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

June 13, 2023
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 ESRD Network Program

Sue Caponi, MBA, BSN, RN, CPHQ, CPXP
Vice President/CEO ESRD Network Program
Executive Director
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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Executive Director
Quality Improvement Lead

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Executive Director
Emergency Incident Commander
Patient Services Lead

Laura Edwards
Contract Manager
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

National ESRD Program

- 640,560 Dialysis Patients
- 353,531 Transplant Patients
- 9,603 Dialysis Facilities
- 281 Transplant Centers

Network 2
NY
Dialysis Patients: 28,415
Facilities: 362
Transplant: 14

Network 1
CT, MA, ME, NH, RI, VT
Dialysis Patients: 14,689
Facilities: 197
Transplant: 15

Network 9
OH, KY, IN
Dialysis Patients: 32,356
Facilities: 620
Transplant: 15

Network 6
GA, NC, SC
Dialysis Patients: 50,086
Facilities: 709
Transplant: 11

Network 12
NW1

Network 9
NW2

Network 1
NW1

IPRO ESRD Program

125,546 Dialysis Patients
1,948 Dialysis Facilities
53 Transplant Centers
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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Executive Director
Quality Improvement Team

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Project Lead - Hospitalizations, Nursing Home, and Clinical Quality of Care Cases

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Patient Facility Representative Alliance

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On-Site Technical Assistance

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Project Lead - Home Modalities and Telemedicine

Caroline Sanner, MSN, RN-BC, CPHQ
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

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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
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
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
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
Improving Education and Access to a Home Modality

Interventions

Seeing Yourself in a Positive Light with a Peritoneal Dialysis Catheter

What is body image?

Body image is how a person perceives, thinks and feels about their body. A person’s body image can 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 doctor determine that dialysis is the best treatment for you—whether you are using a catheter, graft, or fistula—you will need to undergo a procedure that will have 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.

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 dietitian to help balance your prescription and your diet.
- Hearting and lung fluid. The extra fluids in your stomach make you feel this way. Some people find it easier to eat less or more than usual to help with mealtime.
- Hemat. The insertion of the catheter can weaken the stomach muscle. You may feel pressure on the weakened muscles and can cause a tear. Depending on how bad the tear is, you may need surgery to repair it.
- How does the catheter look to you? The catheter looks 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 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 that 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 found it to be a thought helpful or harmful! If this thought is harmful, replace it with thought with something that is positive.

If you have not consulted peritoneal dialysis due to complications in 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.
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 patients who receive a kidney transplant
Improve Education and Access to Transplantation Interventions

Introducing... Kidney Transplant Compare

Welcome to IPRO’s Kidney Transplant Compare!

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.

End-Stage Renal Disease Network Program

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

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 aims, primary drivers, and secondary drivers.

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 aims, primary drivers, and secondary drivers.

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 intervention team works with each patient, entrenched habits and important elements to discuss are body image, weight, and interest in pursuing transplant. If weight loss is contributing to a patient’s health, reducing 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 can help those patients continue their commitment and automatically address issues that need change.

It’s important to have social worker involvement prior to developing a weight loss plan. This ensures that the patient is attended for mental health issues and food insecurity. Tools for screening can be found under Table 1. Secondary Drivers for 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 patient have resources, 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 to the specific needs of the patient.

If the patient has begun the process for referral to weight loss 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 guidelines the patient should be following.
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

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 A Vaccine
- COVID-19 Vaccine

How Vaccines Prevent Diseases

- Influenza (Flu) Vaccine: Protects against a variety of flu viruses that are circulating in the community, reducing the risk of flu illness and its complications.
- Pneumonia Vaccine: Protects against pneumococcal pneumonia, which is a serious and potentially deadly infection.
- Hepatitis A Vaccine: Protects against hepatitis A, which is a liver infection that can be serious and is spread through the ingestion of contaminated food or water.
- COVID-19 Vaccine: Protects against the coronavirus that causes COVID-19, reducing the risk of severe illness and hospitalization.

A Change Package To Increase Vaccinations

Key Change Ideas for Dialysis Facilities to Drive Local Action

Released 2022

Email: contacts@ipro.org. Web: ipro.org

*As recommended by the 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

Incorporating the Patient’s Voice into your Facility’s Monthly QAPI Meetings

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
(Enter CMS Certification Number. No spaces, no dashes)

Facility Name

IPRO Learn Enrollment Key: IPROPFR

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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
- 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!

Culturally and Linguistically Available Services (CLAS)

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

Ready to Answer?
Patient Services Overview

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Julia Dettmann, BSW
Patient Services Specialist & Emergency Manager

Liz Lehnes, MSW, LCSW
Patient Services 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
  • 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 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](https://www.youtube.com/watch?v=hyA_KPaSN8I)
  - Stream video on TV in lobby or chairside
Polling Question
Your Feedback is Needed!

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

Ready to Answer?
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**: Advocate for the access to care of all ESRD patients.
- **Referral Source**: Provide patients and facilities with 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
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

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

Patient Education and Support

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

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

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

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

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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.iopro.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
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
Polling Question
Your Feedback is Needed!

Network Flyer

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/
• Quality Incentive Program (QIP): https://dialysisdata.org/
• 5-Star Quality Rating: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS