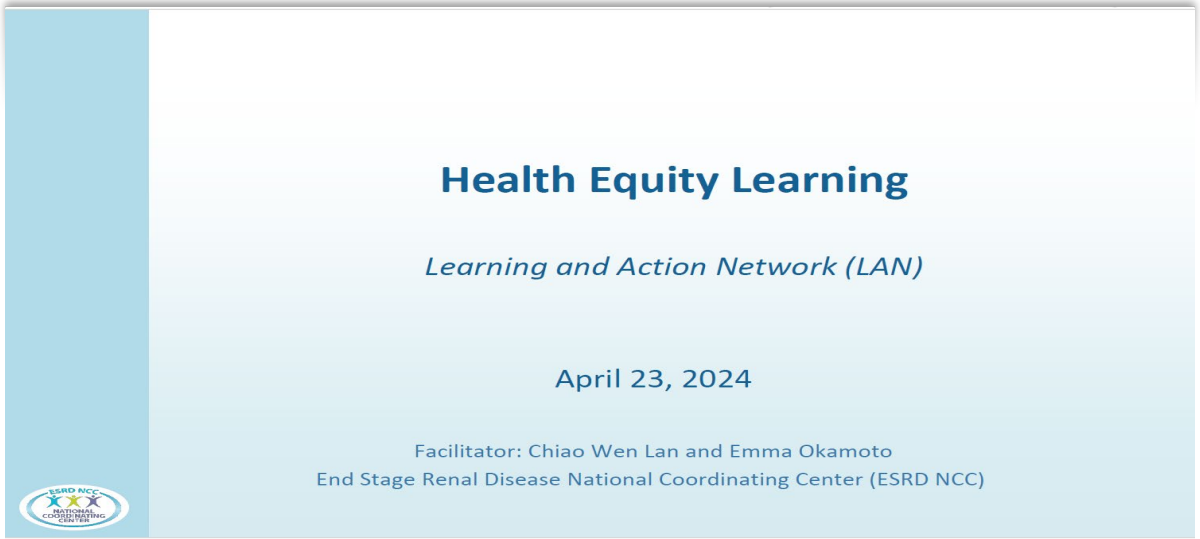
Join us to learn how patient engagement strategies help drive towards better patient outcomes focused on peer-to-peer support, patient activation, and preventative care planning.

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

This event has passed.

Details
Tue, May 21
2:00 PM - 3:00 PM EDT
Online event

Register



Health Equity Learning

Learning and Action Network (LAN)

April 23, 2024

Facilitator: Chiao Wen Lan and Emma Okamoto
End Stage Renal Disease National Coordinating Center (ESRD NCC)

How Do We Effect Change?

Targeted Improvement Effort

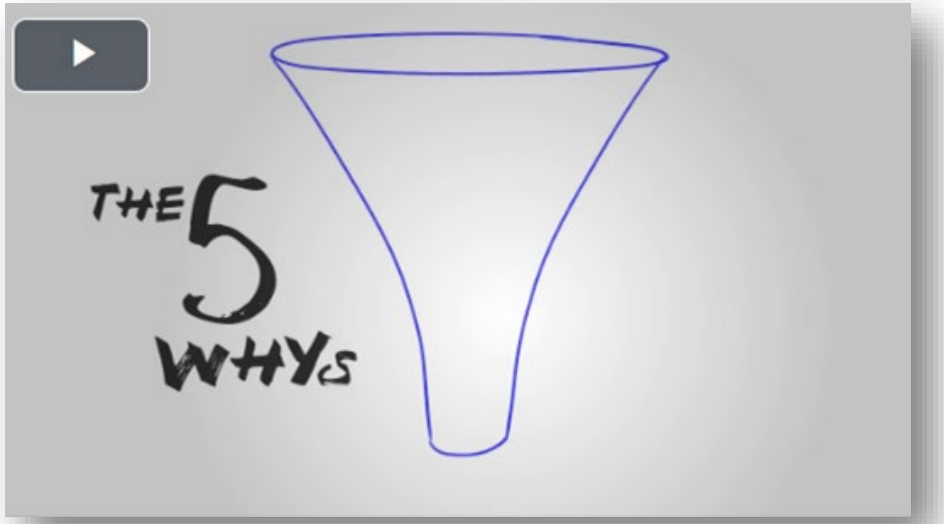
Community Coalitions and On Site Visits

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

Root Cause Analysis (RCA)

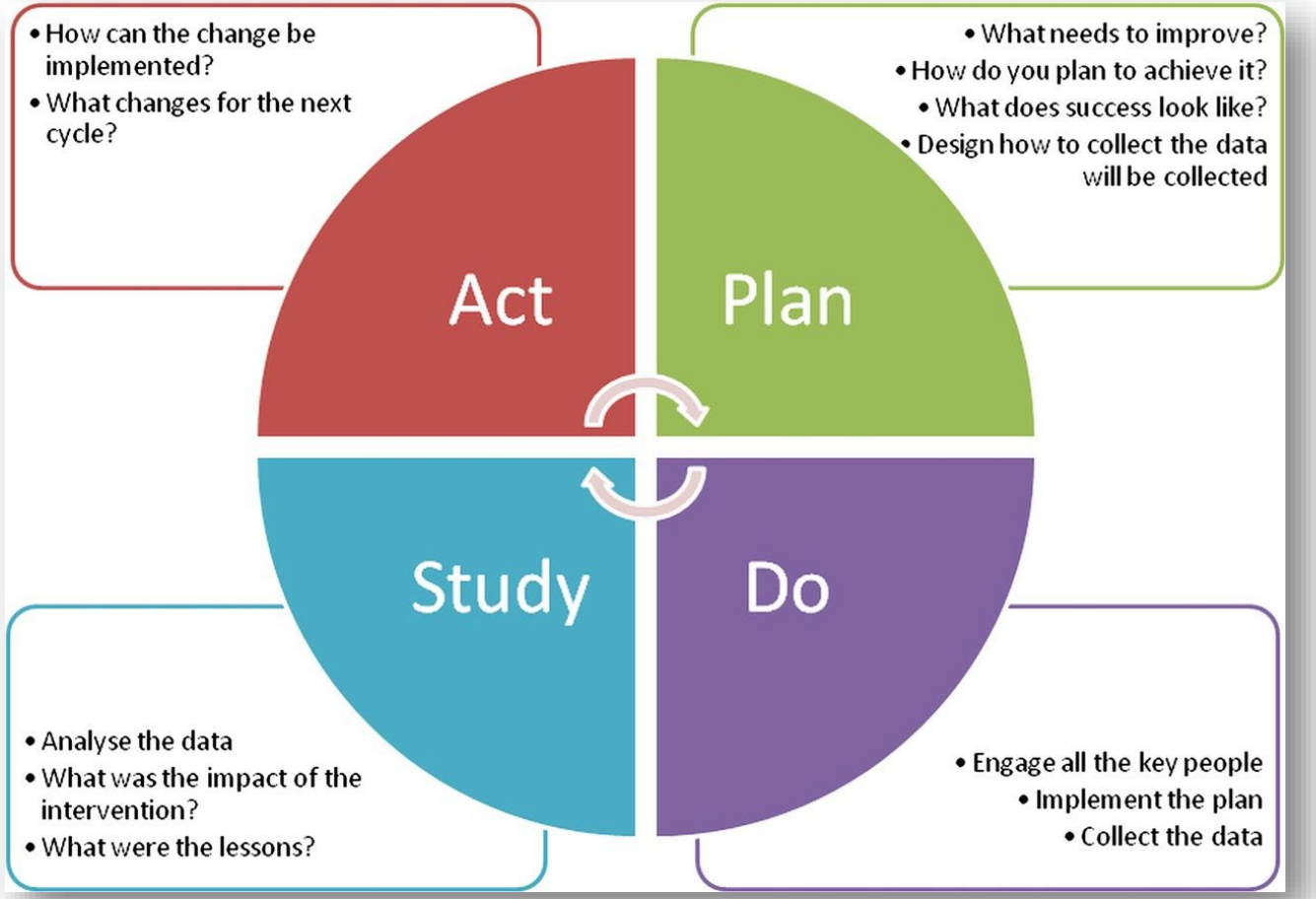
First Step in Problem Solving

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



Plan-Do-Study-Act (PDSA)

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



On-Site Technical Assistance

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

Quality Improvement Objectives and Key Results

Katie Chorba, MSN, RN
Assistant Director

Caroline Sanner, MSN, RN-BC, CPHQ
Assistant Director

Improve Care in High Cost/ Complex Chronic Conditions

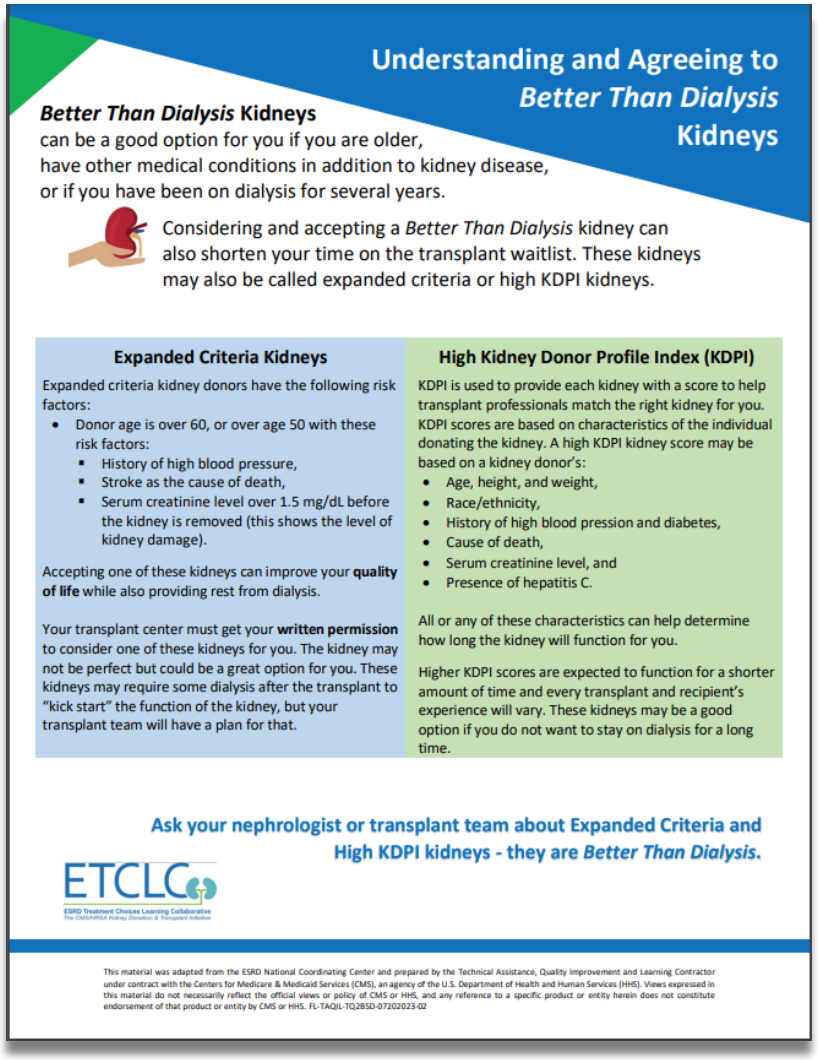
Improve Education and Access to Transplantation

Goal

- Increase the number of patients added to the kidney transplant waitlist
- Increase the number of patient who receive a kidney transplant

Improve Education and Access to Transplantation

Interventions



Understanding and Agreeing to *Better Than Dialysis* Kidneys

***Better Than Dialysis* Kidneys** can be a good option for you if you are older, have other medical conditions in addition to kidney disease, or if you have been on dialysis for several years.

Considering and accepting a *Better Than Dialysis* kidney can also shorten your time on the transplant waitlist. These kidneys may also be called expanded criteria or high KDPI kidneys.

Expanded Criteria Kidneys

Expanded criteria kidney donors have the following risk factors:

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

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

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

High Kidney Donor Profile Index (KDPI)

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

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

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

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

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

ETCLC

ESRD Treatment Choices Learning Collaborative

This material was adapted from the ESRD National Coordinating Center and prepared by the Technical Assistance, Quality Improvement and Learning Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. FL-TAQIL-TQ285D-07202023-02

https://youtu.be/VpPyKJ_26o0?si=sSccIf2m6hBtiqhd

Patient and Family Engagement

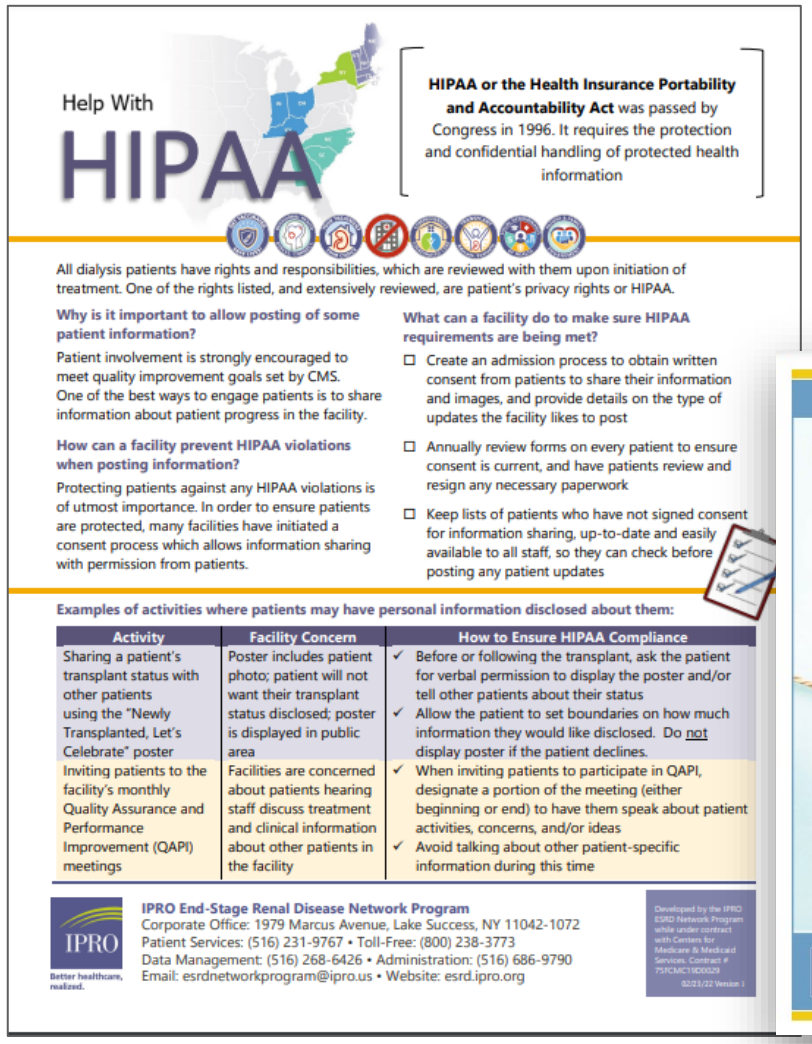
Improve Patient and Family Engagement at the Facility Level

Goal

- Increase the number of facilities who integrate patients and families into QAPI meetings
- Increase the number of facilities that assist patients to develop a life plan
- Increase the number of facilities that develop and support a patient-patient support program

Patient and Family Engagement

Interventions



Help With

HIPAA

HIPAA or the Health Insurance Portability and Accountability Act was passed by Congress in 1996. It requires the protection and confidential handling of protected health information

All dialysis patients have rights and responsibilities, which are reviewed with them upon initiation of treatment. One of the rights listed, and extensively reviewed, are patient's privacy rights or HIPAA.

Why is it important to allow posting of some patient information?

Patient involvement is strongly encouraged to meet quality improvement goals set by CMS. One of the best ways to engage patients is to share information about patient progress in the facility.

How can a facility prevent HIPAA violations when posting information?

Protecting patients against any HIPAA violations is of utmost importance. In order to ensure patients are protected, many facilities have initiated a consent process which allows information sharing with permission from patients.

What can a facility do to make sure HIPAA requirements are being met?

- ☐ Create an admission process to obtain written consent from patients to share their information and images, and provide details on the type of updates the facility likes to post
- ☐ Annually review forms on every patient to ensure consent is current, and have patients review and resign any necessary paperwork
- ☐ Keep lists of patients who have not signed consent for information sharing, up-to-date and easily available to all staff, so they can check before posting any patient updates

Examples of activities where patients may have personal information disclosed about them:

Activity	Facility Concern	How to Ensure HIPAA Compliance
Sharing a patient's transplant status with other patients using the "Newly Transplanted, Let's Celebrate" poster	Poster includes patient photo; patient will not want their transplant status disclosed; poster is displayed in public area	✓ Before or following the transplant, ask the patient for verbal permission to display the poster and/or tell other patients about their status ✓ Allow the patient to set boundaries on how much information they would like disclosed. Do not display poster if the patient declines.
Inviting patients to the facility's monthly Quality Assurance and Performance Improvement (QAPI) meetings	Facilities are concerned about patients hearing staff discuss treatment and clinical information about other patients in the facility	✓ When inviting patients to participate in QAPI, designate a portion of the meeting (either beginning or end) to have them speak about patient activities, concerns, and/or ideas ✓ Avoid talking about other patient-specific information during this time

IPRO End-Stage Renal Disease Network Program
Corporate Office: 1979 Marcus Avenue, Lake Success, NY 11042-1072
Patient Services: (516) 231-9767 • Toll-Free: (800) 238-3773
Data Management: (516) 268-6426 • Administration: (516) 686-9790
Email: esrdnetworkprogram@ipro.us • Website: esrd.ipro.org

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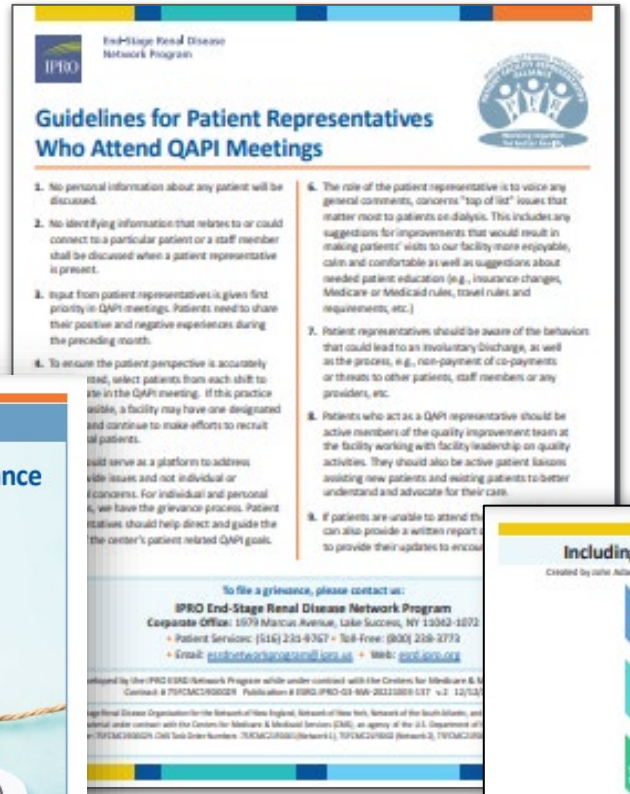

End-Stage Renal Disease Network Program

Guidelines for Patient Representatives Who Attend QAPI Meetings

1. No personal information about any patient will be discussed.
2. No identifying information that relates to or could connect to a particular patient or a staff member shall be discussed when a patient representative is present.
3. Input from patient representatives is given first priority in QAPI meetings. Patients need to share their positive and negative experiences during the preceding month.
4. To ensure the patient perspective is accurately [illegible], select patients from each shift to [illegible] in the QAPI meeting. If this practice [illegible], a facility may have one designated [illegible] and continue to make efforts to recruit [illegible] patients.
5. [illegible] serve as a platform to address [illegible] issues and not individual or [illegible] concerns. For individual and personal [illegible], we have the grievance process. Patient [illegible] should help direct and guide the [illegible] the center's patient related QAPI goals.
6. The role of the patient representative is to voice any general comments, concerns "top of list" issues that matter most to patients on dialysis. This includes any suggestions for improvements that would result in making patients' visits to our facility more enjoyable, calm and comfortable as well as suggestions about needed patient education (e.g., insurance changes, Medicare or Medicaid rules, travel rules and requirements, etc.)
7. Patient representatives should be aware of the behaviors that could lead to an involuntary discharge, as well as the process, e.g., non-payment of co-payments or threats to other patients, staff members or any providers, etc.
8. Patients who act as a QAPI representative should be active members of the quality improvement team at the facility working with facility leadership on quality activities. They should also be active patient liaisons assisting new patients and existing patients to better understand and advocate for their care.
9. If patients are unable to attend the [illegible] can also provide a written report [illegible] to provide their updates to encou[illegible]

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

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Publication # ESRD-IPRO-03-WA-20221003-EXT v.2 12/13/22

Including Patients in Your Facility QAPI Meetings: Format and Guide

Created by John Adams, LMSW, Renal Social Worker at SUNY Downstate Parkside Dialysis Center and adapted for the IPRO ESRD Network Program.

Patient Selection
- Select patients from different treatment schedules and shifts, if available.
- Talk to each patient about their preferred way of participating (in person, virtual, teleconference, chairside, written report out).

Creating Your Process
- Develop guidelines specific to your facility's policies, procedures, and culture.
- Take time to help the patients feel comfortable about contributing to QAPI meetings.

Scheduling the Patient
- Schedule times during the meeting for each of the patients to present their report.
- Make sure patients understand that the scheduled time is dedicated to their presentation and that they are to focus only on center-wide issues.
- Be sure that patients don't share PHI or PII of other patients.

After the Patient Presents
- Thank patients for their contributions to the meeting.
- Make sure they know that a follow up to their report will be provided after the meeting.
- Be sure that patients don't share PHI or PII of other patients.

Follow-Up
- Identify issues discussed during the meeting which require follow-up.
- Create a timeline with due dates for actions leading to resolution.
- Ensure that a designated member of the QAPI team includes the patient in the follow-up process.

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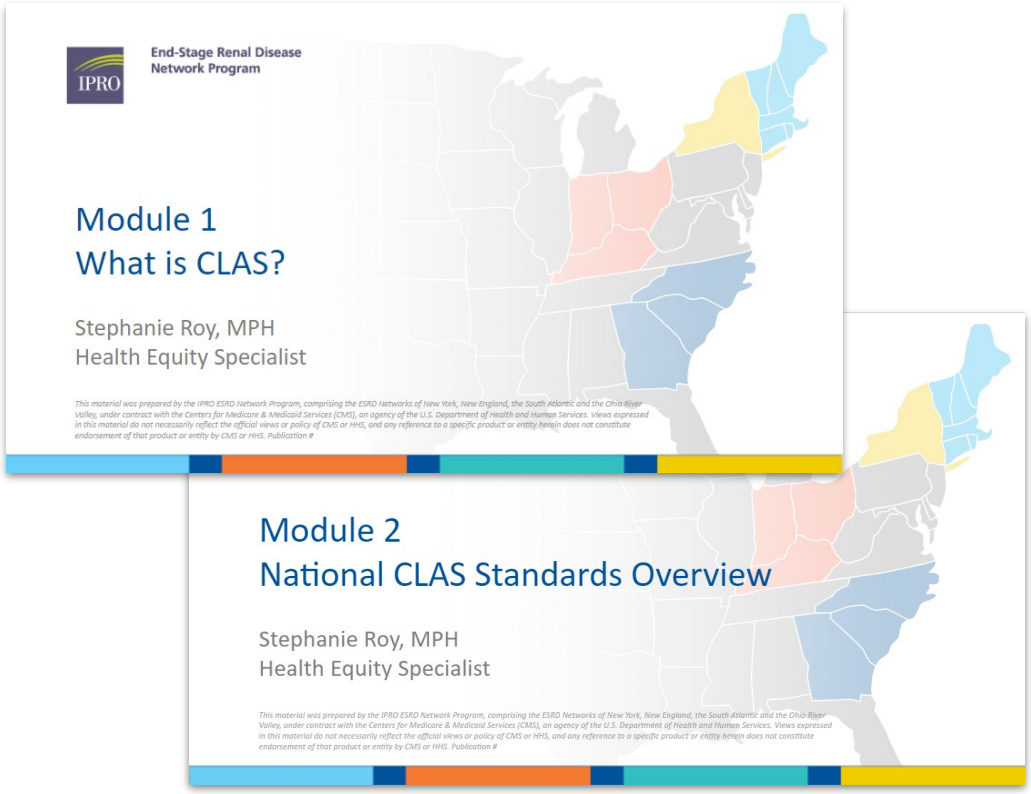
Health Equity and Culturally and Linguistically Available Services (CLAS)

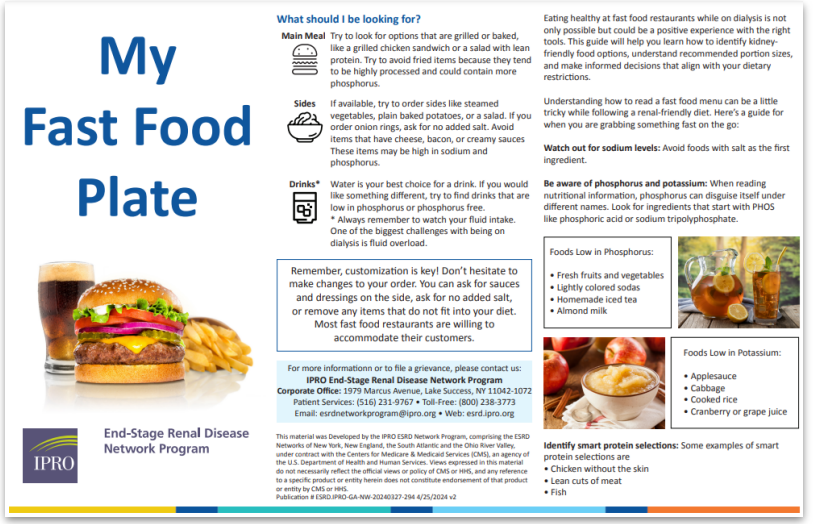
Goal

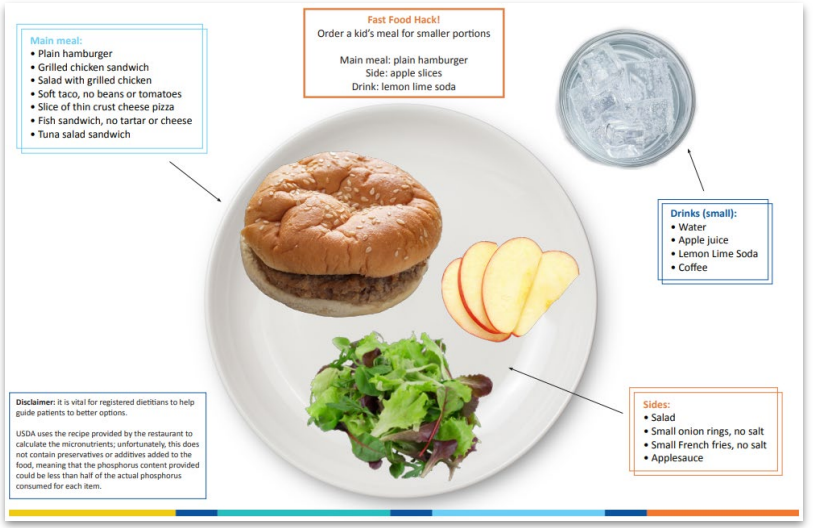
- Deploy health equity interventions to the entire population
- Improve communications in areas with low health literacy
- Work with dialysis organization to implement National CLAS standards
  - CLAS are services that are respectful of and responsive to each person's cultural and communication needs
- Assess facility's commitment to health equity using five attestation domains

Health Equity and Culturally and Linguistically Available Services (CLAS)

Interventions







2728 Form and 2746 Form Timeliness Compliance

Submitting CMS-Required Forms in EQRS

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

** New 2728 Form **not ready to use** until October 2024 **

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

$$\textbf{Compliance Rate} = \frac{\text{\# of Forms Submitted } \textbf{On Time}}{\textbf{Total \# of Forms Submitted}}$$

Improve Care in High Cost/ Complex Chronic Conditions

Improve Education and Access to Home Modalities

Goal

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

- Increase the number of prevalent patient transitioning to home modality

CMS Modifications To Home Projects

Incident Goal Changes

- Achieve a 15% increase in the Natal number of incident ESRD patients using a home modality (previous goal was 45%)
- Data for this goal will get re-baselined for this performance year
- An incident patient will now be defined as starting a home modality within their first 90 days of starting dialysis

CMS Modifications To Home Projects

Prevalent Goal Changes

- Achieve an 8% increase in the Natal number of prevalent patients using a home modality (previous goal was 20%)
- Data for this goal will get re-baselined for this performance year
- Prevalent patients will be defined as patients beyond the 90 days following their first dialysis start date

Improve Education and Access to a Home Modality

Interventions

End-Stage Renal Disease Network Program

Seeing Yourself in a Positive Light with a Peritoneal Dialysis Catheter

What is body image?

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

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

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

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

Overcoming body image issues.

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

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

continued on next page

(continued)

ways to help you cope with ysis?

efits of peritoneal dialysis over the body image and list ways you can changes you'll be dealing with when eal dialysis. That may include talking bout your catheter and how you . You might also want to talk to your y about how you feel. And, if possible talk with someone who is currently lysis.

re the person you were prior to with kidney disease. You will be the le on dialysis.

a negative thought about your self- dentify that thought. You can write uld like. Is this thought helpful or hought is hurtful to you, replace that nething that is positive.

onsidered peritoneal dialysis due to ncerns, please talk with a member eam who can help you find the right er your questions.

rogram
Y 11042-1072
238-3773
d.ipro.org

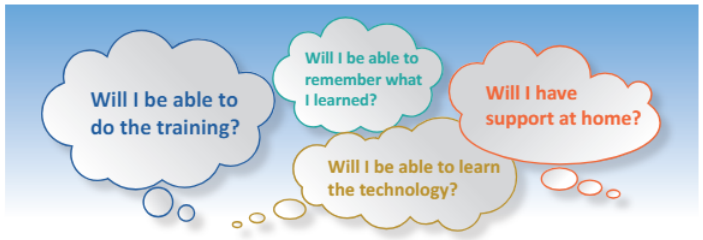
for Medicare & Medicaid Services.
5-155 v.5 1/24/2023

he South Atlantic, and Network of the Ohio River Valley, U.S. Department of Health and Human Services. CMS ork 2), 75FCMC21F0003 (Network 6), 75FCMC21F0004

End-Stage Renal Disease Network Program

esrd.ipro.org

How Old Is Too Old for Home Dialysis?



Some people feel overwhelmed by the technology and amount of training needed to conduct dialysis at home. This is often the case for older adults, but the benefits an older person can experience with home therapy are a great reason to reconsider this option.

Benefits of home dialysis

- People on home dialysis have treatments more frequently than those who receive their treatments in a dialysis clinic. Because treatments are done more frequently, they are gentler on your body. This can result in
  - less chance of your blood pressure dropping;
  - better control of swelling (edema) and your blood pressure being too high;
  - increased energy level;
  - feeling better after dialysis;
  - fewer restrictions on your diet and fluid intake;
  - reduction in the amount of medications you have to take.
- Doing your dialysis at home will mean that you no longer have to travel three times a week to your dialysis facility, saving you time, travel costs, and stress in dealing with traffic and/or bad weather.
- You also have the flexibility to travel, do your hobbies, and schedule your treatments around your social life and activities.
- You and your doctor can choose a home modality that best fits your lifestyle. Home hemodialysis is done via needles into your access site or though your venous central line. Peritoneal dialysis is done using a surgically placed catheter in your abdomen, so no needles are necessary. Either treatment can be done on your own, without assistance.

While home therapy may seem like a lot to consider, these benefits can make a difference in your quality of life. Talk to someone on your dialysis home care team about any concerns you may have.

to feel confident and secure in re team about structuring your

rt, and aids are available to r home dialysis treatments. out:

hey are to answer questions for re home.

can help you connect and the peritoneal dialysis if you with your hand strength.

gles for sight issues during sconnects.

ual aids to help you steps you learned during your u are home.

port through on-call nurses dialysis company as well ring systems for home

ies for storing supplies if your

rt devices like Alexa or Google 1 if you cannot get to your ent of an emergency.

ke arrangements with your tment to allow them access to lock box should you have an

ct us:
rporate Office:

9767
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Better healthcare, realized.

Improve Care in High Cost/ Complex Chronic Conditions

Healthy Living - A Preventative Health Approach

Goal

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

*As determined by the CDC or CMS

Healthy Living
Interventions

End-Stage Renal Disease Network Program

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 • COVID-19 Vaccine

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.

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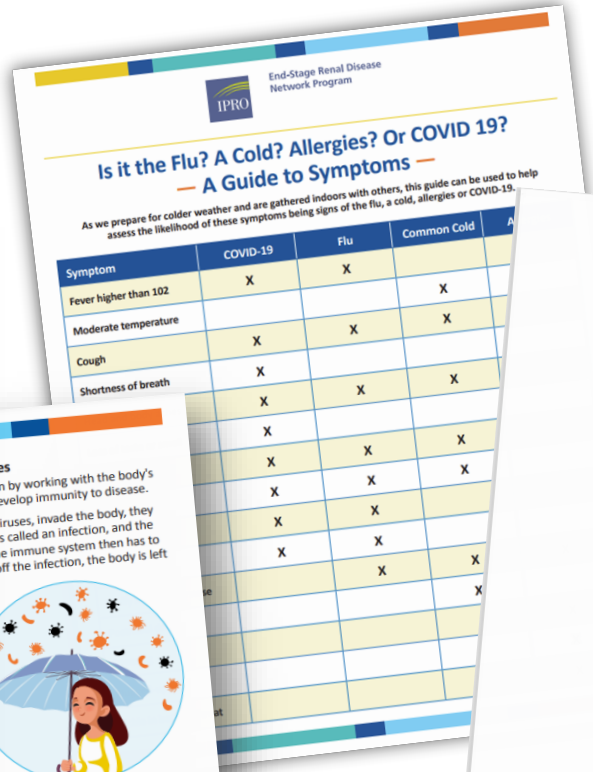
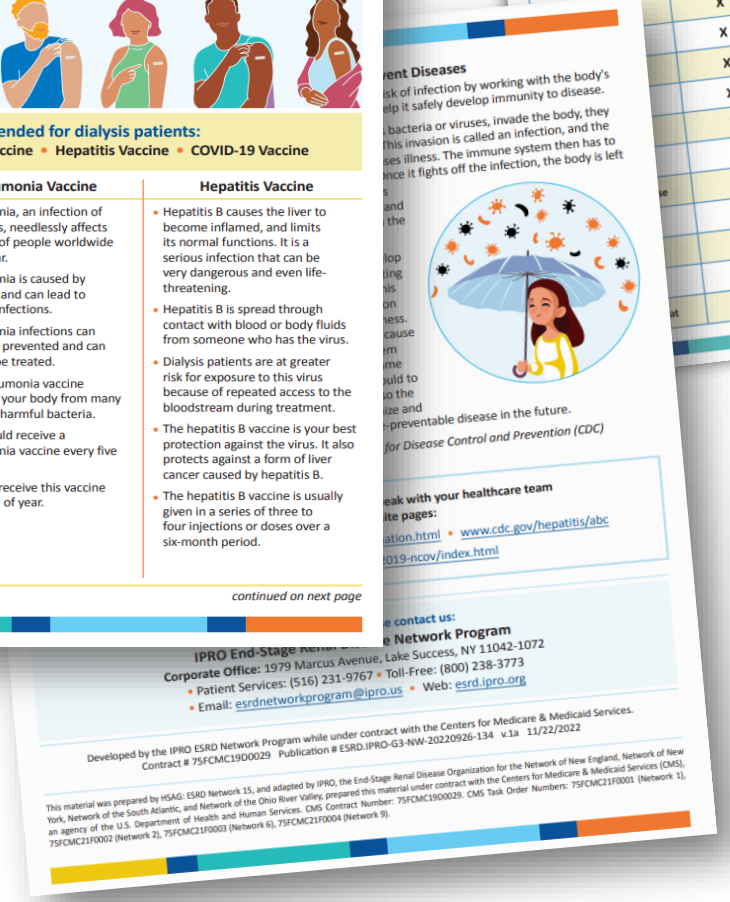

End-Stage Renal Disease Network Program

Is it the Flu? A Cold? Allergies? Or COVID 19?
— A Guide to Symptoms —

As we prepare for colder weather and are gathered indoors with others, this guide can be used to help assess the likelihood of these symptoms being signs of the flu, a cold, allergies or COVID-19.

Symptom	COVID-19	Flu	Common Cold
Fever higher than 102	X	X	
Moderate temperature			X
Cough	X	X	X
Shortness of breath	X		
	X	X	X
	X		
	X	X	X
	X	X	X
	X	X	
	X	X	
	X	X	
		X	X
			X


…ent Diseases
…isk of infection by working with the body's …elp it safely develop immunity to disease.
… bacteria or viruses, invade the body, they …his invasion is called an infection, and the …ses illness. The immune system then has to …nce it fights off the infection, the body is left …and …the …op …ing …his …on …ness. …cause …me …uld to …o the …ize and …-preventable disease in the future.
…for Disease Control and Prevention (CDC)

…eak with your healthcare team …ite pages:
…ation.html • www.cdc.gov/hepatitis/abc
…019-ncov/index.html

…e contact us:
…e Network Program
IPRO End-Stage Renal …
Corporate Office: 1979 Marcus Avenue, Lake Success, NY 11042-1072
• Patient Services: (516) 231-9767 • Toll-Free: (800) 238-3773
• Email: esrdnetworkprogram@ipro.us • Web: esrd.ipro.org

Developed by the IPRO ESRD Network Program while under contract with the Centers for Medicare & Medicaid Services.
Contract # 75FCMC19D0029 Publication # ESRD.IPRO-G3-NW-20220926-134 v.1a 11/22/2022

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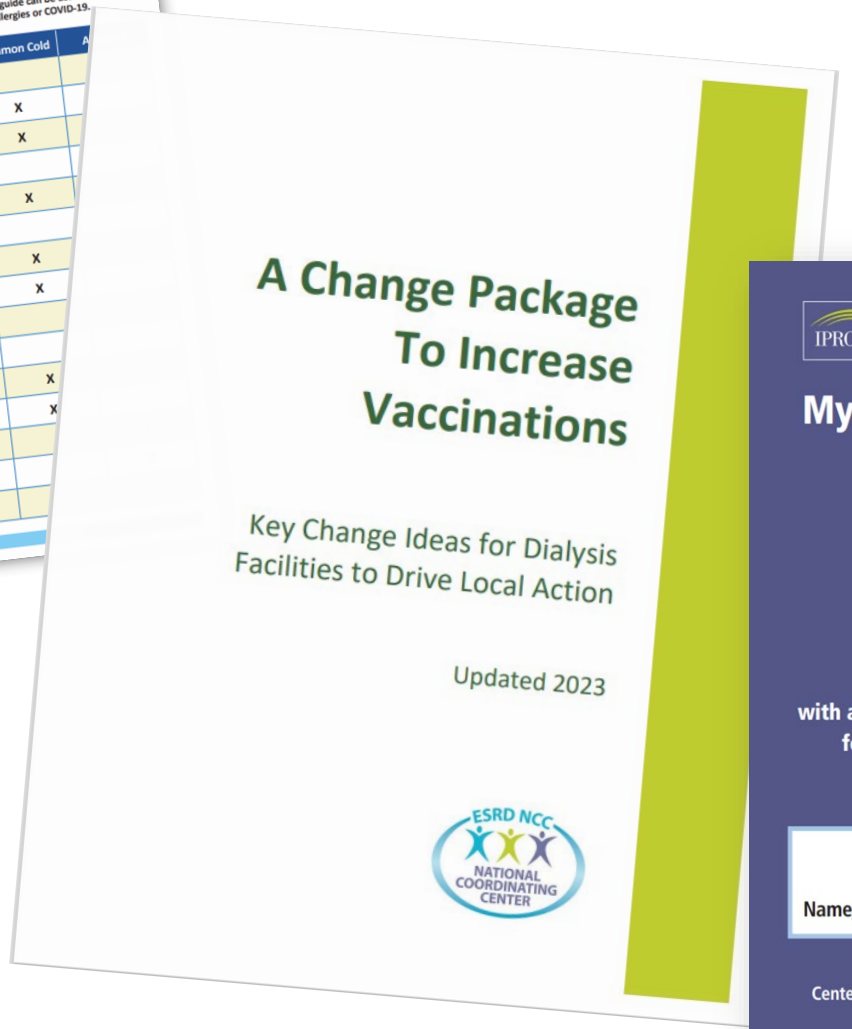
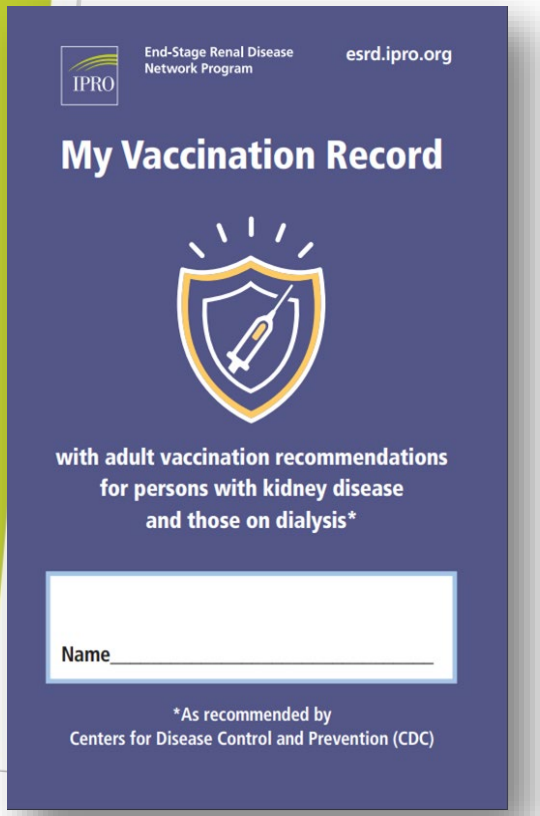

A Change Package To Increase Vaccinations

Key Change Ideas for Dialysis Facilities to Drive Local Action

Updated 2023

ESRD NCC NATIONAL COORDINATING CENTER


End-Stage Renal Disease Network Program
esrd.ipro.org

My Vaccination Record

with adult vaccination recommendations for persons with kidney disease and those on dialysis*

Name_____

*As recommended by Centers for Disease Control and Prevention (CDC)

Reduce Hospitalizations and Outpatient ED Visits

Inpatient Hospitalizations, 30-Day Readmissions, and ED Visits

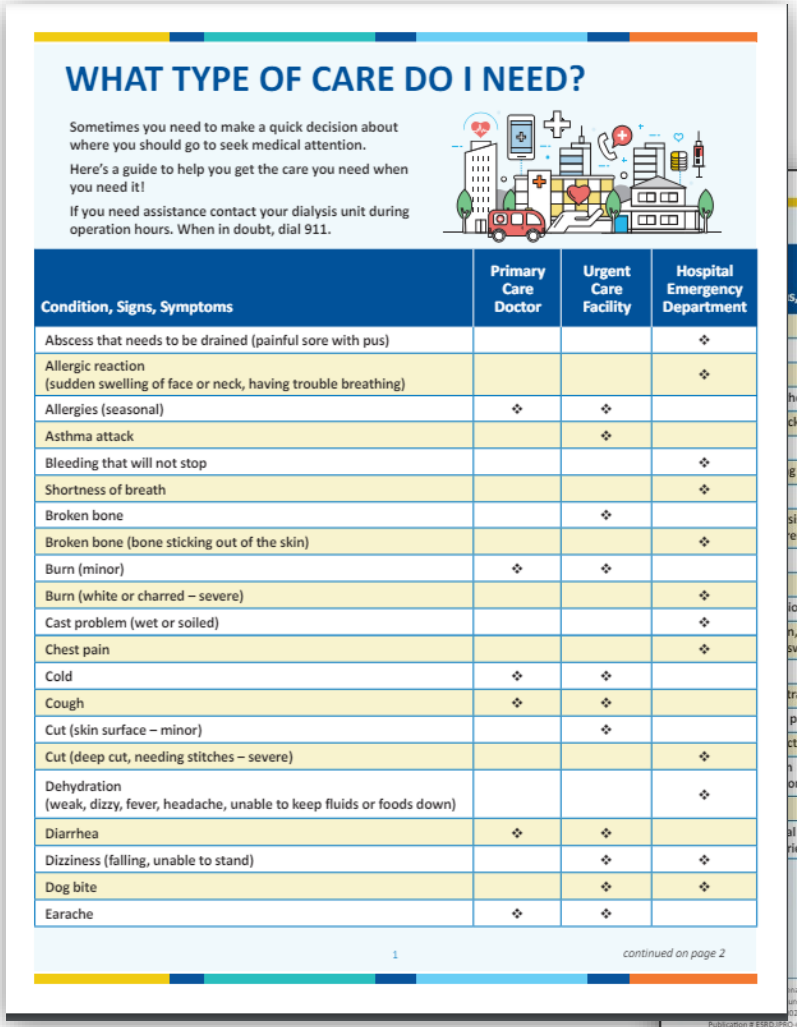
Goal

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

*Caused by a primary diagnosis category, defined by CMS

Reduce Hospitalizations and Outpatient ED Visits

Interventions



WHAT TYPE OF CARE DO I NEED?

Sometimes you need to make a quick decision about where you should go to seek medical attention.

Here's a guide to help you get the care you need when you need it!

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

Condition, Signs, Symptoms	Primary Care Doctor	Urgent Care Facility	Hospital Emergency Department
Abscess that needs to be drained (painful sore with pus)			❖
Allergic reaction (sudden swelling of face or neck, having trouble breathing)			❖
Allergies (seasonal)	❖	❖	
Asthma attack		❖	
Bleeding that will not stop			❖
Shortness of breath			❖
Broken bone		❖	
Broken bone (bone sticking out of the skin)			❖
Burn (minor)	❖	❖	
Burn (white or charred – severe)			❖
Cast problem (wet or soiled)			❖
Chest pain			❖
Cold	❖	❖	
Cough	❖	❖	
Cut (skin surface – minor)		❖	
Cut (deep cut, needing stitches – severe)			❖
Dehydration (weak, dizzy, fever, headache, unable to keep fluids or foods down)			❖
Diarrhea	❖	❖	
Dizziness (falling, unable to stand)		❖	❖
Dog bite		❖	❖
Earache	❖	❖	

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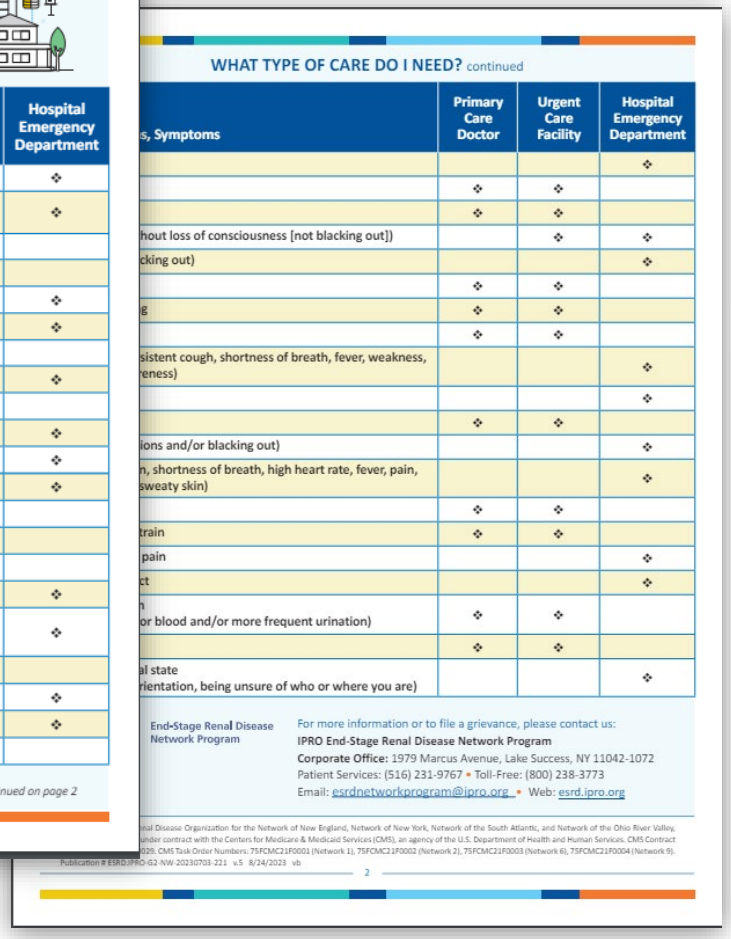
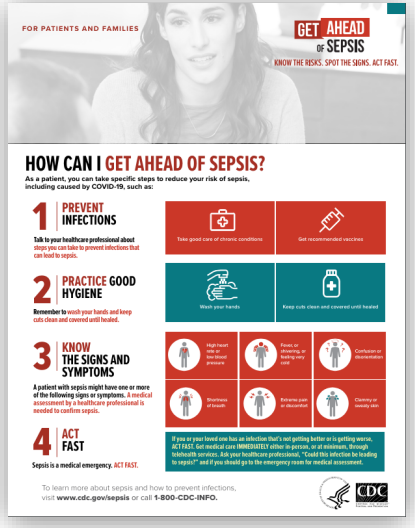


WHAT TYPE OF CARE DO I NEED? continued

s, Symptoms	Primary Care Doctor	Urgent Care Facility	Hospital Emergency Department
			❖
	❖	❖	
	❖	❖	
hout loss of consciousness [not blacking out])		❖	❖
cking out)			❖
	❖	❖	
g	❖	❖	
	❖	❖	
sistent cough, shortness of breath, fever, weakness, reness)			❖
			❖
	❖	❖	
ions and/or blacking out)			❖
n, shortness of breath, high heart rate, fever, pain, sweaty skin)			❖
	❖	❖	
train	❖	❖	
pain			❖
ct			❖
or blood and/or more frequent urination)	❖	❖	
	❖	❖	
al state rientation, being unsure of who or where you are)			❖

End-Stage Renal Disease Network Program

For more information or to file a grievance, please contact us:
IPRO End-Stage Renal Disease Network Program
Corporate Office: 1979 Marcus Avenue, Lake Success, NY 11042-1072
Patient Services: (516) 231-9767 • Toll-Free: (800) 238-3773
Email: esrdnetworkprogram@ipro.org • Web: esrd.ipro.org



Patient Services

Danielle Daley, MBA, CPHQ, CPXP
Executive Director

Patient Services Team

Phone: 516-231-9767 Secure eFax: 516-403-5969

Shezeena Andiappen, MSW
Patient Services Specialist

Julia Gesick, BSW
Patient Services and
Emergency Management Specialist

Brooke Andrews, MSW
Patient Services Specialist

Liz Lehnes, MSW, LCSW
Patient Services Specialist

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

Agata Roszkowski, LMSW
Patient Services Manager

Vocational Rehabilitation

Getting Patients Back to Work and/or School

- Social Security Administration Ticket to Work https://choosework.ssa.gov/
- Job Accommodation Network (JAN) https://askjan.org/
- National Kidney Foundation (NKF)
  - Returning to Work While on Dialysis https://www.kidney.org/newsletter/dialysis-returning-to-work
- Life Options Rehabilitation Program
  - Employment: A Kidney Patient's Guide to Working and Paying for Treatment https://lifeoptions.org/assets/pdfs/employment.pdf
- Network vocational rehabilitation resources https://esrd.ipro.org/patients-family/patient-education/vocational-rehab/

Emergency Preparedness, Mitigation, and Response

Network Responsibilities

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

What is an Emergency?

Emergencies can be Local, State Level, Regional or National

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

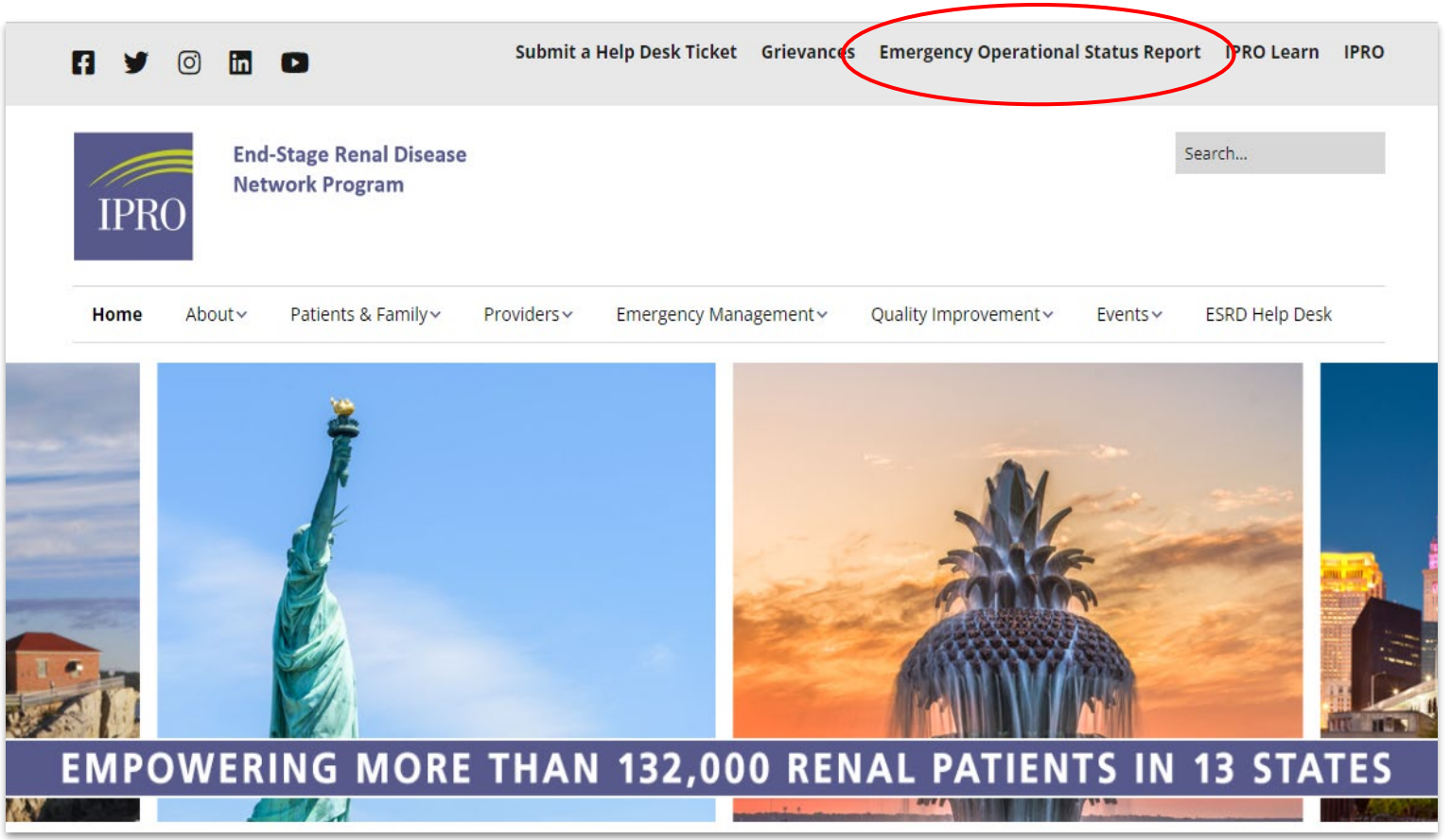
“A serious, unexpected, and often dangerous situation requiring immediate action”

Emergency Operational Status Reporting

Facility Responsibilities

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

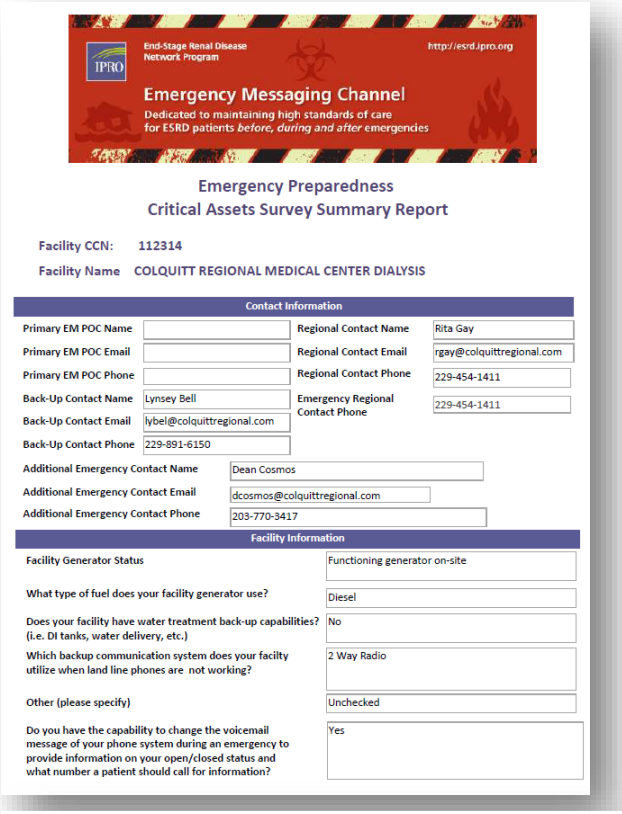
Scan QR Code for Quick Access



Critical Assets Survey (CAS)

Facility Responsibilities

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


End-Stage Renal Disease Network Program
http://esrd.ipro.org
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

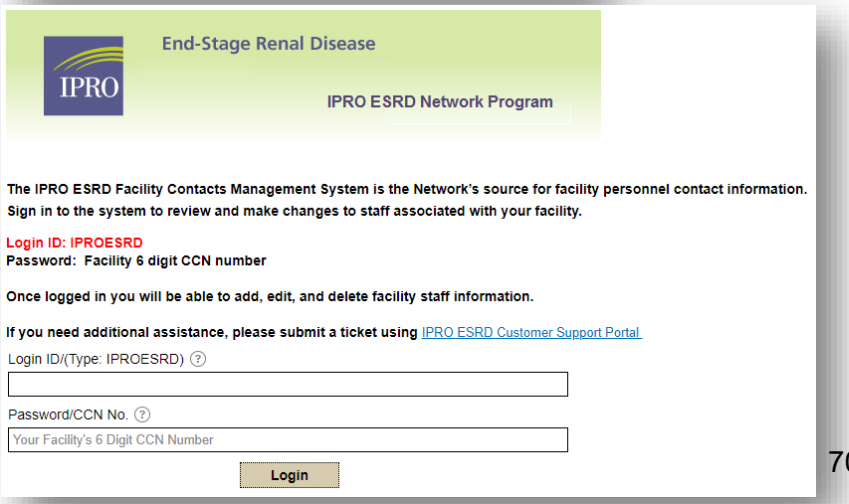
Facility CCN: 112314
Facility Name COLQUITT REGIONAL MEDICAL CENTER DIALYSIS

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 facility utilize when land line phones are not working?	2 Way Radio
Other (please specify)	Unchecked
Do you have the capability to change the voicemail message of your phone system during an emergency to provide information on your open/closed status and what number a patient should call for information?	Yes


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/(Type: IPROESRD)

Password/CCN No.

Your Facility's 6 Digit CCN Number

Login

Data Used By/For:

- Network Emergency Management Mitigation
- State Health Department
- Office of Emergency Management (OEMs)
- Healthcare Coalitions
- Facility Emergency Planning

The ESRD Emergency Hub Mobile App

Alerts in Real Time

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

The ESRD Emergency Hub Mobile App

Application Features

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

Apple Store

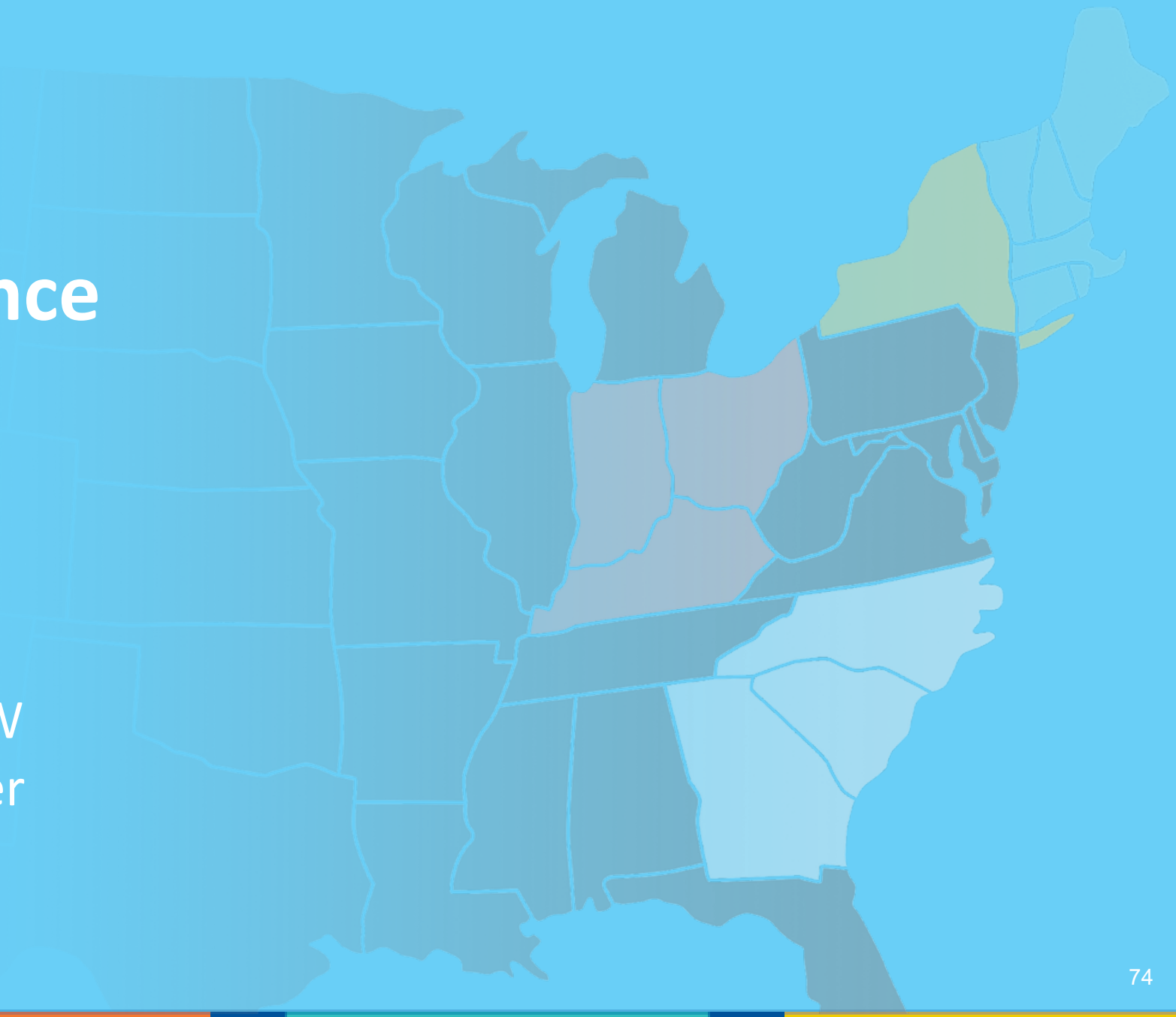
Google Play

The ESRD Emergency Hub Mobile App

Staff and Patient Education

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

Patient Experience of Care



Agata Roszkowski, LMSW
Patient Services Manager

National Initiatives

Improve the Patient Experience of Care

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

Patient Experience of Care

Network Role

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

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

Grievances

Network Role

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

- **Immediate Advocacy:** Concerns that are non-clinical in nature and do not require a complex investigation; resolved in 10 calendar days or less
- **General Grievance:** Concerns that are non-clinical in nature but require complex investigation and review of records; resolved in 60 days or less
- **Clinical Quality of Care:** Concerns that involve clinical or patient safety issues and requires a clinical review of records by an RN and/or the Medical Review Board (MRB); resolved in 60 days or less

Access to Care

Network Role

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

Why is it important to preserve it?

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

Access to Care

Network Role

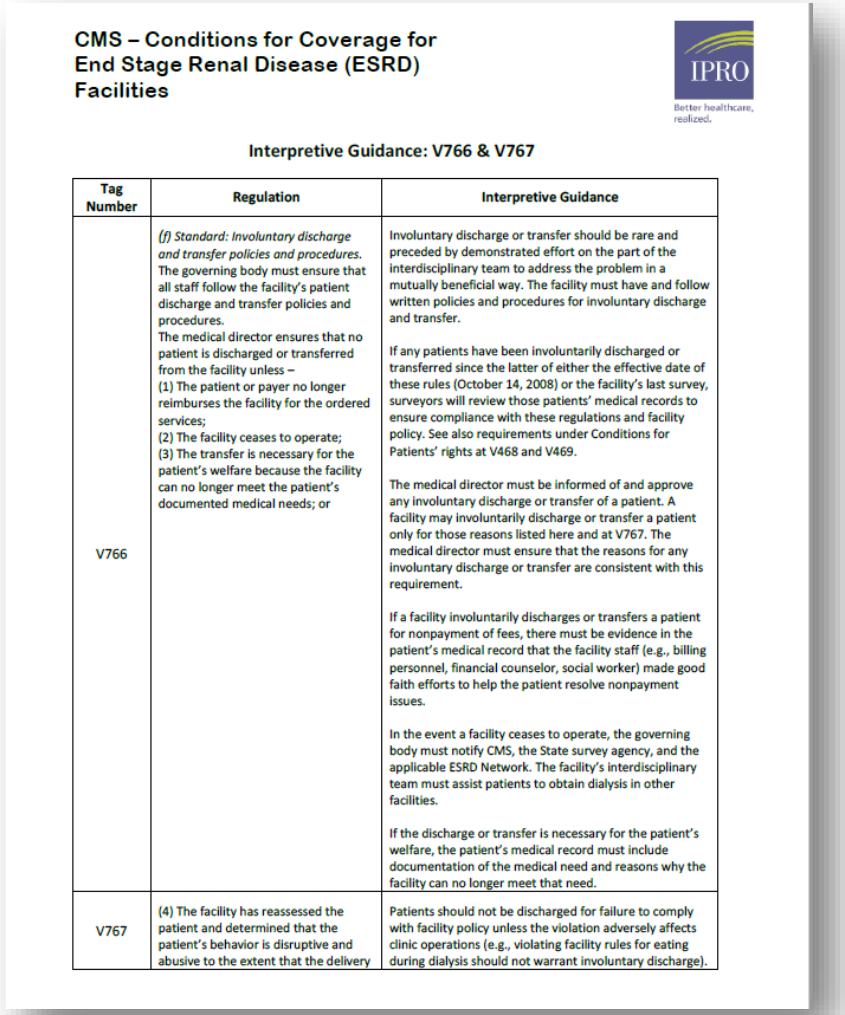
Upon the receipt of a grievance, the Network will classify the case as one of the following:

- **At Risk Involuntary Discharge:** Concerns related to possible patient discharge
- **Involuntary Discharge:** Immediate or 30 day IVD; volume monitored by the Network
  - Patient is informed in writing their treatment will be terminated from their current facility
- Two types of IVD cases:
  - 30-Day Termination
  - Immediate Termination

Access to Care

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

- Conduct a thorough assessment of the situation
- Develop a plan to address any problems or barriers the patient may be experiencing
- Note: Discharging a patient for "non-compliance" is not an acceptable reason for discharge per the Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage (CfC)
- Notify the Network PRIOR to discharge any potential IVD and notice provided to patient
- Assist the patient with placement



CMS – Conditions for Coverage for End Stage Renal Disease (ESRD) Facilities

IPRO
Better healthcare, realized.

Interpretive Guidance: V766 & V767

Tag Number	Regulation	Interpretive Guidance
V766	*(f) Standard: Involuntary discharge and transfer policies and procedures.* The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures. The medical director ensures that no patient is discharged or transferred from the facility unless – (1) The patient or payer no longer reimburses the facility for the ordered services; (2) The facility ceases to operate; (3) The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or	Involuntary discharge or transfer should be rare and preceded by demonstrated effort on the part of the interdisciplinary team to address the problem in a mutually beneficial way. The facility must have and follow written policies and procedures for involuntary discharge and transfer. If any patients have been involuntarily discharged or transferred since the latter of either the effective date of these rules (October 14, 2008) or the facility's last survey, surveyors will review those patients' medical records to ensure compliance with these regulations and facility policy. See also requirements under Conditions for Patients' rights at V468 and V469. The medical director must be informed of and approve any involuntary discharge or transfer of a patient. A facility may involuntarily discharge or transfer a patient only for those reasons listed here and at V767. The medical director must ensure that the reasons for any involuntary discharge or transfer are consistent with this requirement. If a facility involuntarily discharges or transfers a patient for nonpayment of fees, there must be evidence in the patient's medical record that the facility staff (e.g., billing personnel, financial counselor, social worker) made good faith efforts to help the patient resolve nonpayment issues. In the event a facility ceases to operate, the governing body must notify CMS, the State survey agency, and the applicable ESRD Network. The facility's interdisciplinary team must assist patients to obtain dialysis in other facilities. If the discharge or transfer is necessary for the patient's welfare, the patient's medical record must include documentation of the medical need and reasons why the facility can no longer meet that need.
V767	(4) The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery	Patients should not be discharged for failure to comply with facility policy unless the violation adversely affects clinic operations (e.g., violating facility rules for eating during dialysis should not warrant involuntary discharge).

Involuntary Transfer (IVT)

Network Role

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

Reasons for the IVT

- Patient's nephrologist no longer will provide care and acquires an alternate nephrologist who rounds at a different facility
- Patient's facility is no longer in-network with their insurance
- The facility can no longer meet the patient's medical need
- Improper coding in EQRS

Preventing Discharges

How We All Win

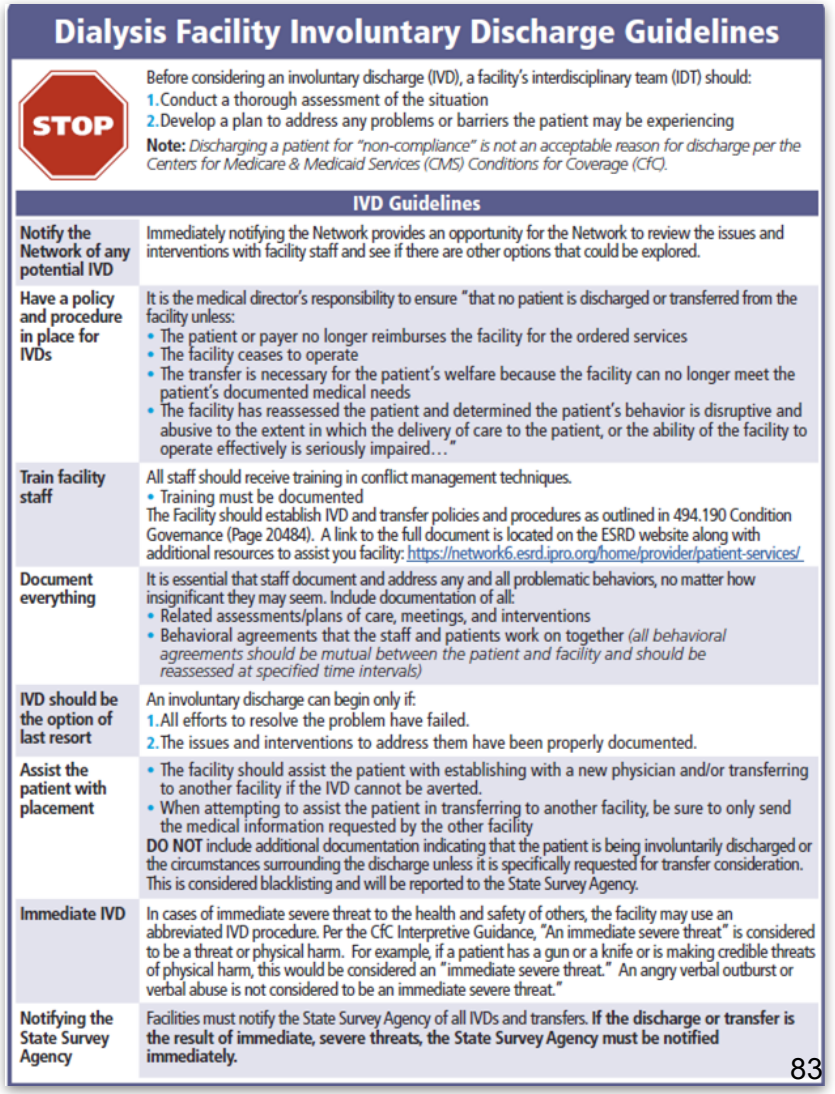
- Patients will feel respected and will share openly due to mutual trust
- The entire team will have a shared responsibility for a positive patient experience of care
- Discharges can be decreased and/or prevented allowing the patient to have continuity of care more of a chance of success

Preventing the Involuntary Discharge of Dialysis Patients

Facility Guide and Checklist

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

https://esrd.ipro.org/wp-content/uploads/2020/07/NW6-Dialysis-Facility-Involuntary-Discharge-Guidelines_2019.pdf



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

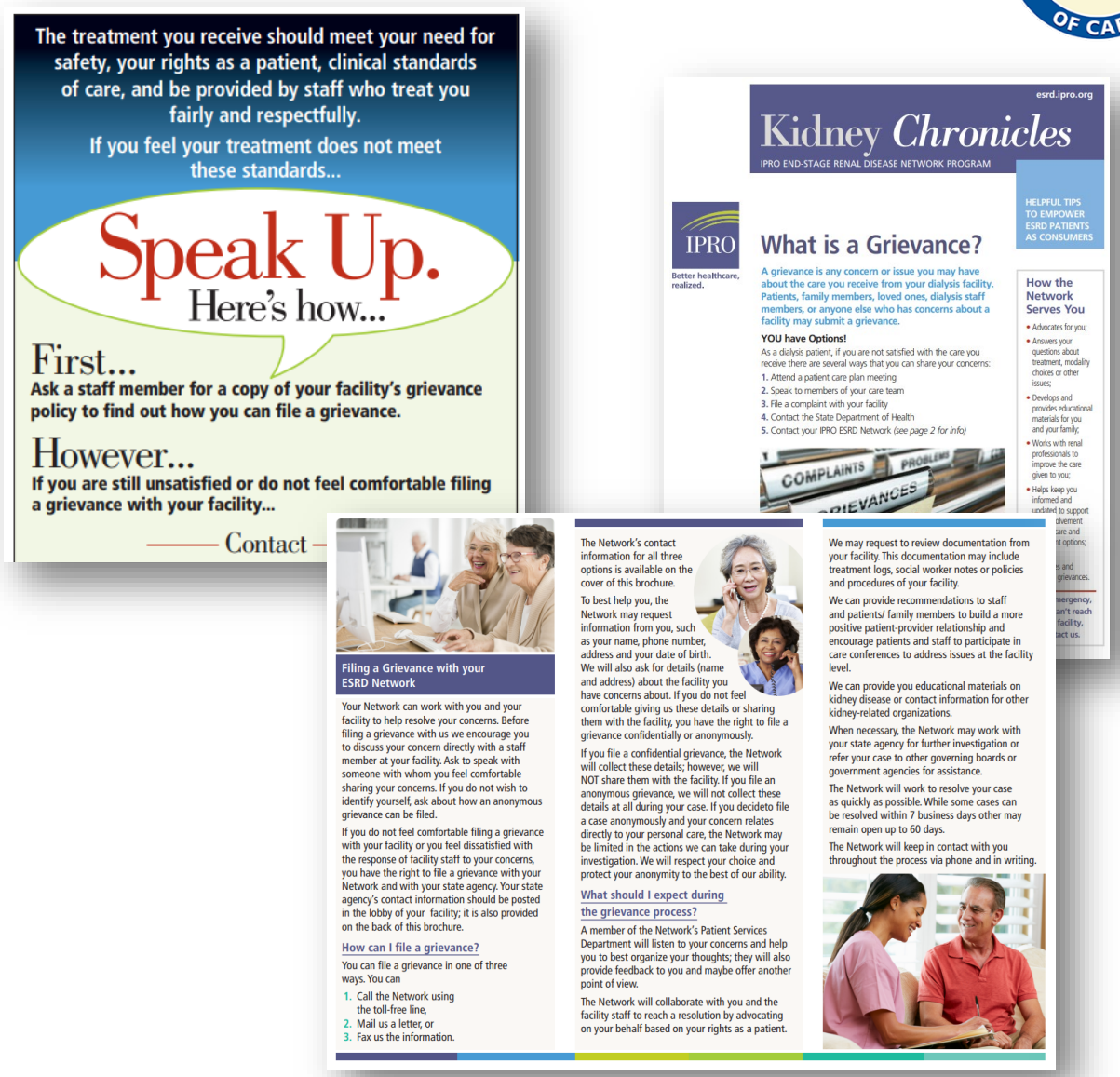
Note: *Discharging a patient for "non-compliance" is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC).*

IVD Guidelines

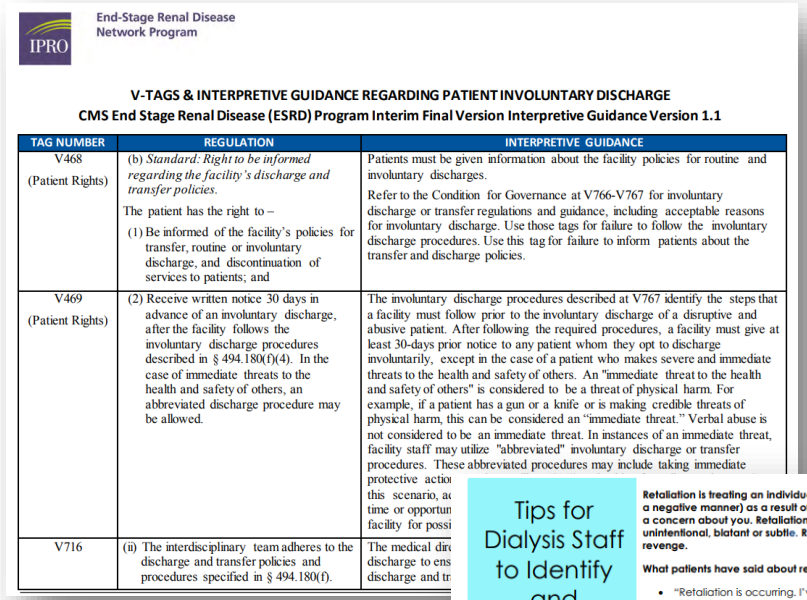
Notify the Network of any potential IVD	Immediately notifying the Network provides an opportunity for the Network to review the issues and interventions with facility staff and see if there are other options that could be explored.
Have a policy and procedure in place for IVDs	It is the medical director's 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://network6.esrd.ipro.org/home/provider/patient-services/
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.
Assist the patient with placement	• The facility should assist the patient with establishing with a new physician and/or transferring to another facility if the IVD cannot be averted. • When attempting to assist the patient in transferring to another facility, be sure to only send the medical information requested by the other facility **DO NOT** include additional documentation indicating that the patient is being involuntarily discharged or the circumstances surrounding the discharge unless it is specifically requested for transfer consideration. This is considered blacklisting and will be reported to the State Survey Agency.
Immediate IVD	In cases of immediate severe threat to the health and safety of others, the facility may use an abbreviated IVD procedure. Per the CfC Interpretive Guidance, "An immediate severe threat" is considered to be a threat or physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this would be considered an "immediate severe threat." An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat."
Notifying the State Survey Agency	Facilities must notify the State Survey Agency of all IVDs and transfers. **If the discharge or transfer is the result of immediate, severe threats, the State Survey Agency must be notified immediately.**

Patient Education and Support

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



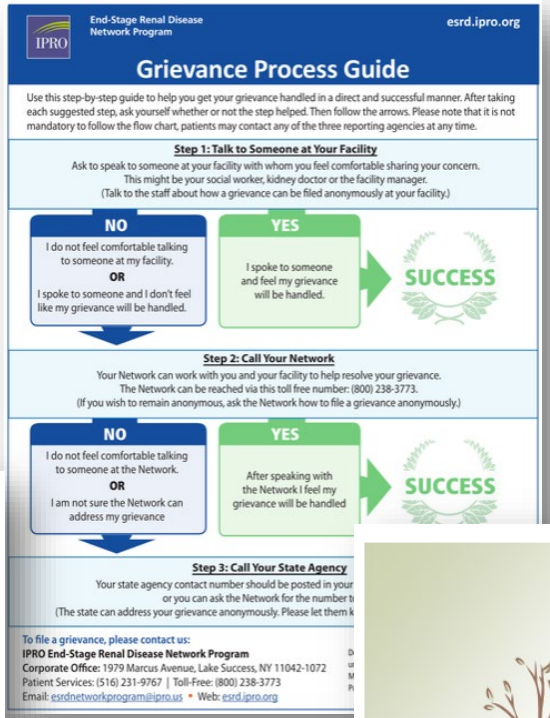
Grievance and Access to Care Educational Resources



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 actio... this scenario, a... time or opportun... facility for possi...
V716	(ii) The interdisciplinary team adheres to the discharge and transfer policies and procedures specified in § 494.180(f).	The medical dir... discharge to ens... discharge and tr...



End-Stage Renal Disease Network Program — 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 reporting 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: (800) 238-3773. (If you wish to remain anonymous, ask the Network how to file a grievance anonymously.)

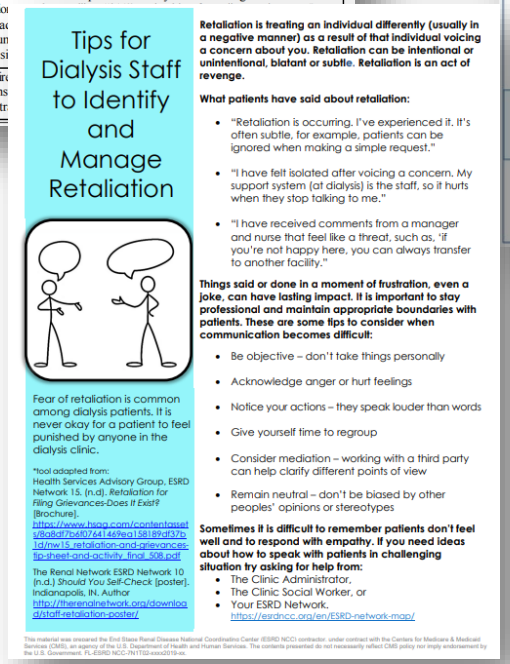
NO: I do not feel comfortable talking to someone at the Network. OR I am not sure the Network can address my grievance

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 ... or you can ask the Network for the number t... (The state can address your grievance anonymously. Please let them k...

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



Tips for Dialysis Staff to Identify and Manage Retaliation

Fear of retaliation is common among dialysis patients. It is never okay for a patient to feel punished by anyone in the dialysis clinic.

*tool adapted from:
Health Services Advisory Group, ESRD Network 15. (n.d). *Retaliation for Filing Grievances-Does It Exist?* (Brochure). https://www.hsag.com/contentassets/8a8df7ba6f076414e9a158189df37b1d/nw15_retaliation-and-grievances-tip-sheet-and-activity_final_508.pdf

The Renal Network ESRD Network 10 (n.d.) *Should You Self-Check* (poster). Indianapolis, IN. Author http://therenalnetwork.org/download/staff-retaliation-poster/

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:

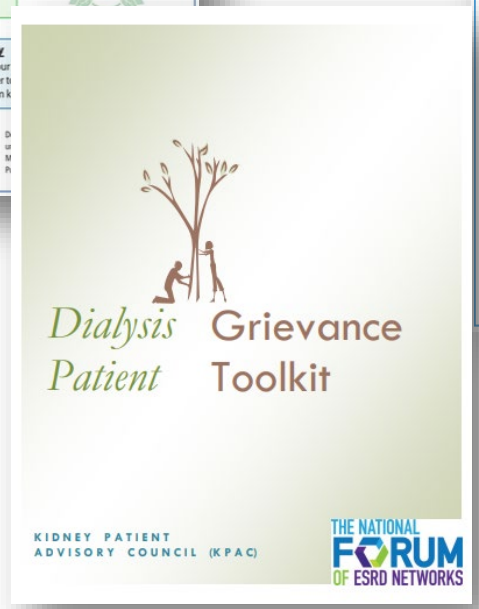
- "Retaliation is occurring. I've experienced it. It's often subtle, for example, patients can be ignored when making a simple request."
- "I have felt isolated after voicing a concern. My support system (at dialysis) is the staff, so it hurts when they stop talking to me."
- "I have received comments 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
- Give yourself time to regroup
- Consider mediation – working with a third party can help clarify different points of view
- Remain neutral – don't be biased by other peoples' opinions or stereotypes

Sometimes it is difficult to remember patients don't feel well and to respond with empathy. If you need ideas about how to speak with patients in challenging situation try asking for help from:

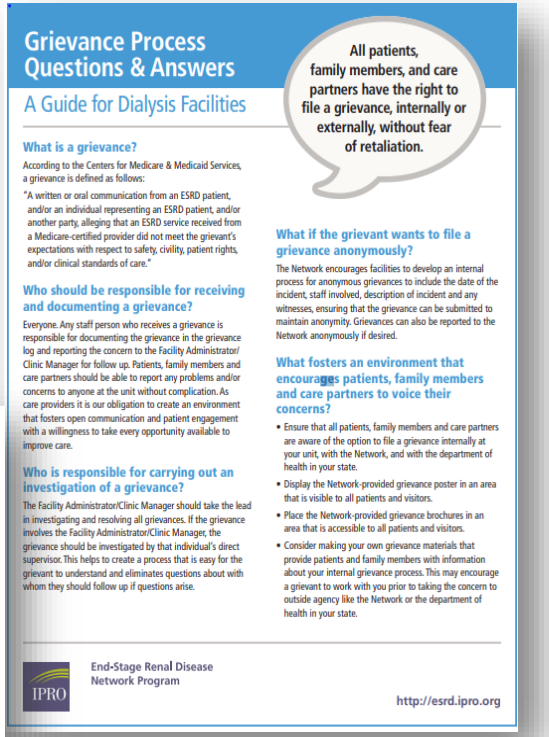
- The Clinic Administrator,
- The Clinic Social Worker, or
- Your ESRD Network. https://esrdncc.org/en/ESRD-network-map/



Dialysis Patient Grievance Toolkit

KIDNEY PATIENT ADVISORY COUNCIL (KPAC)

THE NATIONAL FORUM OF ESRD NETWORKS



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 with a willingness to take every opportunity available to improve care.

Who is responsible for carrying out an investigation of a grievance?

The Facility Administrator/Clinic Manager should take the lead in investigating and resolving all grievances. If the grievance involves the Facility Administrator/Clinic Manager, the grievance should be investigated by that individual's direct supervisor. This helps to create a process that is easy for the grievant to understand and eliminates questions about with whom they should follow up if questions arise.

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 and care partners to voice their concerns?

- Ensure that all patients, family members and care partners are aware of the option to file a grievance internally at your unit, with the Network, and with the department of health in your state.
- Display the Network-provided grievance poster in an area that is visible to all patients and visitors.
- Place the Network-provided grievance brochures in an area that is accessible to all patients and visitors.
- Consider making your own grievance materials that provide patients and family members with information about your internal grievance process. This may encourage a grievant to work with you prior to taking the concern to outside agency like the Network or the department of health in your state.

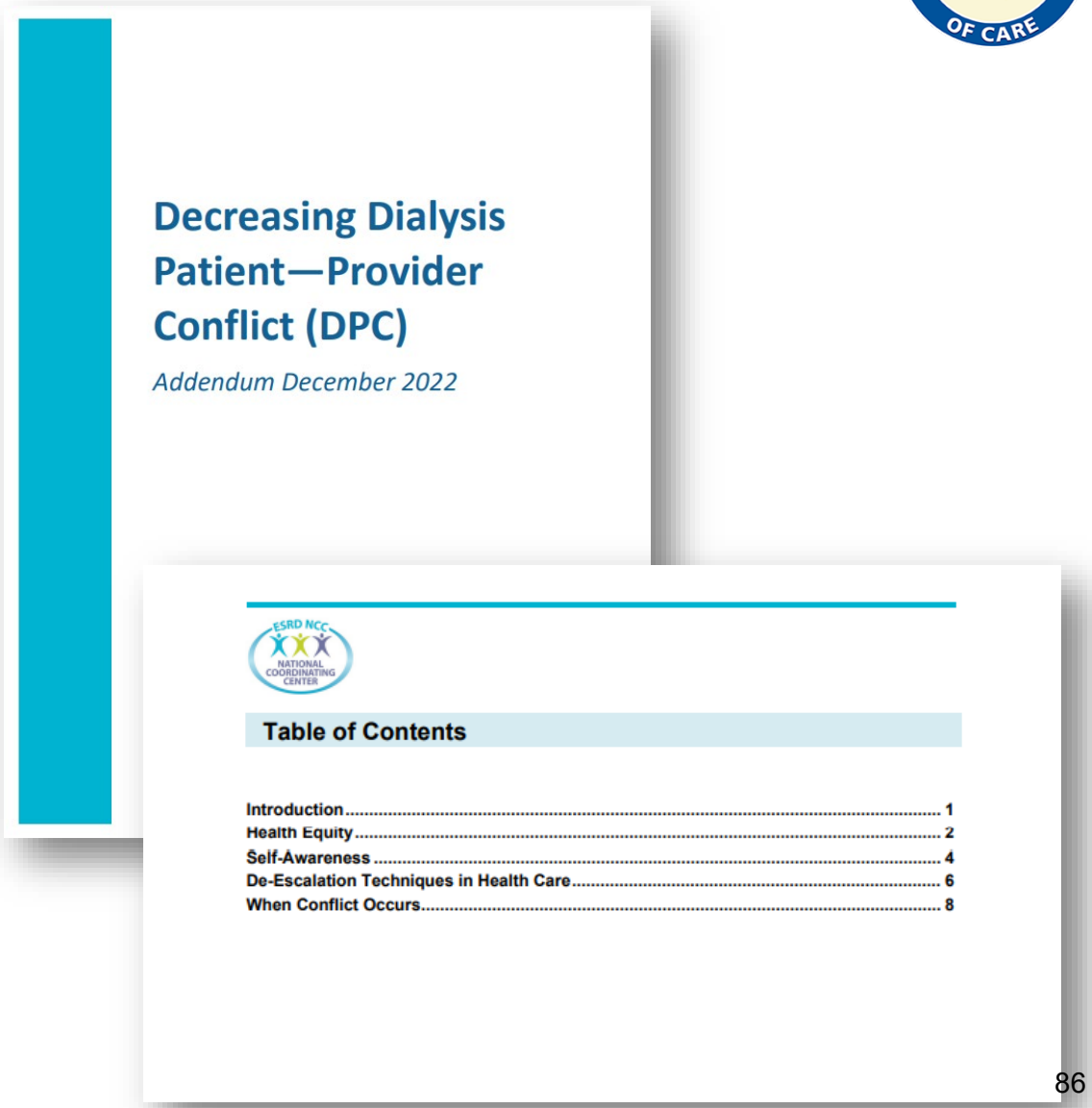
End-Stage Renal Disease Network Program

http://esrd.ipro.org

Decreasing Patient-Provider Conflict (DPC) Toolkit

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

https://esrd.ipro.org/decreasing-patient-provider-conflict-dpc/



Polling Question

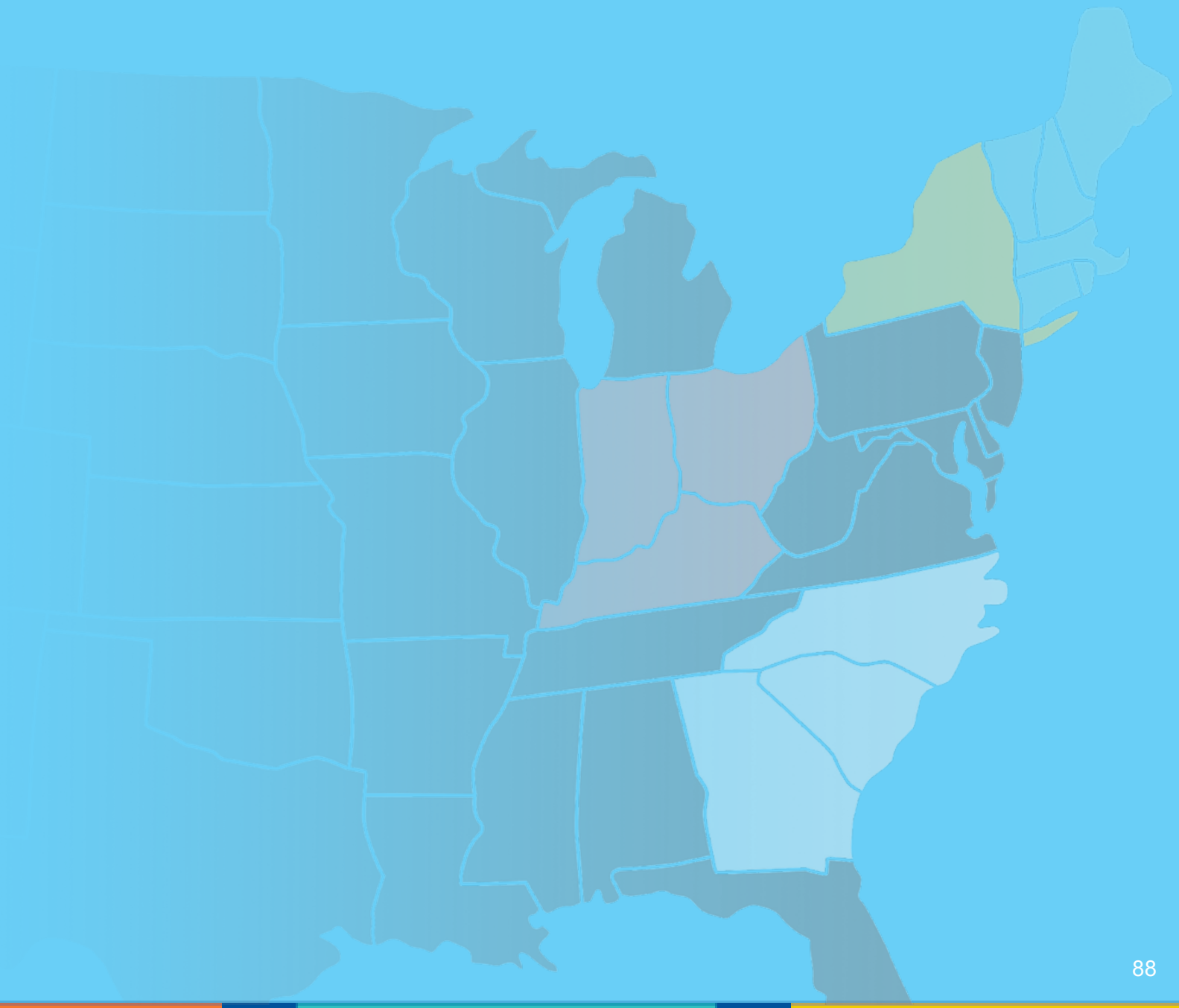
Your Feedback is Needed!

Grievances

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

Ready to Answer?

ESRD Data Management



Svetlana Lyulkin, MBA
Assistant Director

Data and Analytics Team

Svetlana Lyulkin, MBA
Assistant Director

Sharon Lamb
Data Specialist

Yameng Guo, MPS
Data Analyst

Megan Veltman
Data Specialist

One-on-One and Training Meetings:

- Mornings: https://calendly.com/mornings_one_on_one_support
- Afternoons: https://calendly.com/mveltman
- Evenings: https://calendly.com/slyulkin

Preventing Security Violations

CMS Requirements

- Network-CMS security policy is different from your corporate policy!
  - https://help.esrd.ipro.org/support/solutions/articles/9000197680-phi-pii-preventing-security-violations
- Security violations are reported to CMS
- Review to ensure all staff are aware and in compliance

Data Reporting Requirements for CMS

EQRS, QIP, and NHSN

- All Quality Improvement Activities (QIAs) use EQRS Data
- Patient-Level Data: **Important for patient benefits eligibility**
- Facility-Level: **Important for facility QIA eligibility and goals**
- **Staff should have access to EQRS, QIP, and NHSN**
  - Sign up for End Stage Renal Disease Quality Reporting System (EQRS): https://help.esrd.ipro.org/support/solutions/articles/9000183608-harp-and-eqrs-access-dialysis-facilities
  - Request ESRD Quality Incentive Program (QIP) access: https://help.esrd.ipro.org/support/solutions/articles/9000188457-request-access-for-qip
  - Sign up for National Healthcare Safety Network (NHSN): https://help.esrd.ipro.org/support/solutions/folders/9000167008

Quality Measures and Performance Scores

QIP 2024 Requirements for Payment Year 2026

Measure Domains and Weights Used to Calculate TPS

Measure/Measure Topics by Subdomain	Newly Finalized Measure Weight as Percent of TPS PY 2026
Patient and Family Engagement Measure Domain	**15.00**
In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) measure	15.00
Care Coordination Measure Domain	**30.00**
Standardized Hospitalization Ratio (SHR) clinical measure	9.00
Standardized Readmission Ratio (SRR) clinical measure	9.00
Percentage of Prevalent Patient Waitlisted (PPPW) measure	6.00
Clinical Depression Screening and Follow-Up measure	6.00
Clinical Care Measure Domain	**35.00**
Kt/V Dialysis Adequacy Comprehensive measure	11.00
Long-Term Catheter Rate measure	12.00
Standard Transfusion Ratio (STrR) measure	12.00
Safety Measure Domain	**10.00**
National Healthcare Safety Network (NHSN) Blood Stream Infection	10.00
Reporting Measure Domain	**10.00**
Facility Commitment to Health Equity measure	2.00
Hypercalcemia measure	2.00
Medication Reconciliation (MedRec) measure	2.00
NHSN Dialysis Event measure	2.00
COVID-19 HCP Vaccination measure	2.00

Quality Measures and Performance Scores

QIP 2024 Requirements for Payment Year 2026

- Different Deadlines in EQRS and NHSN!
- *New Attestation*
  - **Commitment to Health Equity (EQRS)**
- Maintain Contact Info with Network: https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a
- Join CMS listserv: https://mycrownweb.org/
- Join NHSN listserv: https://www.cdc.gov/nchs/products/nchs_listservs.htm
- CMS Final Rule (screenshot): https://www.cms.gov/files/document/esrd-qip-cy-2024-final-rulev2final508pdf.pdf
- CMS ESRD QIP Successful Reporting Guide: https://mycrownweb.org/wp-content/uploads/2024/01/ESRD-QIP-Successful-Reporting-Guide_vFINAL508.pdf

Data Reporting Requirements for the Network and CMS

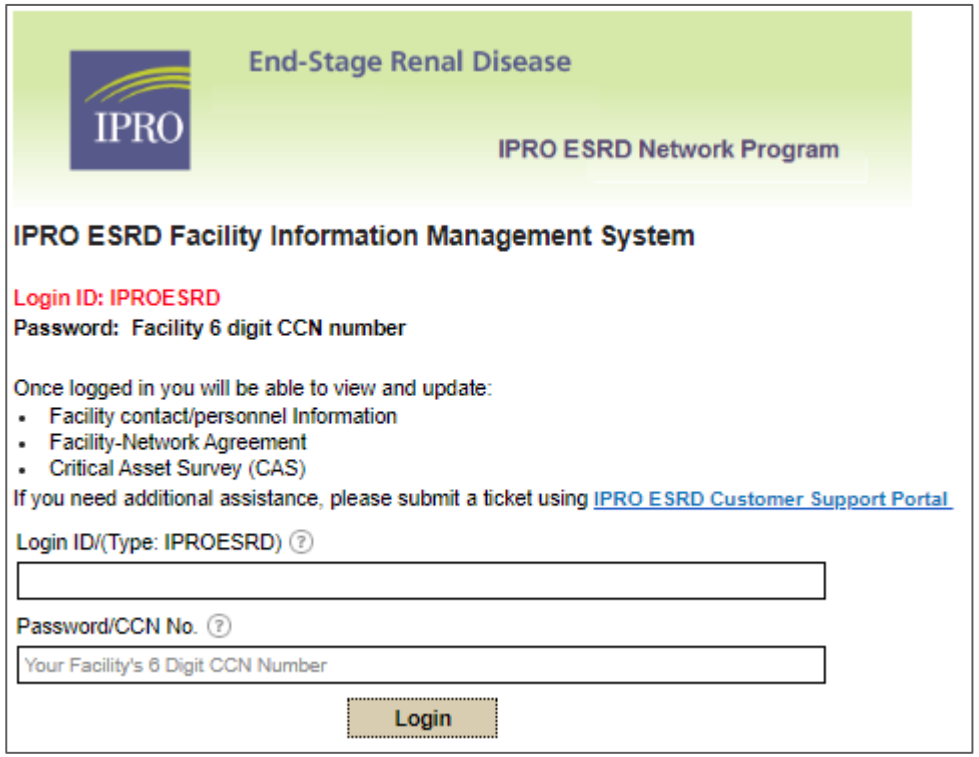
IPRO Learn: Network-Required Participation and Collaboration

- **One login per facility**
  - https://esrd.iprolearn.org/
  - **Login:** facility CCN
  - **PW:** Assigned to each facility
- **Click on image to enter Facility Course**
- Delegate tasks between teammates
- 4-Minute Onboarding Video: https://www.youtube.com/watch?v=tcKgWCaCk0Y

Facility Contact Information Maintenance

IPRO ESRD Facility Information Management System (Caspio)

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

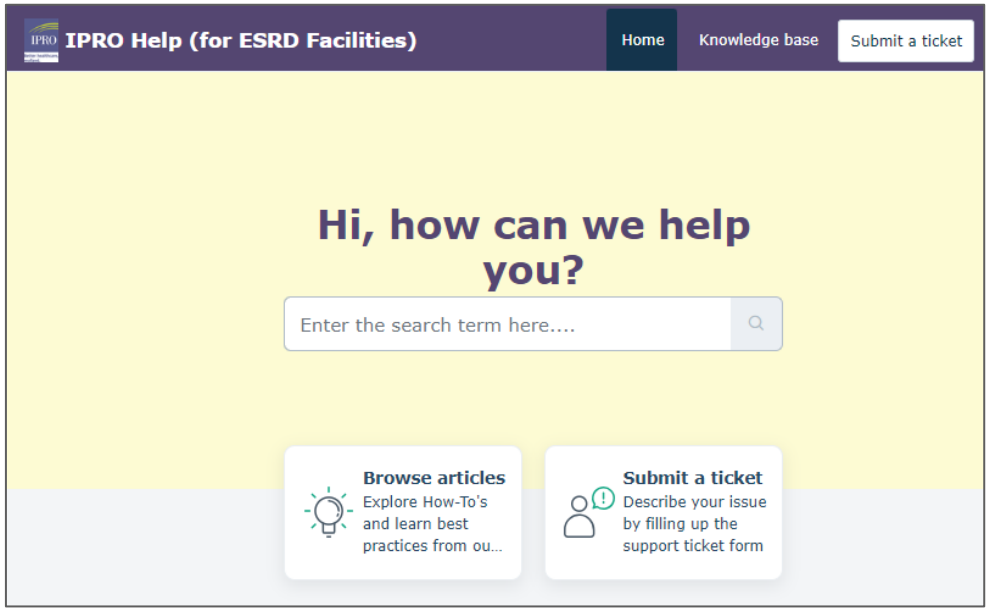


Network Resources and Assistance

Where to Find Help

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

- **Submit a Ticket** for Network assistance: https://help.esrd.ipro.org/support/tickets/new
  - Request one-on-one Appointments scheduled at your convenience!



Important Links For Facilities

Bookmark and Share

- IPRO Learn: https://esrd.iprolearn.org/login/index.php
- IPRO ESRD Facility Information Management System: https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a
- IPRO Helpdesk Knowledge Base: https://help.esrd.ipro.org/support/home
- Submit a Helpdesk Ticket: https://help.esrd.ipro.org/support/tickets/new
- EQRS: https://eqrs.cms.gov/globalapp/
- National Healthcare Safety Network (NHSN): https://nhsn2.cdc.gov/nhsn/
- Quality Incentive Program (QIP): https://dialysisdata.org/
  - More info: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP
- 5-Star Quality Rating: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS

Polling Question

Your Feedback is Needed!

Newsletter

Did you receive the IPRO ESRD Data Newsletter this week?

Ready to Answer?

Thank You

End-Stage Renal Disease Network Program

IPRO End-Stage Renal Disease Network Program Corporate Office:
1979 Marcus Avenue, Lake Success, NY 11042-1072
Patient Toll-Free: (800) 238-3773 • **Main:** (516) 231-9767
E-mail: esrdnetworkprogram@ipro.org • **Web:** esrd.ipro.org

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

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

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