



End-Stage Renal Disease
Network Program

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

June 13, 2023

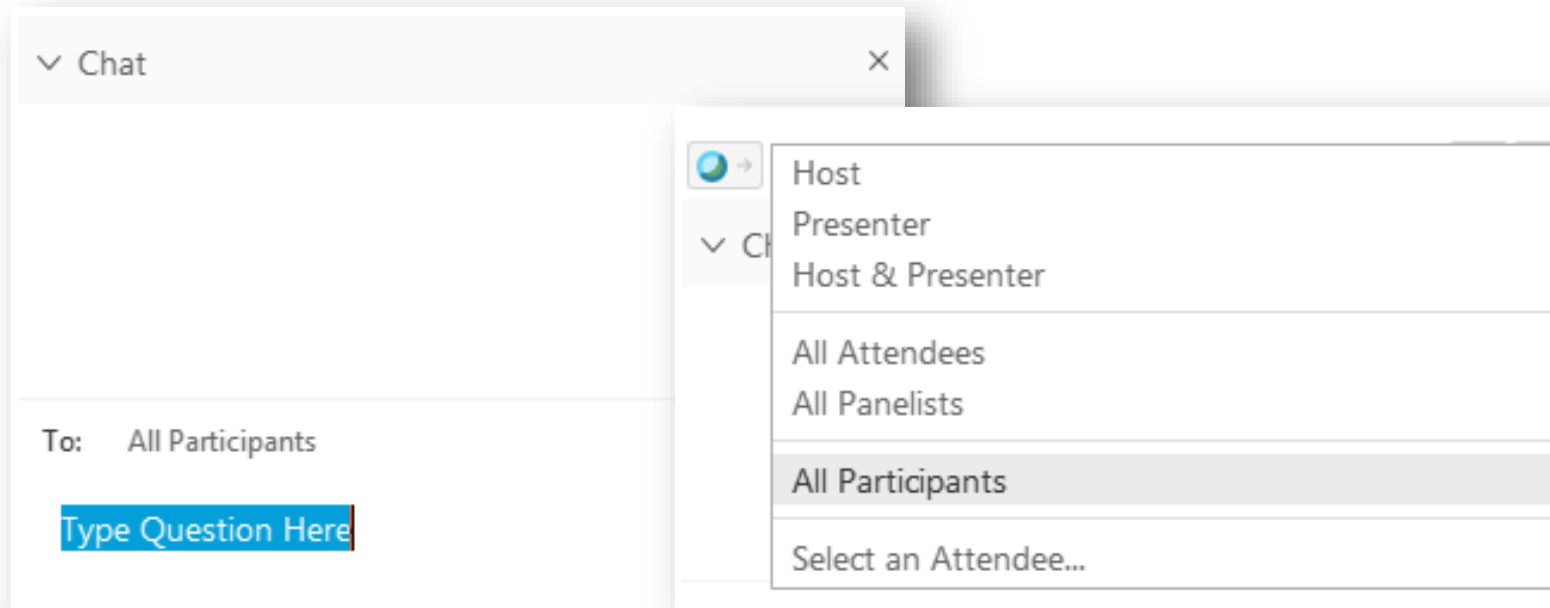
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Meeting Reminders

Chat with Us!



- 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

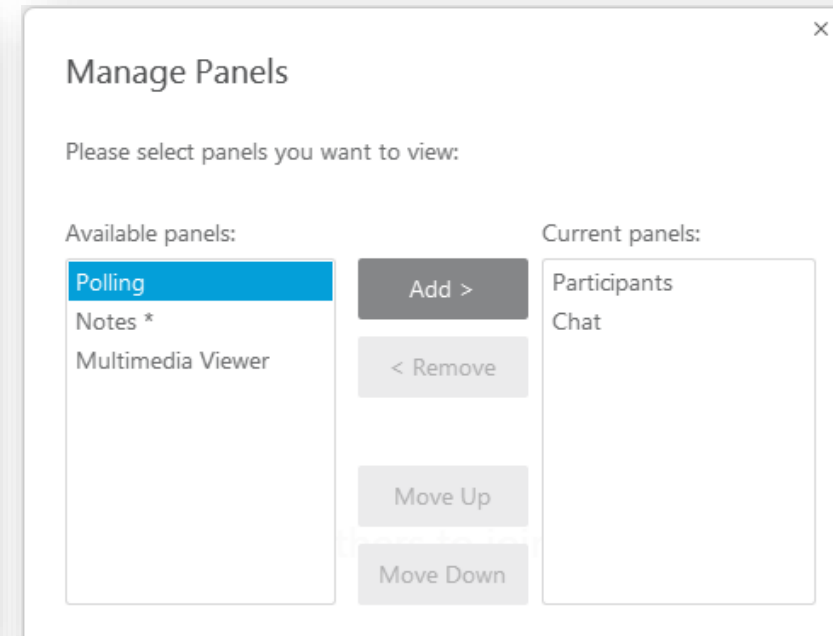
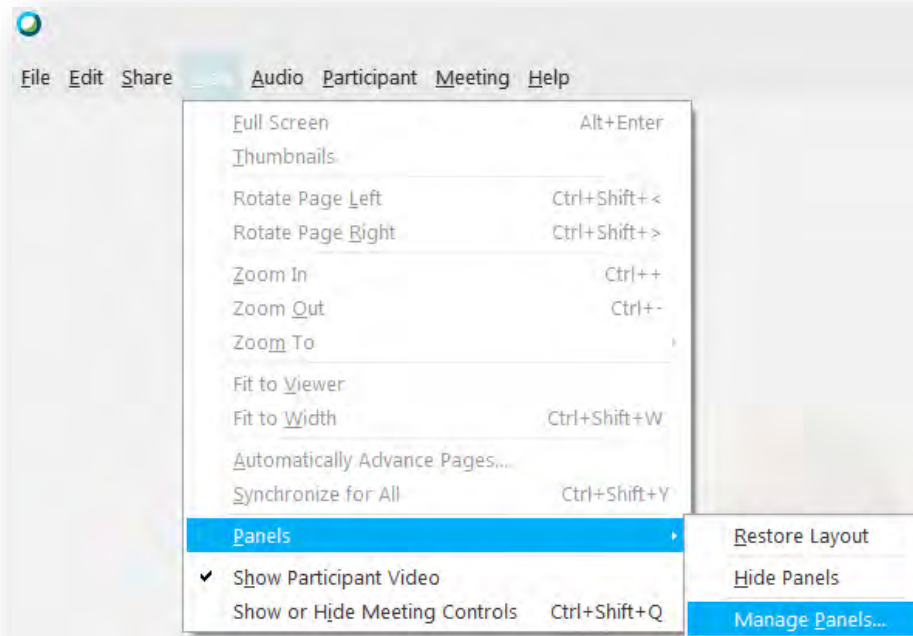


Meeting Reminders

Polling Questions



- Be prepared for active participation in polling questions



Meeting Reminders

Agenda



- IPRO ESRD Network Program
- Quality Improvement
 - National Initiatives (Goals, Education, Interventions)
- Patient Services
 - Emergency Management
 - Patient Experience of Care
- ESRD Data Management
- Closing Remarks



IPRO Overview

Capabilities



- Healthcare quality improvement-focused entity for nearly **40 years**
- Successful Quality Innovation Network - Quality Improvement Organization (QIN-QIO) since the first Scope of Work in **1984**
- End-Stage Renal Disease (ESRD) Network since 2006
- External Quality Review Organization (EQRO) in **13 states** and Puerto Rico
- Independent Review Organization (IRO) in **20 states**
- Data experts working with providers and patients driving quality improvement and more
- **350 professionals** includes 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 **36 U.S. states** and territories
- Network of more than **500 board-certified physician consultants**
- **URAC Accredited** IRO since 2000
- **ISO 9001:2015**

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

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ESRD Statement of Work (SOW)

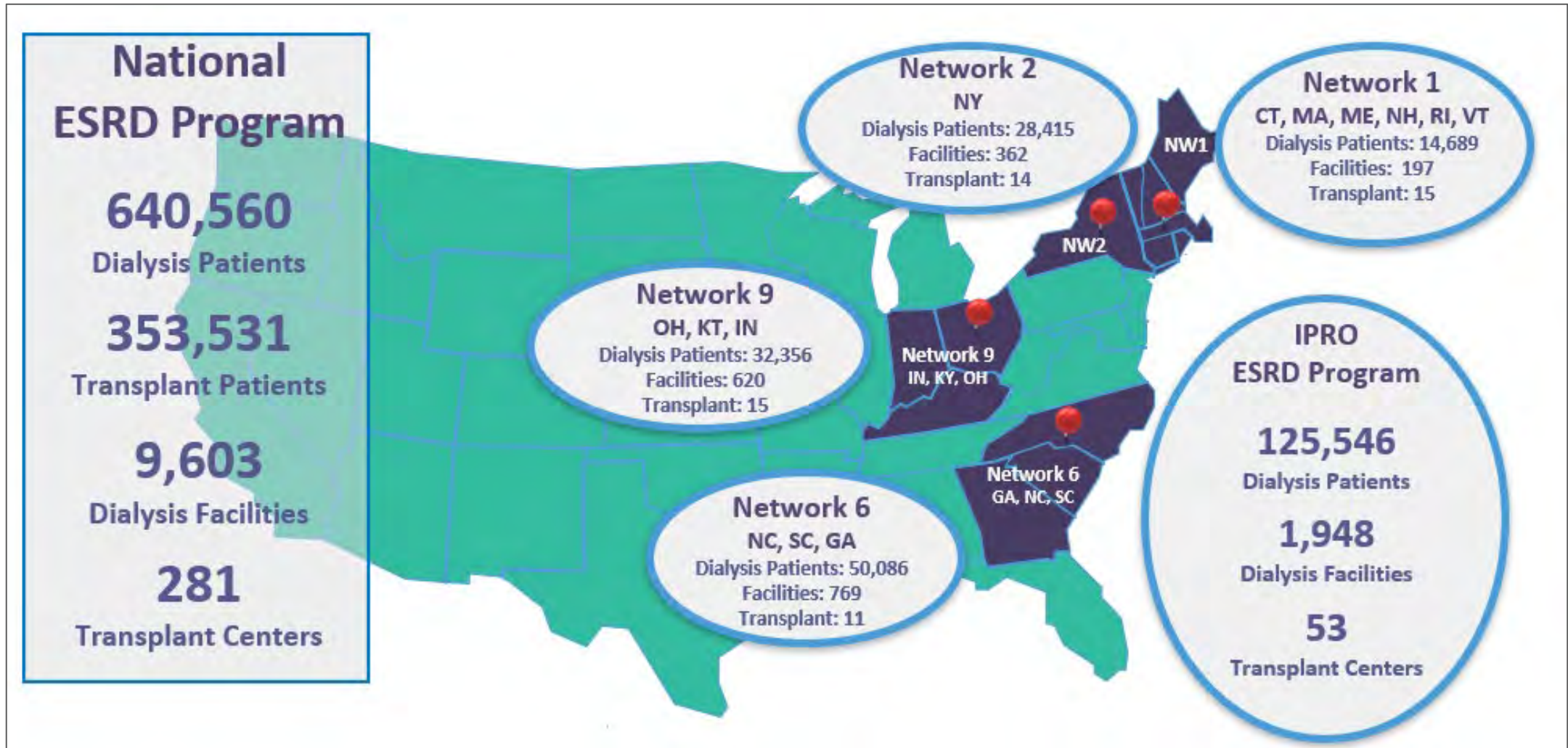
5-Year Contract Cycle



- Contract Cycle: June 1, 2021 – April 30, 2026
- Option year 2 ends April 30, 2024
- 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
- Contract modification with OY2
 - Modification began on May 1, 2023
 - Large focus on facility site visits to drive improvement
 - Increased focus on health equity
 - New measures included: weight management, submitting outdated 2728 Forms, and a new, aggregated measure for Pneumonia vaccinations.
 - There are 26 QIA Goals in Option Year 2, including the same four PFE Goals

IPRO ESRD Network Service Area

National Coordinating Center Dashboard Date: 5/25/2023



CMS Expectations

Network Responsibilities



- Create a collaborative environment to improve care
- 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

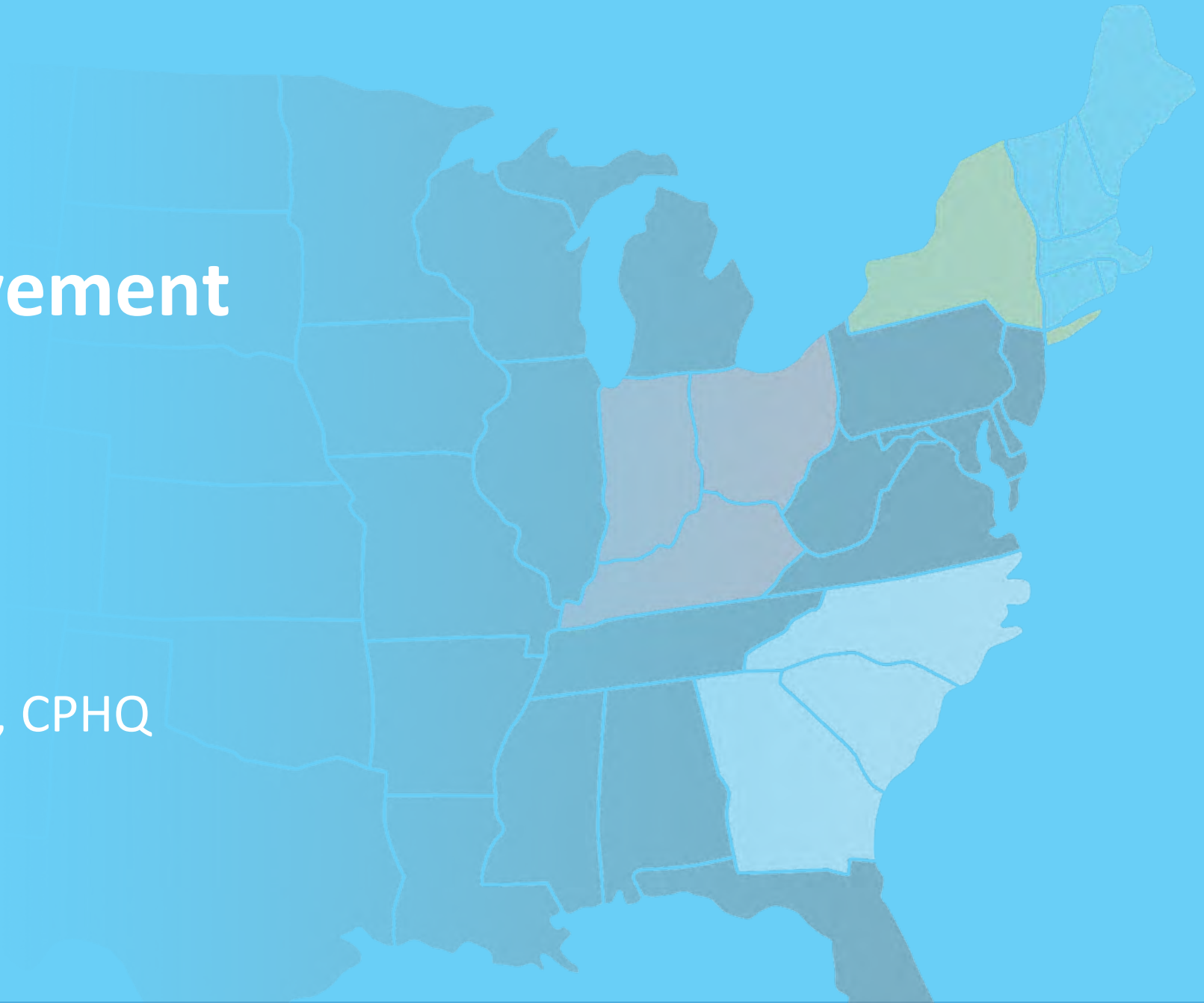


- Participate in Network Quality Improvement Activities (QIAs)
- Inform patients of available Network resources
 - Grievance resolution
 - Educational materials
 - Peer-to-peer mentoring
- Notify the Network of major events
 - Facility closures/altered treatment schedules
 - Staffing or supply shortages
- 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



Quality Improvement Overview

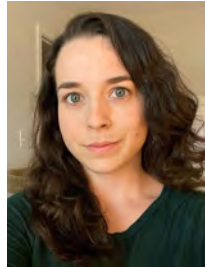
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Quality Improvement Team



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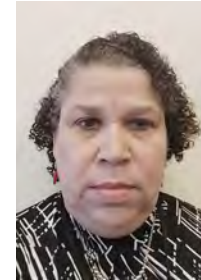
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Assistant Director
Project Lead - Transplantation

May 2023-April 2024 Updates and Initiatives

Program Objectives



1. Improve Behavioral Health Outcomes
2. Improve Patient Safety and Reduce Harm
3. Improve Care in High Cost/ Complex Chronic Conditions
4. Reduce Hospitalizations and Outpatient Emergency Room Visits
5. Improve Nursing Home Care in Low Performing Providers



How Do We Effect Change?

Multifaceted Approach



Network-Wide

1. **Daily** problem solving and idea sharing
2. **Weekly** data driven technical assistance per CMS definition
3. **Monthly** IPRO Learn interventions
4. **Quarterly** Best Practice and MRB Calls
5. **Bi-Annual** Community Coalition Cycles
6. **Annual** Network Council Call

How Do We Effect Change?

Multifaceted Approach



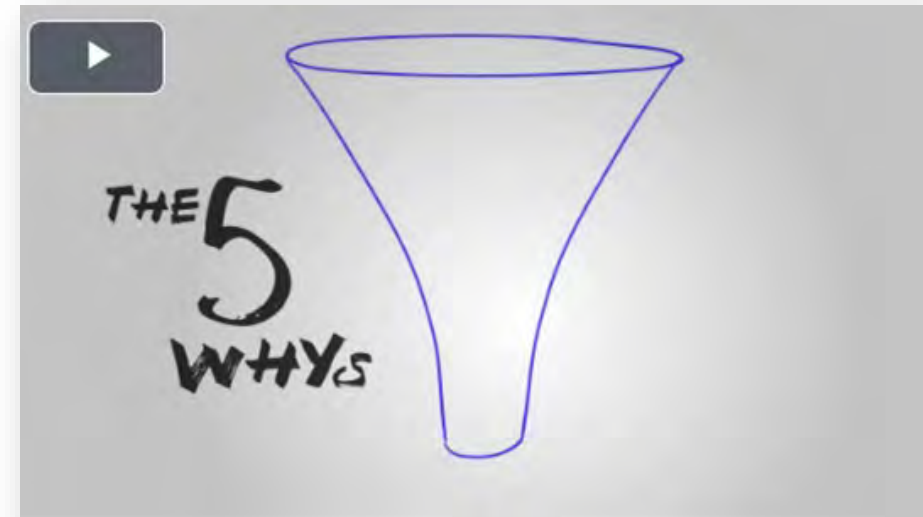
Community Coalitions

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

Root Cause Analysis (RCA)

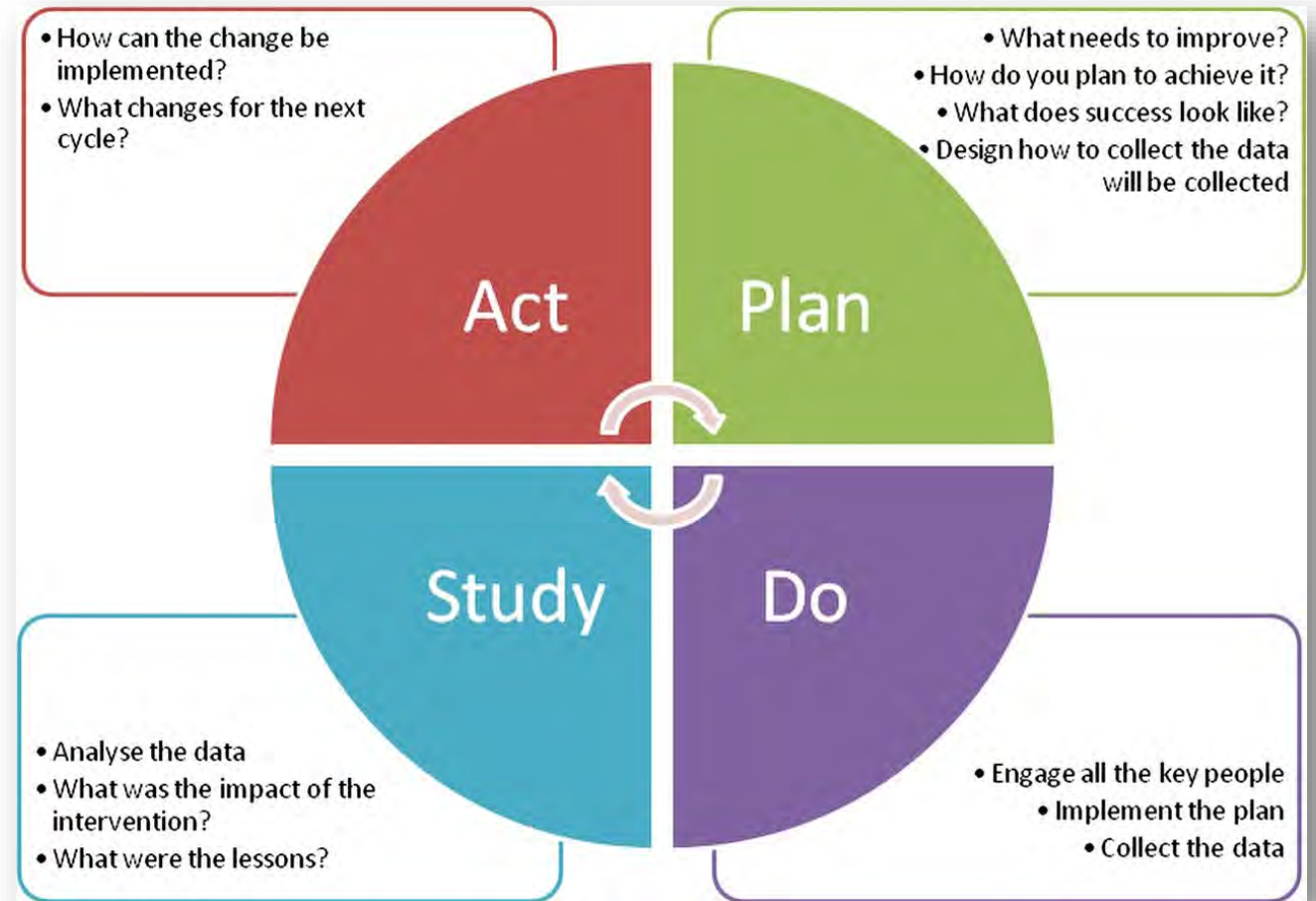
First Step in Problem Solving

- 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



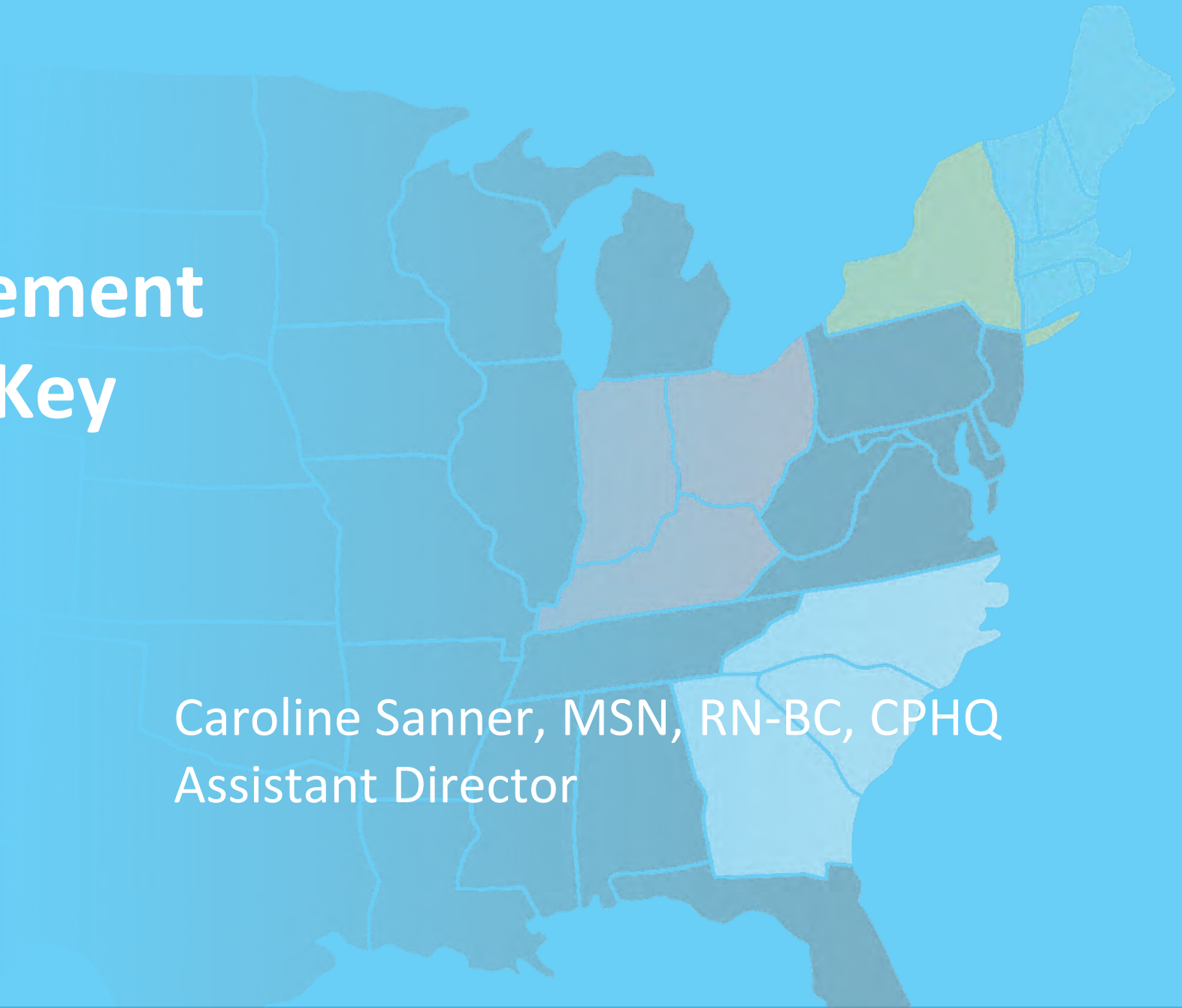
- Some facilities will have an on-site visit by the Network
- Site Visits will include:
 - Review of your data outcomes and areas of improvement
 - Quality improvement assistance
 - Resource and intervention planning to mitigate barriers
- Site visits are focused on providing help to facilities to address 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 Behavioral Health Outcomes

Increase Remission of Diagnosis of Depression



Goal

- Increase the percentage of patients who have received treatment by a mental health professional after screening positive for depression, as identified in the Quality Incentive Program (QIP) attestation
 - Data from this measure is based on EQRS data and Medicare claims
 - “Receiving treatment” is based only on Medicare claims data

Improve Behavioral Health Outcomes Interventions





What Is Telemental Health?

From the NATIONAL INSTITUTE of MENTAL HEALTH


Telemental health is the use of telecommunications or videoconferencing technology to provide mental health services. It is sometimes referred to as telepsychiatry or telepsychology. Research suggests that telemental health services can be effective for many people, including, but not limited to those with attention-deficit/hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), depression, and anxiety.

As the need for providing virtual mental health care services has increased, providers are finding ways to use phone and videoconferencing technology to bring therapy, evaluations, interventions, and medication management to individuals where they are.

Although the practice has become much more common, especially as a result of the coronavirus (COVID-19) pandemic, more research is needed to understand when and how telemental health services should be used.

Learn about factors to consider when using telemental health.

Potential Benefits	Potential Drawbacks
<ul style="list-style-type: none">► Convenience: Telemental health appointments don't require travel and often mean less time off work and smoother logistics coordination for things like transportation or childcare. Patients also can schedule appointments with less advance notice and at more flexible hours.► Broader reach: The technology is available to people who may not have had access to mental health services previously, including those in remote areas and emergency care situations.► Fewer barriers: For those who may have been hesitant to look for mental health care in the past, telemental health services might be an easier first step than traditional mental health services.► Advances in technology: As telemental health services have increased, providers have become more familiar with evolving videoconferencing technology, with some switching to entirely virtual practices.	<ul style="list-style-type: none">► Access to technology: Services may be limited by lack of internet connection and devices.► Quality issues: Varying levels of technological quality can affect how services are provided and received.► Cost: Evolving technology means updating equipment, platforms, and networks for patients.► Privacy: Cameras in users' homes and virtual online platforms pose privacy considerations. Individuals also might be more hesitant to share sensitive personal information with a provider in a situation where others might hear.► Insurance coverage: The rise in telehealth during the COVID-19 pandemic has led to policy changes to make services accessible to more people. However, it is not known how long such flexibilities will stay in place, and understanding what services are available can be complicated. Coverage and provider licensure requirements vary from state to state.



STOP the STIGMA Surrounding Depression

One of the top reasons dialysis patients do not seek help for depression or other mental health issues is due to the fear of stigma and shame. It is not unusual to feel scared seeking treatment, however, many fear they will lose their livelihood, their employment, and even their support system.

Dialysis patients are already marginalized and can face stigma and prejudice, even if it is subtle or less obvious. Whether or not the signs of stigma are visible, healthcare providers need to have a better understanding of why stigmas exist, and how to prevent fear of patients feeling stigmatized thus limiting their ability to share their concerns.

Learn the Facts

An article published by the American Psychiatric Association theorizes stigma comes from a lack of understanding or fear. There is a misrepresentation present in the media, particularly when it comes to depression and other forms of mental health issues. Researchers have identified the three different types of stigma. The chart below illustrates each one and gives an example of how it relates to dialysis patients.

- **Public stigma** - involves the negative or discriminatory attitudes that others have about mental health issues
- **Self-stigma** - refers to the negative attitudes including internalized shame that people with mental health issues have about their own condition.
- **Institutional stigma** - systematic stigma involves policy, including those of government and private organizations. This includes intentionally or unintentionally limiting opportunities for people with mental health issues. Examples include lower funding for mental health issues research or fewer mental health services relative to other health care.

Stigma Comparison Chart

	Public	Self	Institutional
Stereotypes and Prejudices	Patients with mental health issues are perceived as dangerous, radical, incompetent and unpredictable	"Staff do not want to provide care to me. They often tell me I am difficult and they threaten to terminate my treatment. I must be crazy"	A dialysis patient is often "transferred" or "discharged" due to undiagnosed or untreated mental health issues leading to disruptive behaviors
Discrimination	Staff do not feel "safe" providing care to these patients, other patients will not sit near them or request to be transferred	These feeling can lead to thoughts "Sometimes I feel as though I should just stop dialysis altogether since I am a burden on the staff"	Patients are denied admission from alternate dialysis facilities and refused from entire nephrology practices
Effect	Staff segregates patient from the general population	Feelings of retaliation may arise; non-adherence with treatment increases; may lead to discontinuation or threatening behavior	Patient receives intermittent dialysis treatment through the hospital emergency department; which does not effectively treat their condition, lacks continuity and leads to increased illness and death

¹ (Borenstein 1-11)

Psychology Today

Difficulty finding a mental health provider? Check out this helpful resource that the Network learned about from some of The Networks great social workers.

[Click Here](#)



If you are looking for mental health services, resources or services, 211 can help get you linked to services in your area.

[Click Here to Access 211](#)



Improve Patient Safety and Reduce Harm

Improve Health Outcomes and Access to Care
in Vulnerable Populations

Goal

- Decrease hemodialysis catheter infection rates among dialysis patients receiving home dialysis while in a nursing home*
- Decrease peritonitis infection rate among dialysis patients receiving home dialysis while in a nursing home
 - Data for this measure is based on EQRS and Medicare claims

* Only applicable to Networks that have patients that dialyze in a nursing home

Improve Nursing Home Care in Low Performing Providers

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



Goal

- Decrease the rate of blood transfusions of ESRD patients dialyzing in a nursing home*
 - Data is based on EQRS and Medicare claims

* Only applicable to Networks that have patients that dialyze in a nursing home

Improve Patient Safety and Reduce Harm/Improve Nursing Home Care in Low Performing Providers Interventions



DIALYSIS AND NURSING HOME HANDOFF COMMUNICATION TOOL

TO BE COMPLETED BY NURSING HOME AND SENT WITH RESIDENT EACH TREATMENT

RESIDENT NAME: _____ DATE: _____
Code Status: _____ Mental Status: _____
Vital Signs: Temp _____ Pulse _____ Resp _____ BP _____
Any allergies? _____
Any medical problems since last dialysis? Yes _____ No _____
Has patient been in hospital since last dialysis? Yes _____ No _____
If "Yes", please explain: _____
Any new medication/vaccination since last dialysis? Yes _____ No _____
If "Yes", list new medication/vaccination: _____
Any labs drawn by the nursing home? Yes _____ (If yes, attach copy of results) No _____
Any blood transfusions since last dialysis? Yes _____ No _____
If "Yes", list reason (GI bleed, low hemoglobin, cancer, etc.): _____
Current Diet/Fluid Restriction: _____
Type of Access: AV Fistula _____ AV Graft _____ Catheter _____
Dressing intact: Yes _____ No _____
Any signs/symptoms of infection? Yes _____ No _____
If patient has a fistula or graft, can you feel or hear a pulsation? Yes _____ No _____
Nurse's Signature: _____ Date: _____

TO BE COMPLETED BY DIALYSIS AND RETURNED WITH RESIDENT EACH TREATMENT

Pre-Dialysis Weight: _____ Post-Dialysis Weight: _____
Problems During Dialysis: _____
Amount of Fluid Removed: _____
Post-Dialysis Vitals: T _____ P _____ R _____ BP: Sitting _____ Standing _____
Labs Drawn: Yes _____ No _____ Copy of lab results attached: Yes _____ No _____
Updated MD orders attached: Yes _____ No _____
Did Dietitian Make Recommendations? _____
Did Social Worker Make Recommendations? _____
Food/Fluid Consumed During Dialysis: _____ % Meal Consumed _____ Fluids Consumed _____
Medications Given During Dialysis: Anemia Meds _____
Other Meds _____
Vascular access condition: _____
Dialysis Nurse's Signature: _____ DATE: _____

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Feb 2023 Nursing Home Communication

Did you know every Nursing Home that accepts Medicare or Medicaid patients has a position known as a **minimum data set (MDS) Nurse** who collects and monitors data on the care of a patient at the SNF or long-term care facility?

Contacting this nurse could help you relay information about patients you are dialyzing and could also help you to get necessary pieces of information like the vaccination status on your nursing home patients.

By calling the nursing home you can identify who the MDS nurse is at that site and set up a time to meet to discuss how you can collaborate to improve the care the dialysis patients you both take care of.

Please answer the following 3 questions about your facility's communication with MDS Nurses.



Dialysis/Nursing Home Integrated Care Plan Date: _____

Patient Name:	DOB:	Dialysis Schedule:	Room Number:
Nursing Home Charge Nurse:	Dialysis Nurse:	MD:	Physician(s):
Assessment/Problems:	Planning/Intervention:	Intervention:	Outcomes:
FLUID BALANCE:			
<i>Example:</i> Nursing home patient is anemic (hemoglobin 10.0) and has fluid overload (JVD, peripheral edema, and weight gain of 10 lbs since last dialysis).	<i>Example:</i> Dialysis staff will monitor patient's weight and fluid status daily. If weight gain of 10 lbs or more is noted, dialysis staff will notify the dialysis nurse.	<i>Example:</i> Dialysis staff will monitor patient's fluid status daily. If weight gain of 10 lbs or more is noted, dialysis staff will notify the dialysis nurse.	<i>Example:</i> Patient's weight is stable (within 2-3 lbs) and no weight gain is noted since last dialysis.
HEMOGLOBIN:			
<i>Example:</i> Low hemoglobin - 10.0 (Baseline hemoglobin 12.0) at last dialysis.	<i>Example:</i> Dialysis staff will monitor patient's hemoglobin levels and notify the dialysis nurse if levels are low.	<i>Example:</i> Dialysis staff will monitor patient's hemoglobin levels and notify the dialysis nurse if levels are low.	<i>Example:</i> Dialysis staff will monitor patient's hemoglobin levels and notify the dialysis nurse if levels are low.

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



**End-Stage Renal Disease Network Program**



We're Not Being Nosy. We Care!

In order to provide you with the best care, we need to know about certain things that are happening in your life. Please take note of the items below and be sure to alert your care team if any of the following is true:

☐ You have been in the **hospital**

☐ You have been to the **emergency room**

☐ You have been to a **specialty doctor**

☐ You have **started a new medication(s)** for any reason

☐ You have **stopped a medication(s)** for any reason

☐ You felt like going to the **emergency room** but didn't go

☐ You were seen by an **urgent care center**

☐ You experienced any **bleeding** for any longer than 10 minutes from anywhere (like a cut, nosebleed, or bleeding gums)

☐ You have any new **access pain, changes, or problems**

To file a grievance, please contact us:
IPRO End-Stage Renal Disease Network Program - Corporate Office:
1678 Marcus Avenue, Lake Success, NY 11042-1672 • Patient Services: (516) 331-9767
Toll-Free: (800) 338-3778 • Email: endo.network.program@ipro.us • Web: ipro.us

Developed by the IPRO End-Stage Renal Disease Network Program while under contract with the Centers for Medicare & Medicaid Services. Contract # 750CMC2700029. Publication # ESRD-IPRO-04-01-0000001-01 v.1 10/1/2002

**End-Stage Renal Disease Network Program**

Healthy Feet are Happy Feet!


Foot problems are a serious risk to people with diabetes. But you can help keep your feet healthy if you follow these simple guidelines.


- Take care of your diabetes. Work with your health care provider to keep your blood sugar at a healthy level.
- Get regular diabetic foot exams. You should get your feet checked at least once a year, and more often if you or your provider finds a problem.
- Check your feet every day. This can help you find and address problems early before they get worse. Look for sores, ulcers, toenail cracks, and other changes in your feet.
- Wash your feet every day. Use warm water and mild soap. Dry thoroughly.
- Wear shoes and socks at all times. Make sure your shoes are comfortable and fit well.
- Trim your toenails regularly. Cut straight across the nail and gently smooth edges with a nail file.

- Protect your feet from excess heat and cold. Wear shoes on hot surfaces. Don't use heating pads or hot bottles on your feet. Before putting your feet in hot water, test the temperature with your hands. Because of reduced sensation, you can burn your feet without knowing it. To protect your feet from the cold, wear socks to bed, don't go barefoot. In the winter, make sure you wear lined, waterproof boots.
- Keep blood flowing to your feet. Put your feet up when sitting. Wiggle your toes for a few minutes two or three times a day. Stay active, but choose activities that are easy on the feet, such as swimming or biking. Talk to your provider before starting an exercise program.
- Don't smoke. Smoking reduces blood flow to the feet and can make wounds heal slowly. Many diabetics who smoke need amputations.

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**End-Stage Renal Disease Network Program**



How are you feeling today?

It's important for you to check in with how you're feeling on a regular basis. The information below can help you determine if your symptoms are under control, if you need an adjustment in your medication or plan of care, or if you need to immediately contact your physician or call 911.

GREEN ZONE WHAT YOU ARE EXPERIENCING	ACTIONS YOU SHOULD TAKE
<ul style="list-style-type: none">No shortness of breathNo swellingUrinating with no problemsWatching intake of food/fluidsNo pain, not tired or weakMonitoring foods with potassium, protein, and salt	<p>Your symptoms are under control.</p> <ul style="list-style-type: none">Continue taking your medications as ordered.Continue daily weigh-ins.Keep all physician appointments.Keep scheduled dialysis appointments.Eat small, frequent meals throughout the day.

YELLOW ZONE WHAT YOU ARE EXPERIENCING	ACTIONS YOU SHOULD TAKE
<ul style="list-style-type: none">Some shortness of breathIncreased swellingIncreased tenderness with any activityHeadachesNausea and vomitingPoor appetite, headache, muscle achesChanges in blood pressure (higher or lower than usual)Dizziness	<p>Your symptoms may indicate you need an adjustment in your medication, plan of care or weight management.</p> <ul style="list-style-type: none">Call your physician, dialysis team or home health nurse. <p>Name: _____ Phone: _____ Name: _____ Phone: _____ Name: _____ Phone: _____</p>

RED ZONE WHAT YOU ARE EXPERIENCING	ACTIONS YOU SHOULD TAKE
<ul style="list-style-type: none">Increased shortness of breathFaster heart rate—palpitationsUncontrolled swellingChest painConfusionPoor appetite, headache, muscle achesExcessive nausea and vomiting, loss of appetite	<p>Immediately call your physician or call 911.</p>

Continued on next page

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
- Increase the number of rural ESRD patients using telemedicine while on a home modality

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

Seeing Yourself in a Positive Light with a Peritoneal Dialysis Catheter *(continued)*

What body image issues do people on peritoneal dialysis experience?

- Weight gain. Some patients experience weight gain due to the sugar that is in the solution used in dialysis treatments. Talk with your doctor and dietician to help balance your prescription and your diet.
- Bloating and feeling full. The extra fluids in your stomach make you feel this way. Some people find it even makes them less hungry or able to eat. Often these feelings become less noticeable as your body adjusts. To help with mealtime, you can try to do your treatments after meals.
- Hernias. The insertion of the catheter can weaken the stomach muscles; the fluid puts pressure on the weakened muscles and can cause a tear (hernia). Depending on how bad the hernia is you can have surgery to repair it.
- How the catheter looks hanging out of your stomach. In fact, the catheter tube is very small. However, if you are uncomfortable with how it looks, you can use a peritoneal dialysis catheter belt. Catheter belts help keep your peritoneal catheter tubing in place and make it less noticeable when wearing different types of clothing or bathing suits. They come in different types to suit all clothing options.

What are other ways to help you cope with peritoneal dialysis?

Consider the benefits of peritoneal dialysis over the changes to your body image and list ways you can work through the changes you'll be dealing with when you start peritoneal dialysis. That may include talking to your partner about your catheter and how you both feel about it. You might also want to talk to your friends and family about how you feel. And, if possible you may want to talk with someone who is currently on peritoneal dialysis.

Remember you are the person you were prior to being diagnosed with kidney disease. You will be the same person while on dialysis.

When you have a negative thought about your self-image, stop and identify that thought. You can write it down if you would like. Is this thought helpful or harmful? If this thought is hurtful to you, replace that thought with something that is positive.

If you have not considered peritoneal dialysis due to some of these concerns, please talk with a member of your dialysis team who can help you find the right resource to answer your questions.

To file a grievance, please contact us:

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Developed by the IPRO ESRD Network Program while under contract with the Centers for Medicare & Medicaid Services.

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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: 75FMC19D0029. CMS Task Order Numbers: 75FMC21F0001 (Network 1), 75FMC21F0002 (Network 2), 75FMC21F0003 (Network 6), 75FMC21F0004 (Network 9).

Improve Care in High Cost/ Complex Chronic Conditions

Improve Education and Access to Transplantation



Goal

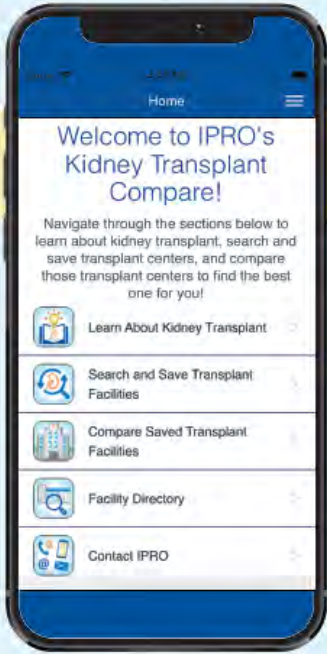
- Increase the number of patients added to the kidney transplant waitlist
- Increase the number of patient who receive a kidney transplant

Improve Education and Access to Transplantation Interventions



Introducing... Kidney Transplant Compare

transplantcompare.org



Welcome to IPRO's Kidney Transplant Compare!

Navigate through the sections below to learn about kidney transplant, search and save transplant centers, and compare those transplant centers to find the best one for you!


- Learn About Kidney Transplant
- Search and Save Transplant Facilities
- Compare Saved Transplant Facilities
- Facility Directory
- Contact IPRO

Putting patients and family members in the driver's seat of their transplant journey


DOWNLOAD FOR IPHONE DOWNLOAD FOR ANDROID USE YOUR WEB BROWSER

Choose the Best Transplant Center For YOU.

1. Learn the basics of kidney transplant and find FREE patient resources. Consider your life plan and decide if kidney transplant is the best treatment option for you.
2. Search, filter, and save transplant centers that you are interested in based on their location, patient selection criteria, support services, and results.
3. Compare the transplant centers you are interested in to choose the best option for you!



Use the camera on your mobile phone or tablet to scan this image code to learn more about Kidney Transplant Compare or visit esrd.ipro.org



End-Stage Renal Disease Network Program

Reduce Weight-Related Medical Ineligibility for Transplant: A Change Packet Approach

The IPRO ESRD Network Program, working with registered dietitians, has created this change packet to identify and prioritize mitigation strategies to address the barrier to transplant related to patient weight. Recognizing that the pursuit of and success in weight reduction is incumbent on the patient's investment and motivation in making the change, your facility's workflows can go a long way in supporting a motivated patient to achieve success in eliminating this barrier to transplant.

How to get started

A decision to adopt and maintain a weight loss program requires a willingness to make a lifestyle change, a process that takes time and requires support. As the interdisciplinary team works with each patient on their care plan, important elements to discuss are body image, weight, and interest in pursuing transplant. If excess weight is contributing to a patient's health issues or preventing them from considering transplantation, then working with the patient to create a weight loss plan is a valuable part of their plan of care. Following a change process at the facility level can help those patients continue their commitment and systematically address issues that they need to change.

It's important to have social worker involvement prior to developing a weight loss plan. This ensures that the patient is screened for mental health issues and food insecurity. Tools for screening can be found under Table 1. Secondary Driver 1d: Increasing Access to Healthy Food Choices.

While screening for food insecurity, it's important to note:

1. Whether the patient is receiving assistance from a program such as the Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
2. Whether the patient can prepare food? Does the patient have a microwave, an oven, or a fridge?

Understanding these aspects of the patient's current situation will help the care team better tailor a weight loss plan of care to the specific needs of the patient.

If the patient has begun the process for referral to waitlist or is interested in being referred, the transplant center should be a primary point of contact when developing a weight loss plan. It's important for you, as the care team, to know the BMI requirements of the transplant center and what goals the patient should be striving to attain.

How to use this guide

There are practices that the facility must have in place to support a patient's weight loss journey and optimize their outcomes. To change your facility's practices and approaches to weight loss, you must identify your aim, primary driver, and secondary drivers.

Aim: What you want to accomplish. As an example, your aim might be to implement a new process or practice to help patients succeed in reducing body weight.

Primary Driver: The approach that you will take to influence change and reach your aim.

For example, implement a new process or practice related to diet to help patients succeed in reducing their weight.

Secondary Driver: The action or intervention needed to impact your primary driver.

For example, you might implement a new process or practice using visuals as part of your facility's diet education program.

Throughout this change packet you will notice that the secondary drivers are better led by an individual in a specific job role (dietitian, social worker, or nephrologist). The involvement of the entire care team and designation of an appropriate team lead in these initiatives will foster greater success in achieving your facility aims.

Examples of primary and secondary drivers related to reducing weight-related medical ineligibility are included in Table 1.

1

Improve Care in High Cost/ Complex Chronic Conditions

Healthy Living - A Preventative Health Approach



Goal

- Decrease the average body weight in ESRD patients identified as obese
- Ensure dialysis patients are fully vaccinated for COVID-19 including boosters*
- Ensure dialysis staff are fully vaccinated for COVID-19, including boosters*
- Increase the number of ESRD patients who receive the flu vaccination
- Increase the number of ESRD staff who receive the flu vaccination
- Increase the number of ESRD patients who are fully vaccinated for pneumococcal pneumonia

*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	Pneumonia Vaccine	Hepatitis Vaccine
<ul style="list-style-type: none">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.	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">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.


continued on next page

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.



Source: Centers for Disease Control and Prevention (CDC)

For more information about these vaccines, speak with your healthcare team and visit these CDC website pages:

- <https://www.cdc.gov/pneumococcal/vaccination.html>
- <https://www.cdc.gov/hepatitis/abc>
- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

If you have a grievance, please contact us:
End-Stage Renal Disease Network Program
79 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 # 75FCMC19D00029 Publication # ESRD-IPRO-G3-NW-20220926-134 v.1a 11/22/2022


This material was prepared by HSAG, ESRD Network 15, and adapted by 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: 75FCMC19D00029 CMS Task Order Number: 75FCMC21F0001 (Network 1), 75FCMC21F0002 (Network 2), 75FCMC21F0003 (Network 6), 75FCMC21F0004 (Network 9).

A Change Package To Increase Vaccinations

Key Change Ideas for Dialysis Facilities to Drive Local Action

Released 2022






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)

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



Congratulations on becoming a Patient Facility Representative!



IPRO Learn is an online learning platform that provides facilities, patients, and caregivers a centralized place for all ESRD Network-related quality improvement project information, education, and best practice strategies. It was created to help empower patients to work collaboratively with their facilities to improve their quality of care and overall quality of life.

To Access the IPRO Learn PFR Alliance Page:

- Open your web browser to <https://learn.ipro.org>
- Click on "Create a New Account"
- Review and select "I Agree to IPRO Terms of Use"
- Create a personal login and password
- Search and select your facility (CCN and Name are below)
- Click on "Create my new account"
- Check your email for a verification link



To Log in to the IPRO PFR Alliance Page:

- Click the following link: <https://learn.ipro.org/login>
- Log in to your new account
- Once logged in, select the **Patient Facility Representative Alliance** tab.
- Enter the Enrollment Key (listed below)
- Click on "Enroll me"

If you need assistance, send an email to ESRDNetworkProgram@ipro.us with "PFR IPRO Learn Question" in the subject line.

Facility CCN _____
(6-digit CMS Certification Number. No spaces, no dashes)

Facility Name _____

IPRO Learn
Enrollment Key:
IPROPFR

continues on next page

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
- Develop a CLAS Implementation Action Plan
- 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

Polling Question

Your Feedback is Needed!

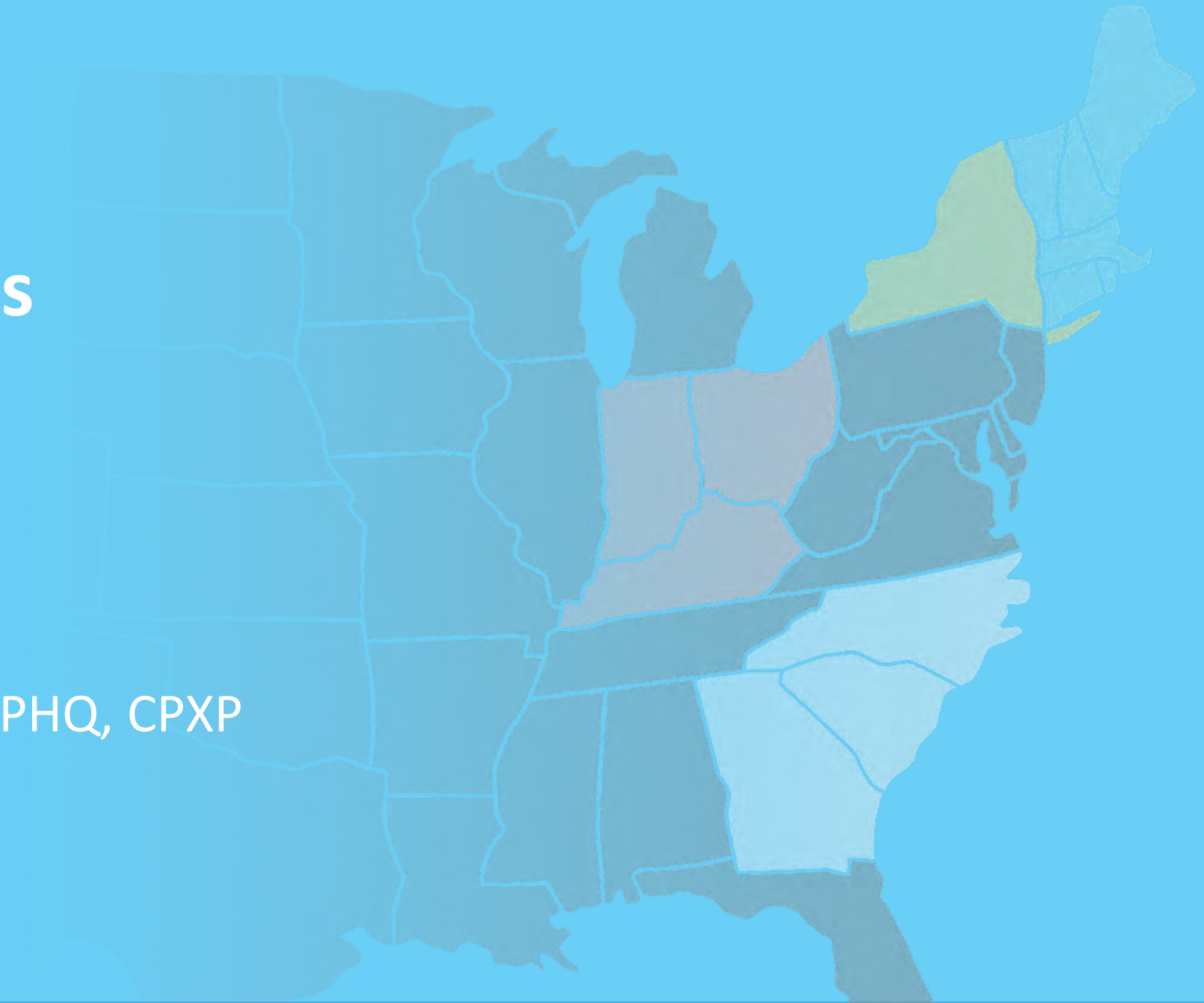


What Type(s) of
Services are Available
in Your Facility?



Patient Services Overview

Danielle Daley, MBA, CPHQ, CPXP
Executive Director



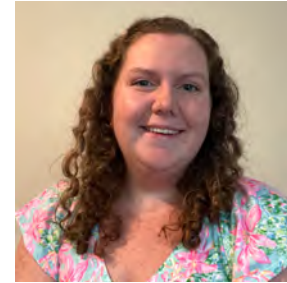
Patient Services Team

Phone: 516-231-9767

Secure e-Fax: 516-403-5969



Shezeena Andiappen, MSW
Patient Services Specialist



Liz Lehnies, MSW, LCSW
Patient Services Specialist



Brooke Andrews, MSW
Patient Services Specialist



Agata Roszkowski, LMSW
Patient Services Manager



Julia Dettmann, BSW
Patient Services Specialist &
Emergency 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
 - 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 & Paying for Treatment
<https://lifeoptions.org/assets/pdfs/employment.pdf>
- Network VR resources <https://esrd.ipro.org/patients-family/patient-education/vocational-rehab/>

Emergency Preparedness, Mitigation, & 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”

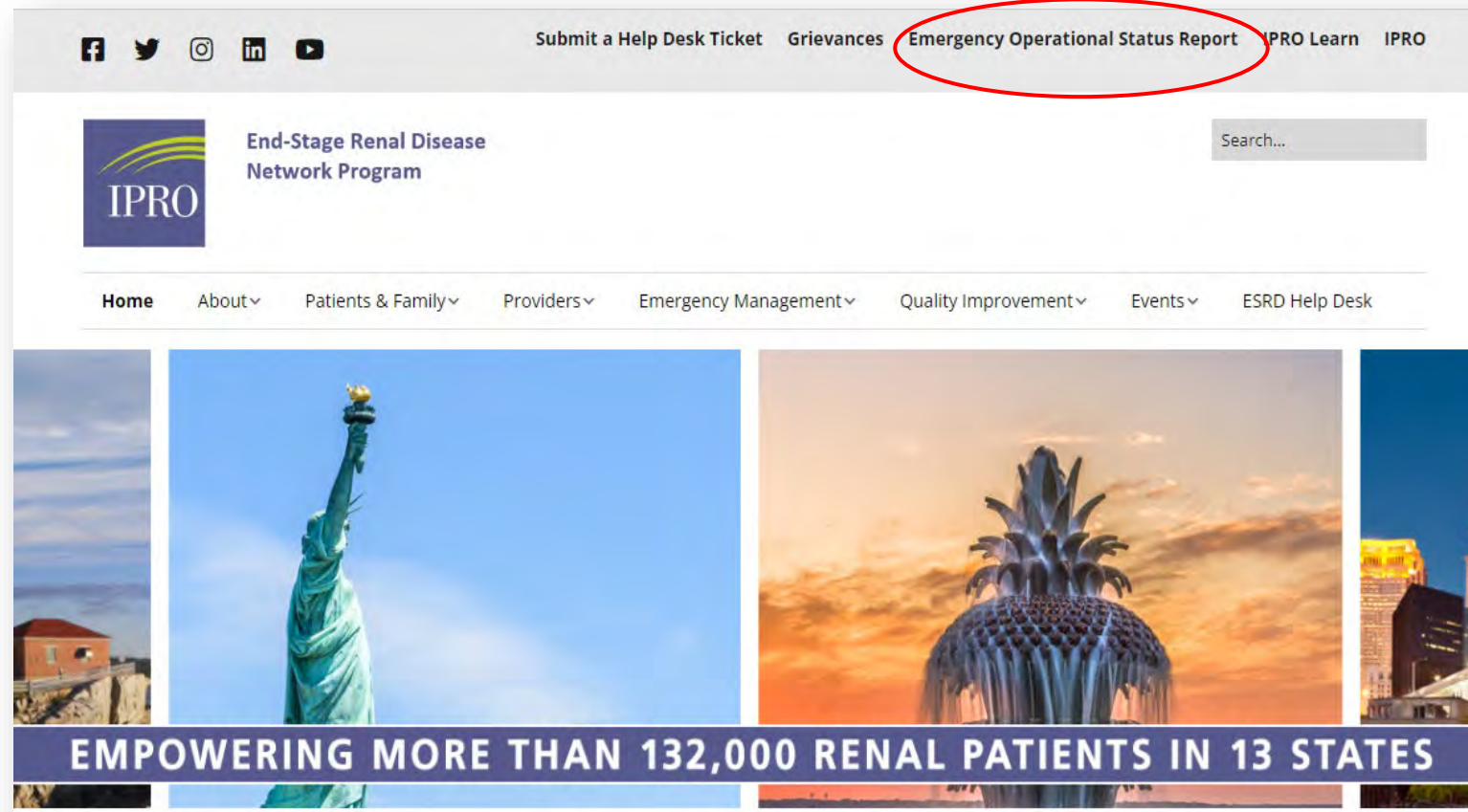
Emergency Operational Status Reporting

Facility Responsibilities



- REPORT Closed/Altered Status

<https://redcap.ipro.org/surveys/?s=R8K7RWETHM>



Critical Assets Survey (CAS)

Facility Responsibilities

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

Data Used By/For:

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



The screenshot shows a web form titled 'Emergency Preparedness Critical Assets Survey Summary Report'. At the top, there is a header for the 'End-Stage Renal Disease Network Program' (IPRO) with the URL 'http://esrd.ipro.org'. Below the header, the facility information is listed: Facility CCN: 112314 and Facility Name: COLQUITT REGIONAL MEDICAL CENTER DIALYSIS. The form is divided into two main sections: 'Contact Information' and 'Facility Information'. The 'Contact Information' section includes fields for Primary EM POC Name, Primary EM POC Email, Primary EM POC Phone, Back-Up Contact Name, Back-Up Contact Email, Back-Up Contact Phone, Regional Contact Name, Regional Contact Email, Regional Contact Phone, and Emergency Regional Contact Phone. The 'Facility Information' section includes fields for Facility Generator Status, What type of fuel does your facility generator use?, Does your facility have water treatment back-up capabilities?, Which backup communication system does your facility utilize when land line phones are not working?, Other (please specify), and 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?.

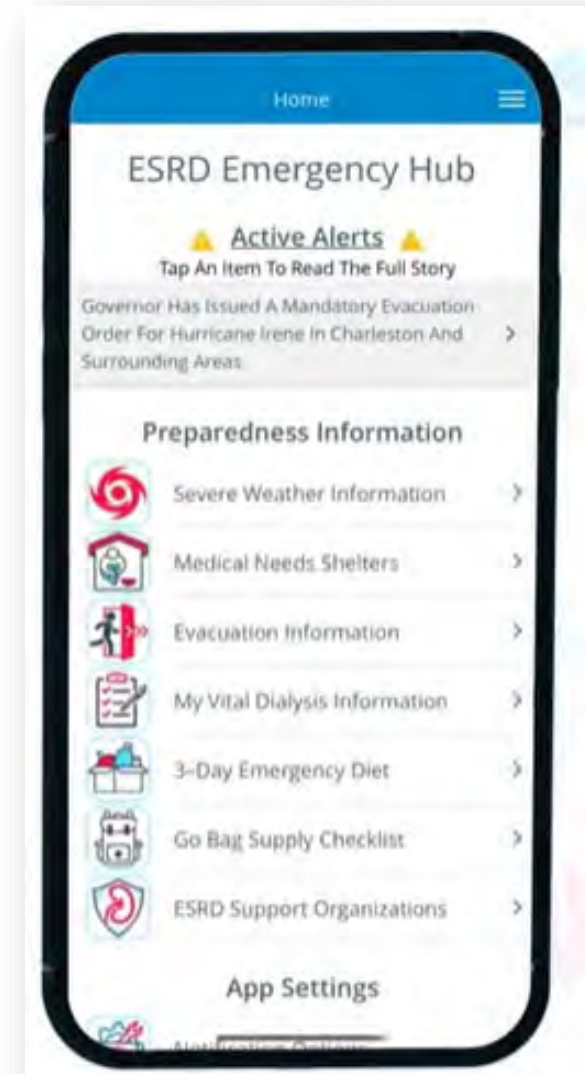
The screenshot shows the login page for the 'End-Stage Renal Disease IPRO ESRD Network Program'. It features the IPRO logo and the program name. Below the header, there is a paragraph explaining that the IPRO ESRD Facility Contacts Management System is the Network's source for facility personnel contact information and that users should sign in to review and make changes to staff associated with their facility. The login instructions are: Login ID: IPROESRD and Password: Facility 6 digit CCN number. A note states that once logged in, users will be able to add, edit, and delete facility staff information. A link is provided for additional assistance: 'If you need additional assistance, please submit a ticket using IPRO ESRD Customer Support Portal'. The login form includes fields for Login ID (Type: IPROESRD) and Password/CCN No. (Your Facility's 6 Digit CCN Number), and a 'Login' button.

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

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

Concerned about how your dialysis and kidney transplant patients will stay safe and healthy during the next emergency?

INTRODUCING... The ESRD Emergency Hub

- ✓ FREE resources and tools guide renal patients in creating, storing, and accessing vital health information.
- ✓ During an emergency, sends patients critical alerts in real time, based on their location.
- ✓ Provides easy access to information on sheltering options, services, support more.
- ✓ The information always at their smartphone or

Download the app or watch a video by visiting [esrdemergencyhub.ipro.org](https://www.esrdemergencyhub.ipro.org), or use the camera on your smartphone or tablet to scan this code.

Please share this patients and ensure that the vulnerable protected, espec

The ESRD Emergency Hub a grant from the SC Lowcountry managed by the IPRO ESRD

Prepare now! Stay safe and healthy during the next emergency.

Do you know what you'll do if your dialysis facility is closed or other medical services are interrupted?

INTRODUCING... The ESRD Emergency Hub

- ✓ FREE resources and tools help you easily create, store, and find your treatment information, emergency resources, and needed phone numbers.
- ✓ During an emergency, receive critical alerts in real time, based on your location.
- ✓ Always at your fingertips on your smartphone or tablet.

Start creating your emergency plan today.

Download the app or watch a video to learn more.

Visit [esrdemergencyhub.ipro.org](https://www.esrdemergencyhub.ipro.org). Or use the camera on your smartphone or tablet to scan this code.

The ESRD Emergency Hub mobile app was developed under a grant from the SC Lowcountry Healthcare Coalition and is managed by the IPRO ESRD Network Program.

4/12 8/29/2022

Polling Question

Your Feedback is Needed!

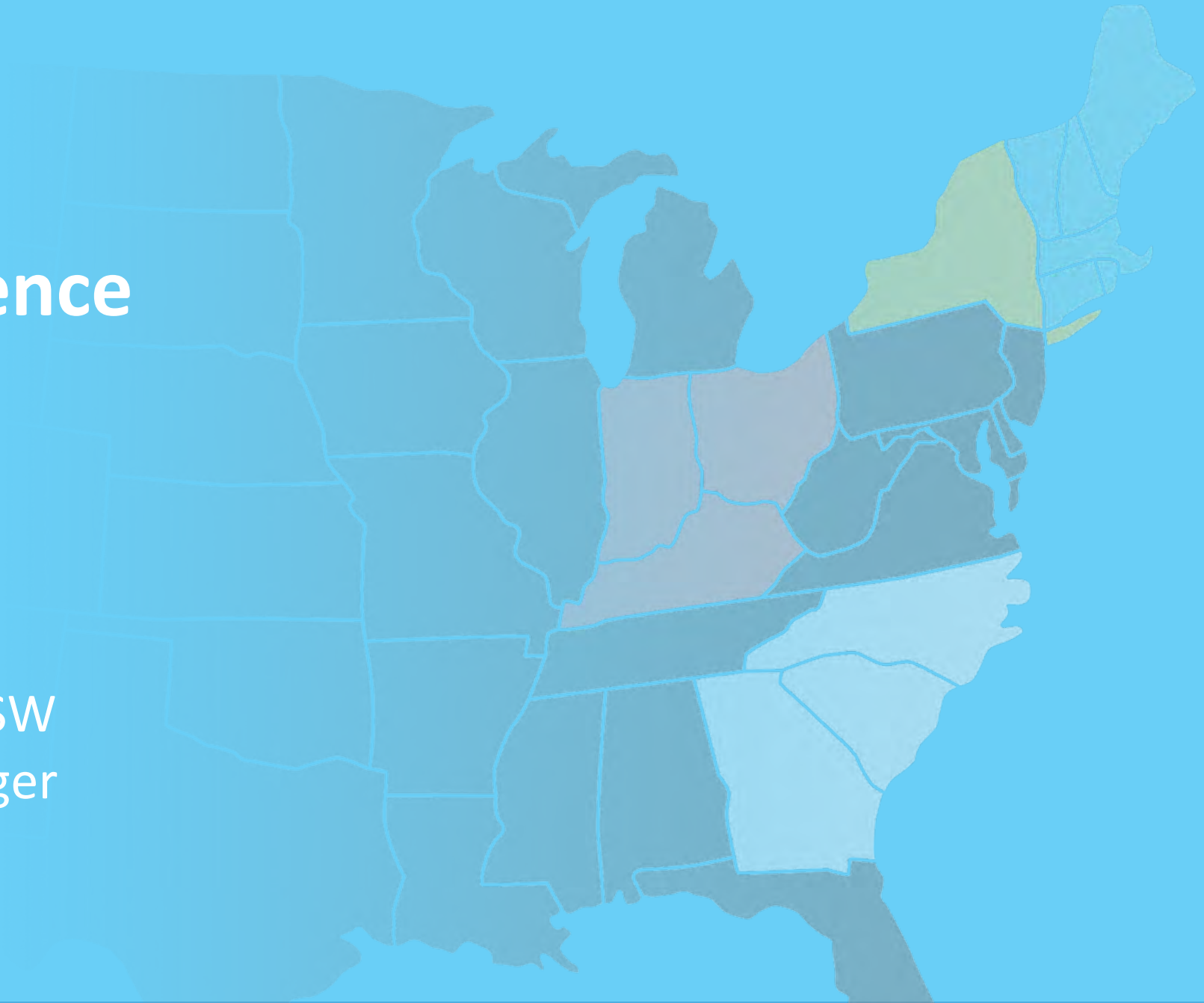


Who in Your Facility Has Downloaded and is Using the App?



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



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 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 calendar days or less
- **Clinical Quality of Care:** Concerns that involve clinical or patient safety issues and requires a clinical review of records by a renal nurse and/or the Medical Review Board; resolved in 60 calendar days or less

What is “Access to Care”?



It refers to:

- 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



Upon the receipt of an 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 (IVD):** 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 & 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



Interpretive Guidance: V766 & V767

Tag Number	Regulation	Interpretive Guidance
V766	<p>(f) <i>Standard: Involuntary discharge and transfer policies and procedures.</i> The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures.</p> <p>The medical director ensures that no patient is discharged or transferred from the facility unless –</p> <p>(1) The patient or payer no longer reimburses the facility for the ordered services;</p> <p>(2) The facility ceases to operate;</p> <p>(3) The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
V767	<p>(4) The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery</p>	<p>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).</p>

Involuntary Transfer (IVT)



- 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

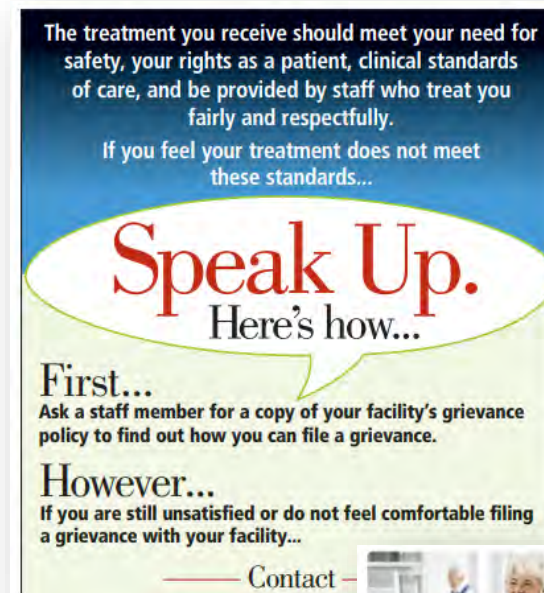
https://esrd.ipro.org/wp-content/uploads/2020/07/NW6-Dialysis-Facility-Involuntary-Discharge-Guidelines_2019.pdf

Dialysis Facility Involuntary Discharge Guidelines	
<div>  <p>Before considering an involuntary discharge (IVD), a facility's interdisciplinary team (IDT) should:</p> <ol style="list-style-type: none"> 1. Conduct a thorough assessment of the situation 2. Develop a plan to address any problems or barriers the patient may be experiencing <p>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).</p> </div>	
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	<p>It is the medical director's responsibility to ensure "that no patient is discharged or transferred from the facility unless:</p> <ul style="list-style-type: none"> • 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	<p>All staff should receive training in conflict management techniques.</p> <ul style="list-style-type: none"> • Training must be documented <p>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/</p>
Document everything	<p>It is essential that staff document and address any and all problematic behaviors, no matter how insignificant they may seem. Include documentation of all:</p> <ul style="list-style-type: none"> • 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	<p>An involuntary discharge can begin only if:</p> <ol style="list-style-type: none"> 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	<ul style="list-style-type: none"> • 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 <p>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.</p>
Immediate IVD	<p>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."</p>
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) <i>Standard: Right to be informed regarding the facility's discharge and transfer policies.</i> The patient has the right to – (1) Be informed of the facility's policies for transfer, routine or involuntary discharge, and discontinuation of services to patients; and	Patients must be given information about the facility policies for routine and involuntary discharges. Refer to the Condition for Governance at V766-V767 for involuntary discharge or transfer regulations and guidance, including acceptable reasons for involuntary discharge. Use these 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 action in this scenario, at time or opportunity for possible retaliation.
V716	(a) The interdisciplinary team adheres to the discharge and transfer policies and procedures specified in § 494.180(f).	The medical director must ensure discharge and transfer procedures are followed.

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.hsa.gov/contentassets/618367/retaliation-for-filing-grievances-does-it-exist-15-29-2017-10/mw15-retaliation-for-filing-grievances-does-it-exist-15-29-2017-10.pdf>
The ESRD Network (ESRD Network 10) (n.d.). Should You Self-Check? (poster). Indianapolis, IN. Author: <http://www.esrdnetwork.org/interim-final-2017-network-10-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.'"

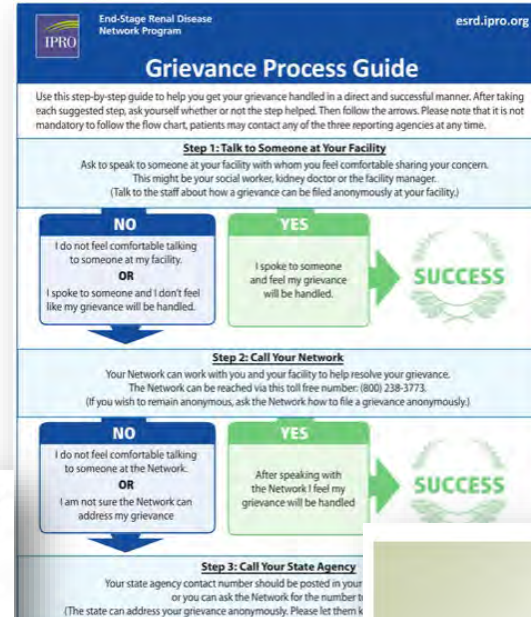
Things said or done in a moment of frustration, even a joke, can have lasting impact. It is important to stay professional and maintain appropriate boundaries with patients. These are some tips to consider when communication becomes difficult:

- 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 situations try asking for help from:

- The Clinic Administrator,
- The Clinic Social Worker, or
- Your ESRD Network.

This material was prepared by the End-Stage Renal Disease National Coordination Center (ESRD NCC) in partnership with the Centers for Disease Control and Prevention (CDC), a division of the U.S. Department of Health and Human Services. The content does not represent official CDC policy nor any endorsement by the U.S. Government. PL-45807-1002-111112-00000000



Dialysis Patient Grievance Toolkit

KIDNEY PATIENT ADVISORY COUNCIL (KPAC)

THE NATIONAL FORUM OF ESRD NETWORKS

Grievance Process Questions & Answers

A Guide for Dialysis Facilities

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 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.

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

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/>

Decreasing Dialysis Patient—Provider Conflict (DPC)

Addendum December 2022

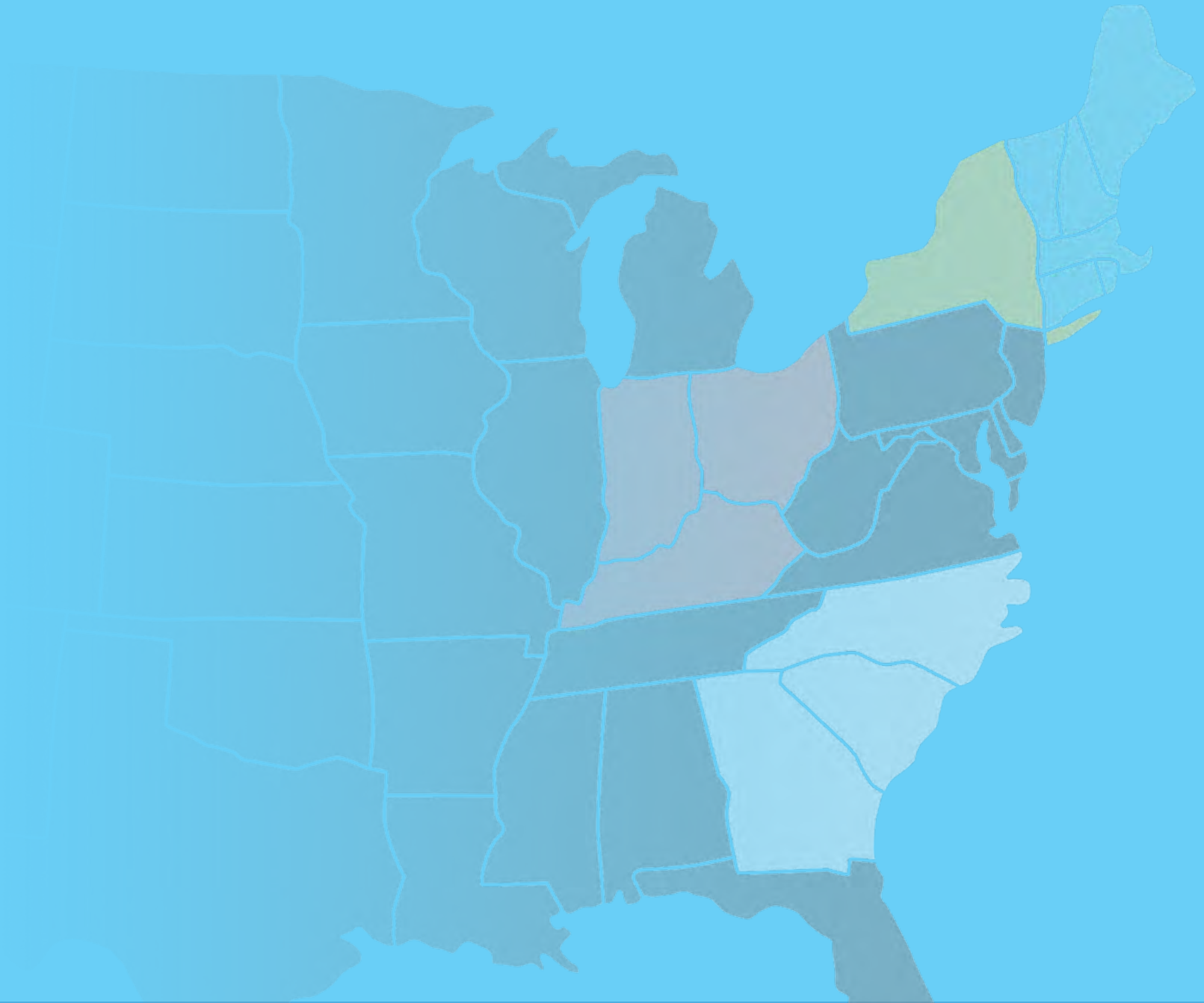


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ESRD Data Management

Svetlana Lyulkin, MBA
Assistant Director



Data and Analytics Team

Helpdesk: <https://help.esrd.ipro.org/support/tickets/new>



Svetlana Lyulkin, MBA
Assistant Director



Sharon Lamb
Data Coordinator



Yameng Guo, MPS
Data Analyst



Andrea Parris
Data Coordinator

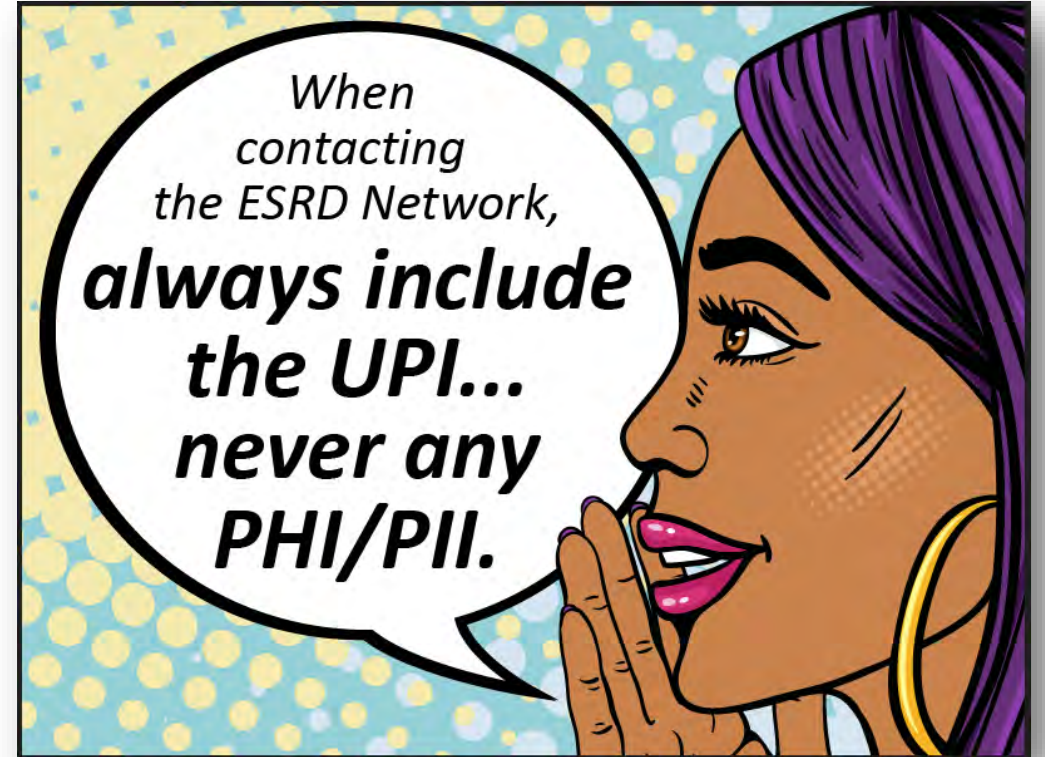
Preventing Security Violations

CMS Requirements



- Sending PHI/PII to the Network via email is a security violation
- All security violations are reported to CMS
- Network cannot open external secure attachments
- Train new & remind staff on policy

<https://help.esrd.ipro.org/support/solutions/articles/9000197680-phi-pii-preventing-security-violations>



ESRD Quality Reporting System (EQRS)

CMS-Required Participation & Collaboration



- EQRS Facility Information: shifts, ownership, services, days/hours
 - Determines eligibility for Quality Improvement Activities (QIAs)
- Patient data accuracy = priority
 - Determines patient benefits, waitlist status, health outcomes
 - Impacts facility performance in QIAs
- Weekly EQRS Cleanup Reports sent
- ***New* Data Compliance QIAs:**
 - 2728 Forms > 1 Year Past Due
 - 2728 Forms < 1 Year
 - 2746 Forms

2728 Enhancements Being Finalized by CMS

Expanded/additional fields:

- Gender Identity / Pronouns
- Increased Race Categories
- Advanced Directive
- Health Literacy
- Housing / Transportation
- Caregiver Support
- Pt Understanding of Modality Options

IPRO ESRD Facility Information Management System

Network-Required Participation and Collaboration



- <https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a>
- Personnel Updates
 - Newsletters, notifications, Monthly QIA & Cleanup Reports
- Network Agreement
- Critical Asset Survey: Emergency preparedness

IPRO Learn

Network-Required Participation and Collaboration



- Monthly IPRO Requirement
- <https://esrd.iprolearn.org/>
 - Login: CCN
 - PW: Assigned to each facility
- Self-reported QI activities
- Sharing best practices in Discussion Forums
- Accessing Toolkits

Welcome to IPRO Learn!

ESRD Facility Quality Improvement Collaborative 2021-2023

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



Quality Measures & Performance Scores

Timely + Accurate Data = Better Patient Outcomes → Higher Scores





- Quality Incentive Program (QIP) uses EQRS:
 - Clinical Data, AVF/LTC Rates, Hospitalizations
 - Depression Screenings
 - Waitlisting for Transplant
 - ICH CAHPS
 - NHSN: BSI, Dialysis Events, Med-Reconciliation
- Performance Score Certificate (PSC)
- Five-Star Quality Rating System
- Care Compare

Network Flyer *New*

Did You Receive It?



- Sent to facility contacts listed in the IPRO ESRD Facility Information Management System
- Includes CMS Certification Number (CCN) and Facility Name
- Important Network phone numbers and links

	End-Stage Renal Disease Network Program
Facility CMS Certification Number (CCN)	
123456	
Facility Name	
Dialysis Facility Name	
Please include the above information when contacting the ESRD Network.	
	IPRO ESRD Phone Lines: Patient Services: 516-231-9767 Data Management: 516-268-6426 Administration: 516-686-9790
Access our Home Page https://esrd.ipro.org for links to: • Patient & Family Resources • Emergency Closures • IPRO Learn • ESRD Help Desk • QIA Resources	
IPRO ESRD Knowledge Base / Submit a Help Ticket https://help.esrd.ipro.org/support/home	
IPRO Learn https://esrd.ipro.learn.org	
Developed by the IPRO ESRD Network Program while under contract with the Centers for Medicare & Medicaid Services. Contract # 75FCMC19D0029 Publication # ESRD.IPRO-GA-NW-20230413-191 v.3 4/25/2023	
<small>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: 75FCMC21P0001 (Network 1), 75FCMC21P0002 (Network 2), 75FCMC21P0003 (Network 6), 75FCMC21P0004 (Network 9).</small>	

Polling Question

Your Feedback is Needed!



Is it Posted in
Your Facility?

Ready to
Answer?





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>
- IPRO ESRD Network Program Website: <https://esrd.ipro.org/>
- IPRO Facebook: <https://www.facebook.com/IPROESRDNetwork>
- IPRO Twitter: <https://twitter.com/IPROESRDNetwork>
- IPRO LinkedIn: <https://www.linkedin.com/in/iproesrdnetwork/>
- IPRO YouTube: <https://www.youtube.com/@iproesrdnetworkprogram>
- IPRO Instagram: https://www.instagram.com/ipro_esrd_network/



Important Links For Facilities

Bookmark and Share

- 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/CertificationandCompliance/FSQRS>

Thank You



**End-Stage Renal Disease
Network Program**

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