



IPRO ESRD NETWORK OF NEW ENGLAND OVERVIEW: DUTIES & RESPONSIBILITIES

ESRD Divisional Board and Medical Review Board

The ESRD Divisional Board and Medical Review Board must be composed of renal professionals and patients qualified to evaluate the quality and appropriateness of care delivered to ESRD patients. There shall be reasonable professional and geographic representation, including the following disciplines: Nephrology, Nursing, Social Services, and Nutrition. There will be a minimum of two patient consumers. Both Committees meet at a minimum of 4 times per year. Members shall be elected for a five-year term with staggered expiration dates such as approximates a 1/3 rotation of new and retiring members each term of office. A maximum of three consecutive terms shall be permitted. Attendance at 75% of Network meetings is mandatory to retain membership status, unless otherwise excused. The Network Administrative Office shall maintain attendance records and shall notify the members of absences that require appropriate action. Each elected member will be required to sign a Conflict of Interest statement, Role and Responsibilities acknowledgement, and Affirmation of Agreement with IPRO's Confidentiality, Privacy and Security Policy on an annual basis.

ESRD Divisional Board (EDB)

The ESRD Divisional Board shall have an advisory role and responsibility to or appropriate for the administration with the rules and regulations for End Stage Renal Disease Program, as they exist and are contained in the Code of Federal Regulations. At a minimum, the ESRD Divisional Board shall perform the following functions in regards to the delivery of ESRD care in New England:

1. Review and recommend to the IPRO Board of Directors policies and procedures;
2. Interface with CMS and other regulatory agencies;
3. Encouraging patient participation, providers of services, and ESRD facilities in vocational rehabilitation programs;
4. Developing criteria and standards relating to the quality and appropriateness of patient care and Network goals;
5. Implementing procedures for evaluation and resolution of patient grievances by the Medical Review Board.
6. Identifying facilities consistently not meeting Network goals, assisting facilities in developing appropriate plans for correction, and submitting recommendations to the Medical Review Board regarding facilities and providers that are not providing appropriate medical care; and
7. Supporting activities of Network Committees (i.e. Medical Review Board, Patient Advisory Committee, Learning and Action Networks, etc.).

Medical Review Board (MRB)

The Medical Review Board shall perform the review and evaluation of quality improvement activities of the Network with respect to the delivery of ESRD care. The Medical Review Board shall also develop and make recommendations for quality improvement activities based on review of performance data. Appeals from facilities regarding Medical Review Board recommendations will be submitted to the ESRD Divisional Board. No person serving on the Medical Review Board with a financial interest direct or indirect, in a facility providing ESRD services may review practice or delivery of services of that facility. At a minimum, the Medical Review Board shall perform the following functions in regards to the delivery of ESRD care in New England:

1. Advising the ESRD Divisional Board and Network Staff on the care and appropriate placement of ESRD;
2. Advising the ESRD Divisional Board and Network staff on all Network quality improvement activities;
3. Assisting Network staff in the development, implementation and evaluation of quality improvement projects;
4. Making recommendations to the Network regarding sanctions for facilities or providers that do not comply with Network goals or standards; and
5. Evaluating whether Network projects require Institutional Review Board approval or involvement pursuant to Office of Human Research Protection regulations.