Joint Network Council Meeting

ESRD Network 2022-2023 Launch

May 26, 2022

Presented by ESRD Networks 10 and 12

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Agenda

- Welcome and Introduction of Qsource ESRD Team

- Role and Expectations of the Network Council

- Overview of Qsource ESRD Demographics

- CMS Focus Areas and Meeting Questions to Run On

- Quality Improvement Activities

- Patient Experience of Care

- Information Management

- Emergency Preparedness

Meeting Goal: Kick-off 2022-2023 contract work by engaging stakeholders to drive improvement in ESRD patient quality of life.

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Qsource ESRD Network Team

Audrey Broaddus

Stephanie Smith

Executive

Roma Heater

Mandy Vires

Debbie Ulm

Quality Improvement

Jeff Arnall

Sandy Cannon

Data

Erica Anderson

Keisha Wilson

Joy Ladson

Roianne Johnson

Patient Services & Marketing

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Network Council

Role

Collaborate with the ESRD Network to achieve goals set by the Centers for Medicare & Medicaid Services (CMS) and our leadership boards

Members

- Dialysis Facilities
- Transplant Centers
- Community Partners
- ESRD Patients
- Network Governance

Expectations

|		
Participate in Quality Improvement Activities	Work collaboratively with Network on CMS goals and priorities	Lead transformation in quality patient care
Be a change agent for patient engagement	Support patient experience of care	Ensure facility personnel updates in EQRS

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ESRD Network Overview

Qsource holds two end-stage renal disease (ESRD) Network contracts

ESRD Network 10
(Illinois)
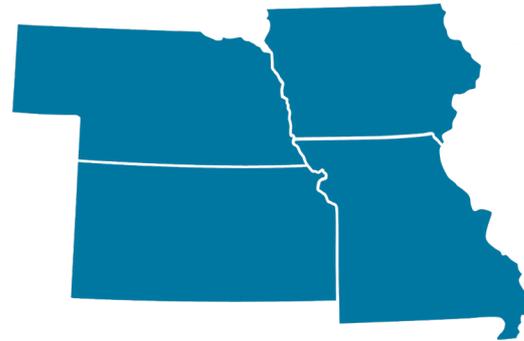
ESRD Network 12
(Iowa, Kansas,
Missouri, Nebraska)

59,284 Dialysis and Transplant Patients

685 Dialysis Facilities

21 Transplant Centers

2022 CMS ESRD Areas of Focus

CMS ESRD contract has specific initiatives designed to achieve results in improvement in the care for ESRD patients.

- Quality Improvement Activities
- Stakeholder Collaboration
- Emergency Preparedness
- Resolving Grievances and Access to Care Issues
- ESRD Quality Reporting System (EQRS) Data Quality
- Health Equity
- Patient Engagement at the Facility Level

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Questions to Run On

- How can I use information I learn in today's presentation in my organization?

- How might my dialysis facility or transplant center push boundaries to effectively achieve the CMS goals in this presentation?

- How might we improve our processes and resources throughout the community to achieve patient-centered care?

- How can my facility incorporate patient peer mentors into our efforts for quality improvement?

- How can my facility work toward health equity for our patient population?
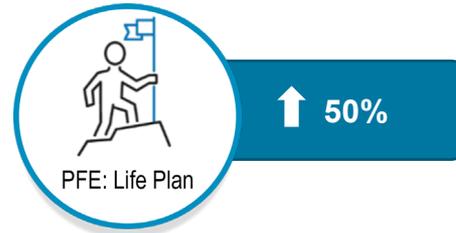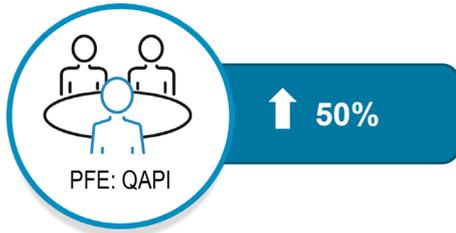
Quality Improvement Department
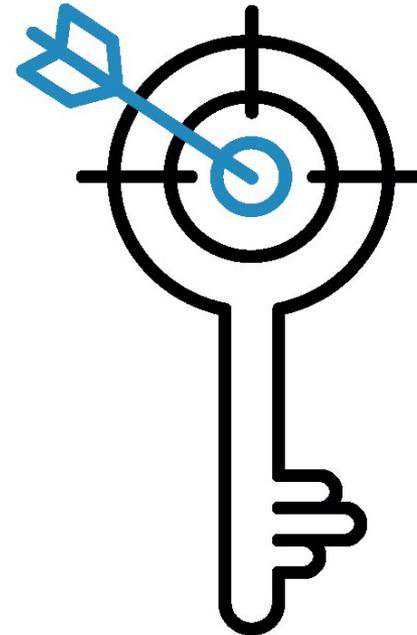
Quality Improvement Activities
Improvements Over a Five-Year Period (2021 to 2026)

PFE: QAPI ↑ 50%

PFE: Life Plan ↑ 50%

PFE: Peer Mentoring ↑ 25%

National Long-Term Goals

Behavioral Health
- ↑ depression screenings 75%
- ↑ treatment 50%

Nursing Home Focus
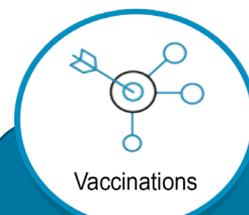- ↓ catheter infections 40%
- ↓ peritonitis 20%
- ↓ blood transfusions 20%

Hospitalizations
- ↓ COVID hospitalizations
- ↓ hospital admissions, 30-day unplanned readmissions, and outpatient ED visits 20%

Vaccinations
- flu for patients and staff 90%
- PPSV 23 90%
- ↑ 70% PPSV boosters
- ↑ 70% PCV 13

Home Dialysis
- ↑ incident home dialysis 60%
- ↑ moving to home dialysis 30%
- ↑ rural using telemedicine 20%

Transplant
- ↑ transplant waiting list 20%
- ↑ kidney transplants 30%

Nursing Home Focus

Goals

Additional 3% decrease in the rate of blood transfusions for dialysis patients who receive dialysis in nursing homes

Additional 6% decrease in HD catheter infection rate, in dialysis patients receiving home dialysis in nursing homes

Additional 3% decrease in the incidents of peritonitis in dialysis patients receiving home dialysis in nursing homes

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Home Modality

Goals

Additional 10% increase in the number of incident ESRD patients starting home dialysis

Additional 4% increase in the number of prevalent ESRD patients moving to home dialysis

Additional 3% increase in the number of rural ESRD patients using telemedicine to access a home modality

Transplant

Goals

Additional 3% increase in the number of patients added to a kidney transplant waiting list

Additional 4% increase in the number of patients receiving a kidney transplant

Reduction of Hospitalizations/Transition of Care

Goals

Additional 3% decrease in hospital admissions from the Primary Diagnosis Categories

Additional 3% decrease in 30-day unplanned readmissions from the primary diagnosis categories

Additional 3% decrease in outpatient emergency department visits from the primary diagnosis categories

Vaccinations

Goals

- 90% of dialysis patients receive flu vaccination

- 90% of dialysis facility staff receive flu vaccination

- 20% increase in dialysis patients receiving PCV 13

- 90% of dialysis patients receive PPSV 23

- 85% of dialysis patients **over 65 years old** receive a PPSV 23

- 20% increase in PPSV 23 booster

- 80% of dialysis patients and 100% of staff receive COVID-19 Vaccination

Behavioral Health

Goals

Additional 15% increase in the percentage of patients accurately identified as having depression

Additional 10% increase in the percentage of depressed patients receiving treatment by a mental health professional

Patient and Family Engagement

PFE: QAPI

Achieve an additional 10% increase in the number of facilities that successfully integrate patients and families into QAPI.

PFE: Life Plan

Achieve an additional 10% increase in the number of facilities that successfully assist patients to develop a life plan.

PFE: Peer Mentoring

Achieve an additional 5% increase in the number of facilities that successfully develop and support a peer-mentoring program.

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Patient Recruitment

The Patient Advisory Council challenges every clinic to have at least one PEERS in Action patient representative to increase patient activities and collaboration at your clinic.

PEERS in Action

Patients Educating, Empowering, Representing and Supporting
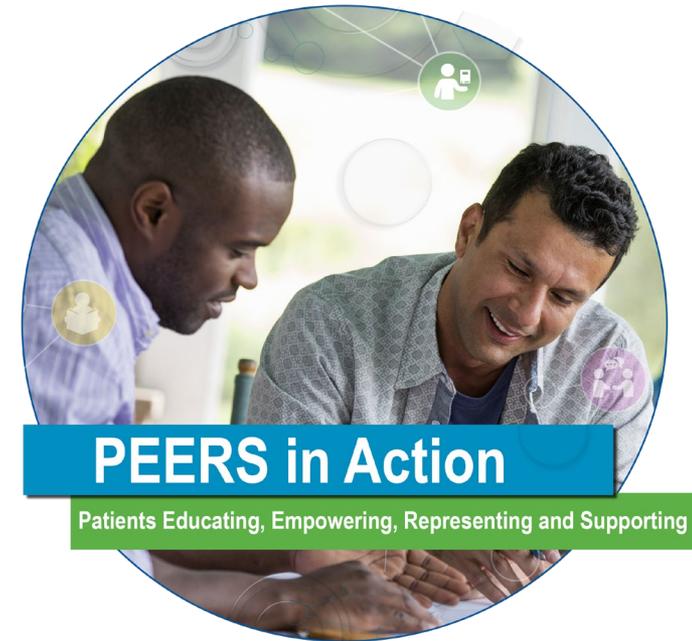
Register Your PEERS Now!

Polling Question

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Success Highlights from Last Year

Network 10 was 1 of 5 Networks to meet the Transplantation Goal

Networks 10 & 12 were two of only four networks to achieve the goal for decreasing peritonitis.

Both Networks achieved goal for decreasing blood transfusions

Both Networks met hospital reduction goals for COVID-19 admission, emergency department, readmissions, inpatient admissions

Partnered with CMS Contracts for Nursing Home (NH) Improvement to develop interventions across both the ESRD and NH populations

Developed bite-size video trainings to aid in depression screening and intervention

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Partnering with Stakeholders

Change Agents

Outreach and Education

Data collection and validation

Bidirectional Information Exchange

Routine Communication

Identify Performers

Key Collaborator: ESRD NCC

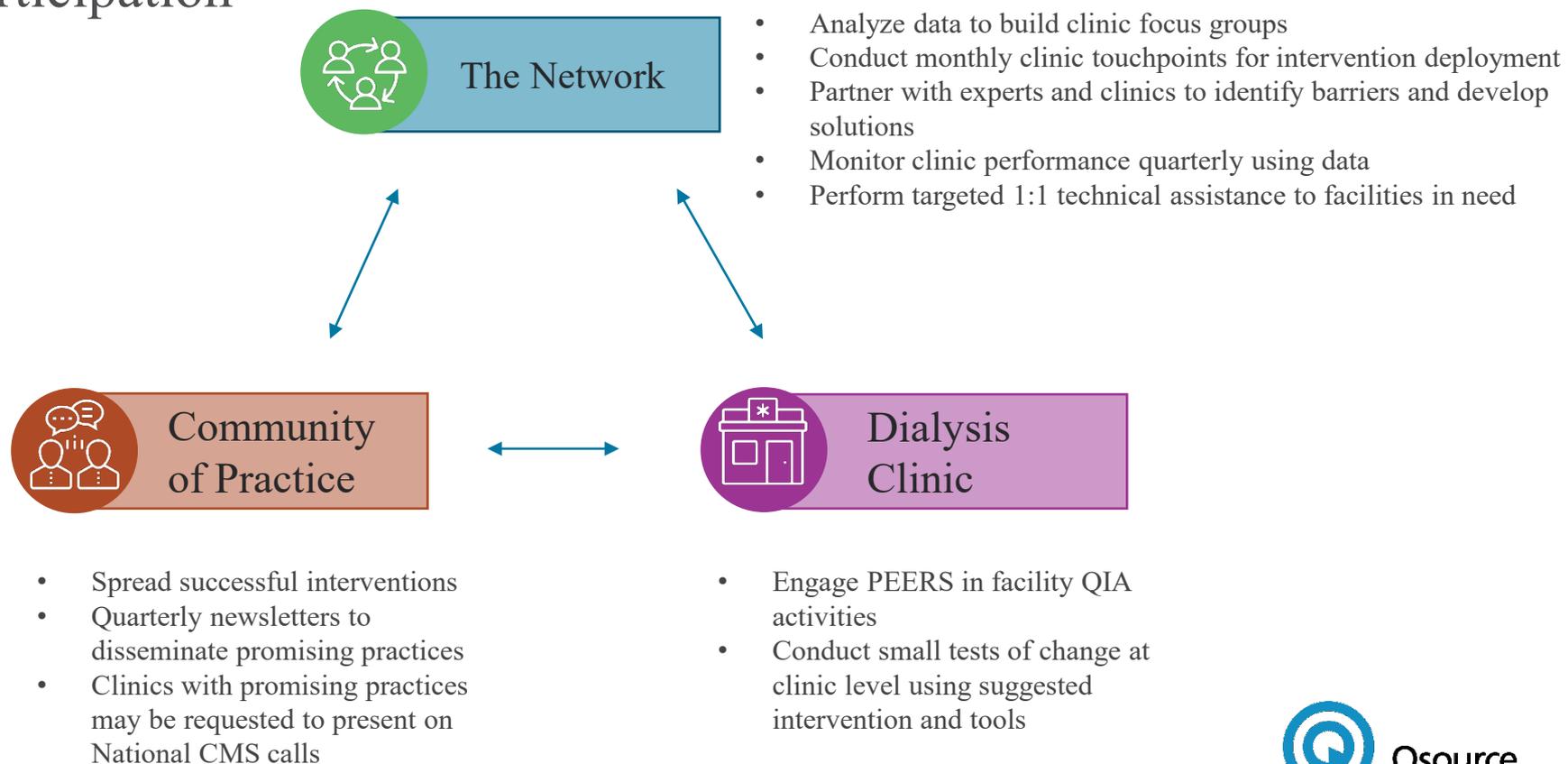The ESRD National Coordinating Center supports and coordinates national activities including:

- Producing educational materials to members of the ESRD community

- Data analysis for CMS and the Network programs

- Providing support for the ESRD Network quality improvement activities (QIAs)

- Convening national calls to address Patient and Family Engagement, Expert Teams and Community of Practice

Quality Improvement Facility Participation

CMS quality improvement activities are Network wide initiatives and a part of the ESRD Conditions for Coverage for facility participation

The Network

- Analyze data to build clinic focus groups
- Conduct monthly clinic touchpoints for intervention deployment
- Partner with experts and clinics to identify barriers and develop solutions
- Monitor clinic performance quarterly using data
- Perform targeted 1:1 technical assistance to facilities in need

Community of Practice

Dialysis Clinic

- Spread successful interventions
- Quarterly newsletters to disseminate promising practices
- Clinics with promising practices may be requested to present on National CMS calls

- Engage PEERS in facility QIA activities
- Conduct small tests of change at clinic level using suggested intervention and tools

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2022 Patient Services Updates

How We Will Support You

- Patient Experience of Care
  - Evaluate and resolve grievances
  - Assist with facility concerns and provide guidance
  - Address at-risk and involuntary discharges and transfers
- Patient and Family Engagement
- Champion the PEERS In Action program
- Support the development of patient education resources and outreach

Grievances

How does CMS define Grievance?

"A written or oral communication from an ESRD patient or patient representative…, 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."

Grievances

- Facility Policy and Procedures must describe all available grievance procedures to the patient.
  - Internal Process
  - ESRD Network
  - State Survey Agency

- The procedure is clear that the patient has a right to directly file a grievance with the Network (or State Survey Agency) without first using the facility's grievance process.

Source: ESRD Conditions for Coverage (V465, V466, V467, V765)

Involuntary Discharges & Transfers

V766 and V767: The governing body must ensure that <u>all staff</u> follow the facility's patient discharge and transfer policies and procedures.

Involuntary discharge or transfer should be **<u>rare</u>** and **<u>preceded</u>** by a demonstrated **<u>effort</u>** on the part of the interdisciplinary team to address the problem in a mutually beneficial way.

➢ *Specifically note: For behavioral issues, the facility has reassessed the patient and determined that the behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired.*

Involuntary Discharges & Transfers

- Document the reassessments, ongoing problems(s), and efforts made to resolve the problem(s) and enter this documentation into the patient's medical record.

- In the event facility staff members believe the patient may have to be involuntarily discharged, the interdisciplinary team must reassess the patient with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily.

  ➢ *The reassessment must focus on identifying the root causes of the disruptive or abusive behavior and result in a plan of care aimed at addressing those causes and resolving unacceptable behavior.*

Contacting the Patient Services Department

Notify us…

1. When a patient is at-risk of losing their access to care
   - IVD/IVT concerns
   - Ongoing behavioral issues
   - Non-adherence

Polling Questions

Have Ready:
   - Your facility's Medicare Certification Number (CCN). Please note the CCN # is six-digits
   - The patient's first name, last name and date of birth

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2022 Data Department Updates

EQRS Data Submission Goals

CMS has set performance goals for the Network in partnership with facilities to improve timely submission for data quality in the ESRD Quality Reporting System (EQRS):

↑ 5% Admissions entered into EQRS within five (5) business days of first treatment in clinic.

↑ 4% 2728 eligibility forms entered and submitted within forty-five (45) days of first treatment in clinic.

↑ 5% 2746 death forms entered and submitted within fourteen (14) days of death.

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Late is Too late!

- Once an admission or form is late, it cannot become "un-late". For that reason, it is critical to maintain data timeliness.

- CMS is measuring timeliness on a rolling twelve months, so improved scores are slow to appear as you improve your timeliness.

- Your EQRS dashboard will help you to stay on track. Monitor it weekly for aging forms that are due.

- Each quarter we will review facility performance and select low performers for specific interventions.

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EQRS Data Quality Audit

The Network is required to audit 20% of all facilities for the quality of data entry in EQRS annually.

- Admissions
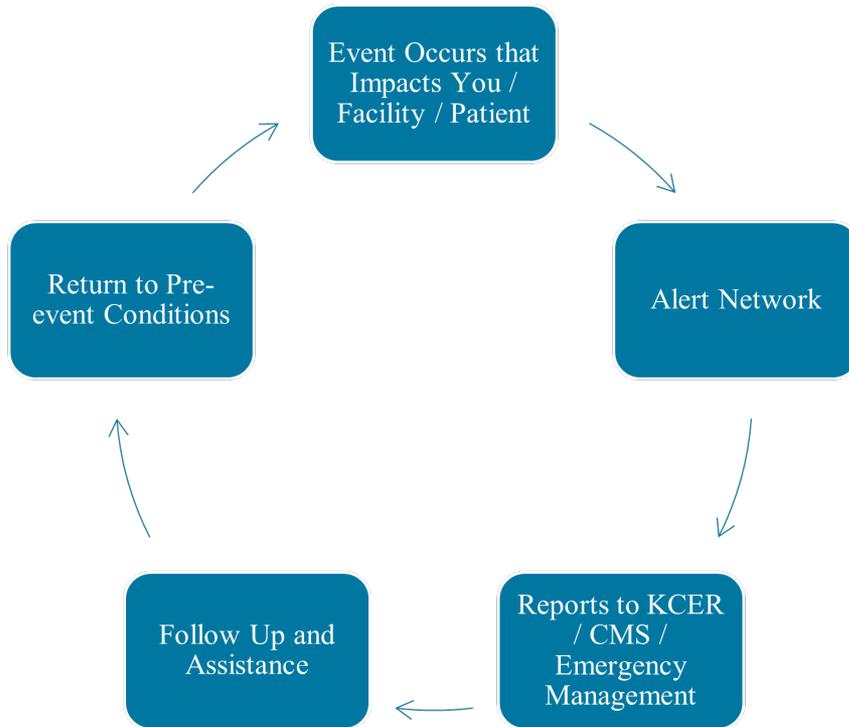- 2728 data accuracy
- 2746 data accuracy

Timeframe: June to November

Facilities selected will be notified of participation in audit.

EQRS Personnel Updates

- The Network staff uses personnel contact information from EQRS to contact facilities

- Facilities are responsible for keeping the Personnel Section of EQRS current with accurate facility staff information for the below job titles at minimum:
  - Facility Manager/Administrator
  - Facility Data Contact
  - Facility Disaster Contact
  - Facility Representative
  - Facility Social Worker and Dietitian
  - Facility Medical Director
  - Nephrologist
  - Facility Head Nurse/Nurse Supervisor

Emergency Preparedness and Response

Event Occurs that Impacts You / Facility / Patient

Alert Network

Reports to KCER / CMS / Emergency Management

Follow Up and Assistance

Return to Pre-event Conditions

- Preparation and planning is expected at the facility level (per Conditions for Coverage)

- Communication to the Network can occur prior to an expected event or after: https://www.surveymonkey.com/r/fac_status

- The Network monitors for events, and provides information and support

- Network takes active role in pandemic surveillance and support

Contact Us!
Nw10-emergency@qsource.org
Nw12-emergency@qsource.org

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Questions, Comments, and Immediate Action Steps

Submit a facility **Commitment Attestation**

Invite Network staff to your regional meetings to discuss collaboration

Update EQRS Facility Personnel for Accuracy

Contact any members of our team should you have questions or concerns

Identify a PEERS in Action for your facility!

Be on the lookout for facility communications coming soon

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Contact Us By Department

Quality Improvement Department: qsource-qidept@qsource.org

PEERS program: qsource-peers@qsource.org

Data Department: esrddatadept@qsource.org

Emergency Preparedness:

- Nw12-emergency@qsource.org

- Nw10-emergency@qsource.org

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