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Joint Network Council Meeting

ESRD Network 2024-2025 Kick Off

May 22, 2024

Presented by ESRD Networks 10 and 12

Meeting Reminders

- This meeting will be recorded, and slides will be available on the Network website
- Participant engagement is appreciated – share with us via chat!
- Please mute your line when not speaking
- We will take all questions at the end of the presentation
- Turn your cameras on, we would love to see you!

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Agenda

- Introduction of Qsource ESRD Team
- Qsource ESRD Demographics
- Role and Expectations of Network Council
- CMS 2023 – 2024 Priorities
- Quality Improvement Department
- Patient Services Department
- Information Management Department

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ESRD Staff

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QI Advisor

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QI Advisor

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Erica Anderson
Patient Services Manager

Keisha Wilson
Patient Services Specialist

Eleanor Nelson
Patient and Family Engagement Specialist

Jennifer Truhler-Carmona
Education and Outreach Coordinator

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Qsource's Values and Mission

Mission: To improve healthcare quality through patient-centered, provider-focused solutions that enhance the patient's quality of life.

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ESRD Network 10 Demographics

Qsource holds two End-Stage Renal Disease Network Contracts

ESRD Network 10
Illinois

32,994
ESRD/Transplant Patients

341 Dialysis Clinics

9 Transplant Centers

Modality
In-Center patients: 15,467
Home patients: 3,197

Race
White: 58%
African American: 33%
Asian: 5%
Unknown 4%

Ethnicity
20% Hispanic
76% Non-Hispanic
4% Unknown

Facility Location
95% urban
5% rural

Gender
Male 59%
Female 41%

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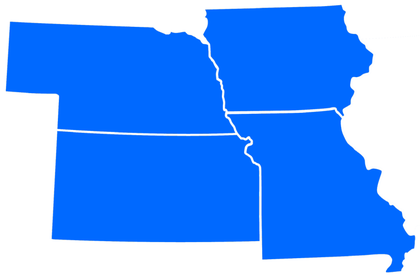
ESRD Network 12 Demographics



ESRD Network 12

Iowa, Missouri, Nebraska, Kansas

29,746
ESRD/Transplant Patients

314
Dialysis Clinics

12
Transplant Centers

Modality
In-Center patients: 13,058
Home patients: 3,361

Race
White: 71%
African American: 24%
Asian: 2%
Pacific Islander 1%
Native American 1%
Unknown 2%

Ethnicity
6% Hispanic
92% Non-Hispanic
2% Unknown

Facility location
79% urban
21% rural

Gender
Male 59%
Female 41%

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Role of Network Council

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/Transplant Patients
- Network Governance – Medical Review Board and Patient Advisory Council

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Expectation of Network Council

- Participate in Quality Improvement Activities
- Collaboration With Network on CMS Goals and Priorities
- Ensure Accuracy of Facility Information in EQRS
- Lead Transformation in Quality Patient Care
- Be a Change Agent for Patient Engagement
- Support Patient Experience of Care

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2024 CMS ESRD Priorities

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

- Quality Improvement Initiatives
- Oversight of Medical Review Board
- Emergency Preparedness
- Patient Experience of Care
- EQRS Data Management
- Health Equity
- Patient and Family Engagement
- Community Partner Collaboration
- Facility Specific Technical Assistance

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The Importance of Partners | Dialysis Facilities

V755 and V772 – Relationship with the ESRD network

The governing body receives and acts upon recommendations from the ESRD Network. The dialysis facility must cooperate with the ESRD Network designated for its geographic area, in fulfilling the terms of the Network's current statement of work. Each facility must participate in ESRD Network activities and pursue network goals.

When are you most likely to contact your ESRD Network?

1. Help with EQRS issue
2. Help with a patient grievance
3. Assistance with CMS goals
4. For patient activity idea
5. Emergency notification (i.e. flood, closure etc.)
6. Present at facility/community event
7. As part of a QIA or Community Coalition

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The Importance of Partners| Kidney Community Stakeholders

Change Agents

Outreach and Education

Data Collection and Validation

Bidirectional Information Exchange

Routine Communication

Identify Performers

- State Healthcare-Associated Infection and Antimicrobial Resistance Programs
- State Agencies and Accrediting Organizations
- Missouri Kidney Program
- Transplant Centers
- Making Dialysis Safer for Patients Coalition
- National Kidney Foundation
- Hospital Associations
- QIN/QIOs – Quality Improvement Orgs
- Age Options – Voc Rehab Partner
- Long-Term Care Associations

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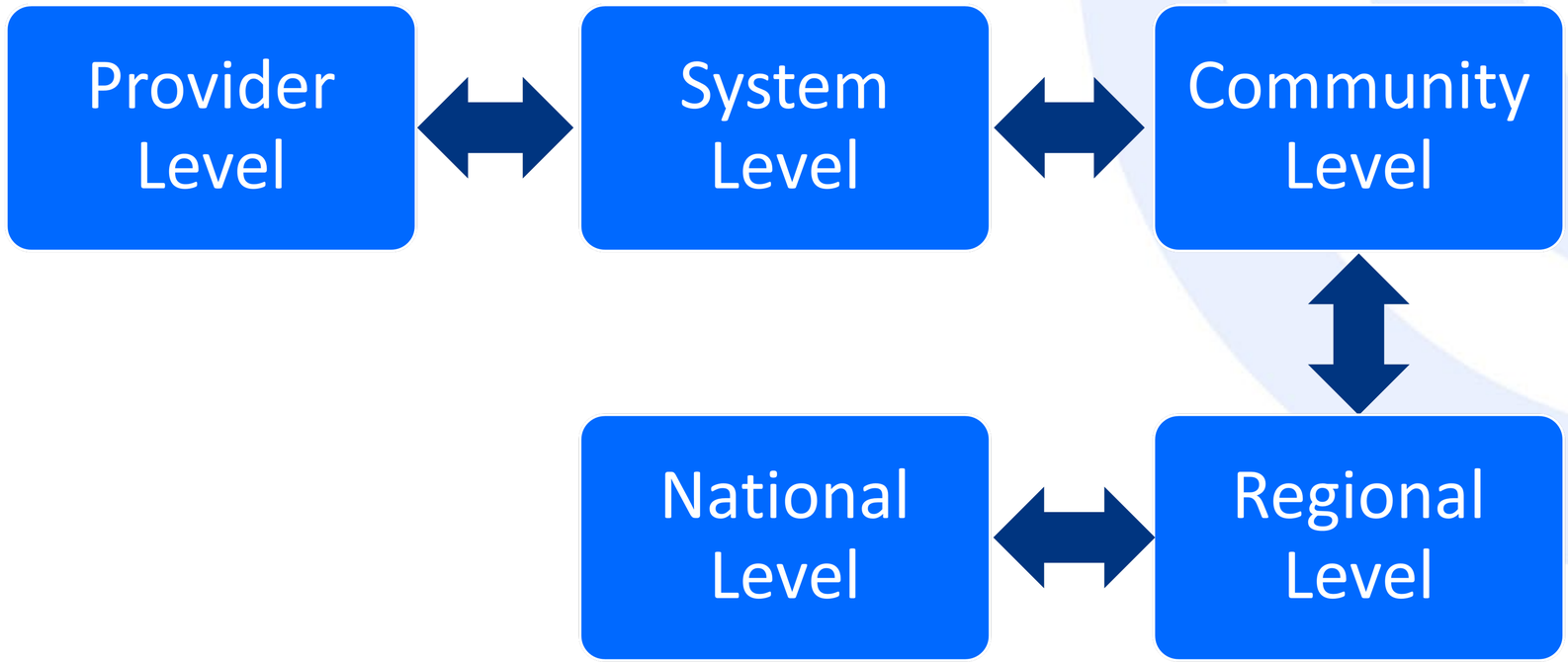
Impacting Change on Multiple Levels

The Network is tasked with focused and measurable improvement goals to improve the outcome of ESRD patients, address health equity, provide education, and support improvement at each level.



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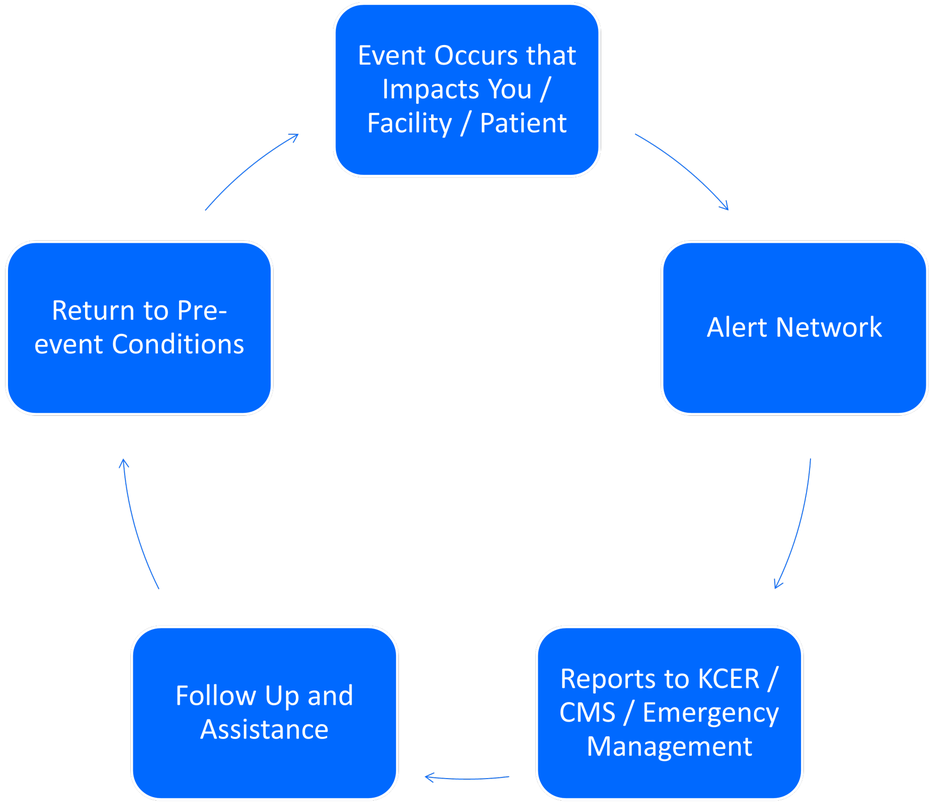
Emergency Preparedness and Response



- 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://forms.office.com/r/Tmmf5KLYr7
- 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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Quality Improvement Department

Quality Improvement Activities

Improvements Over a Five-Year Period (2021 to 2026)

Patient and Family Engagement

- Increase Involvement in QAPI
- Increase Life Planning
- Increase Peer Mentoring

Health Equity and CLAS

- Social Determinants of Health
- Identifying Disparities
- Health Literacy

Hospitalizations

- Decrease hospital admissions, 30-day unplanned readmissions, and outpatient ED visits

Kidney Transplant

- Increase transplant waiting list
- Increase kidney transplants

Home Dialysis

- Increase incident home dialysis
- Increase moving to home dialysis

Vaccinations

- Increase flu vaccination for patients and staff
- Increase pneumococcal vaccination for patients
- Increase COVID vaccination for staff and patients

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Quality Improvement Strategies for Excellence

- Virtual and Onsite Technical Assistance Visits
- Partnerships With State Survey Agencies
- Disseminate Widespread Education
- Community Partnerships
- Perform RCA & Facilitate PDSA Process
- Initiate Data-Driven Interventions
- Incorporate Patient Led Activities
- Celebrate Success and Share Promising Practices

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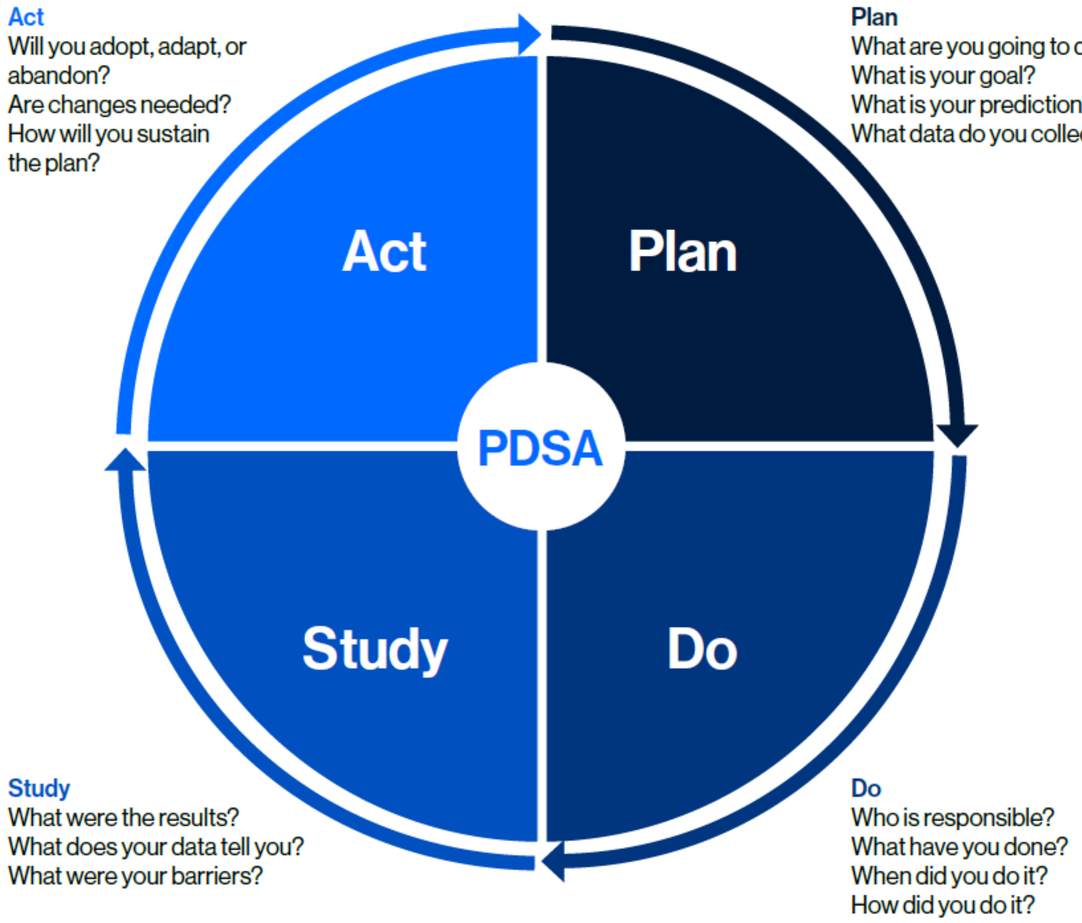
Quality Improvement Process

- Low performers identified through data analytics
- Facilities complete RCA to determine barriers
- 4 -month PDSA cycle introduced
- Network provides support throughout the process
- Sustainability Planning completed at conclusion



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Facility QIA Participation

Two QIA cohort participation rounds

- May – October 2024
- November 2023 – April 2024

*Can be in more than one QIA in a year (including onsite visits)

If not in a focus group, CMS expects you to work on all metrics. You will receive education/TA to help meet goal.

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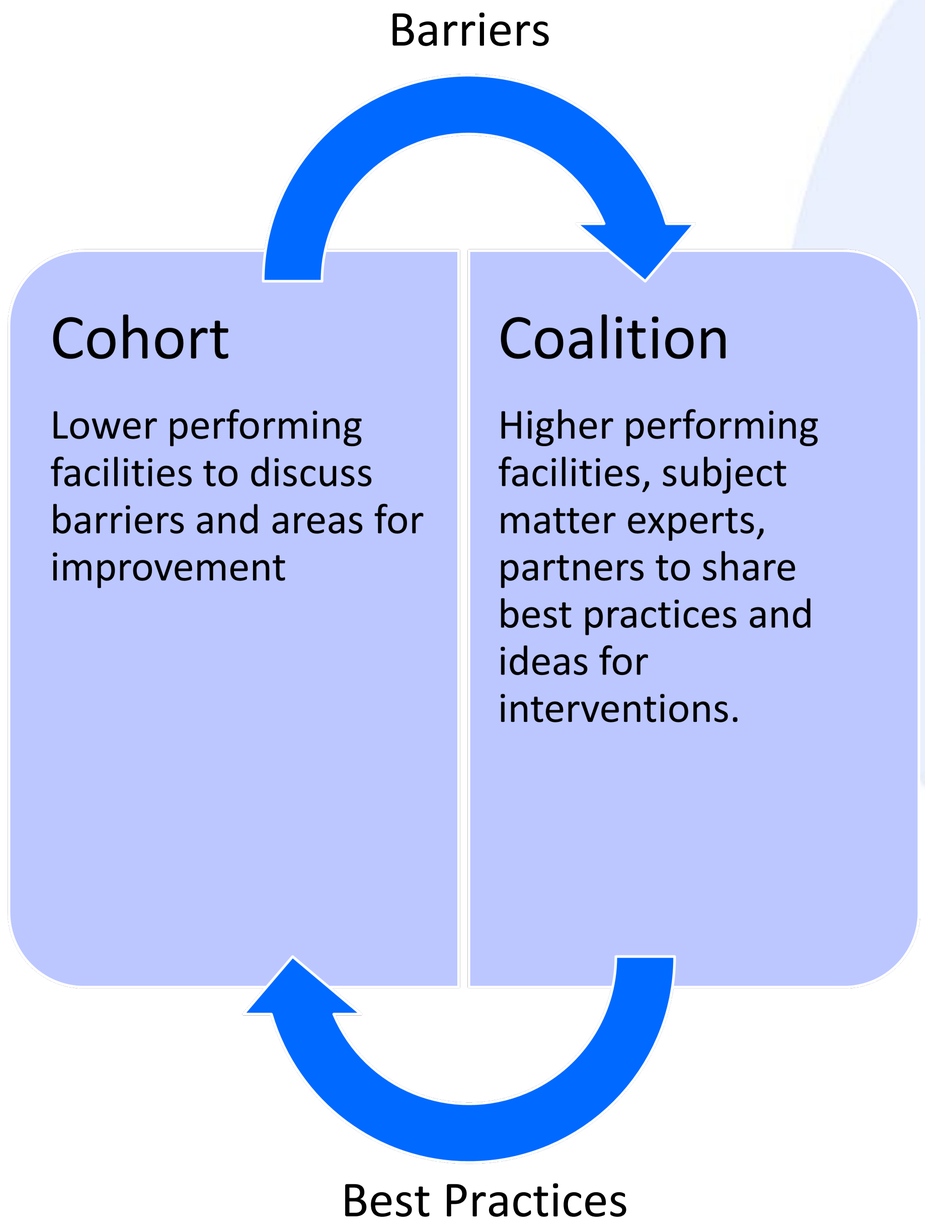
Cohort vs Coalition



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Quality Improvement | Participation Cycle

Patient Peers

- Champion activities at facility and on Network level
- Assist facilities in facility activities (lobby days, games, peer mentoring, bulletin boards)
- Share education materials to other patients and caregivers
- Share feedback with Network on ways to improve patient experience

The Network

- Analyze data (EQRS, NHSN, self-collected) to build facility focus groups
- Assist facilities in PDSA process for local level change
- Provide monthly facility interventions, resources & support
- Share facility benchmarks to reach to CMS goals
- Perform targeted 1:1 technical assistance to improve quality of care
- Assist facilities in sustaining improvement

Community Stakeholders/Coalitions

- Recruit Community Members
- Identify promising practices and low performing facilities
- Identify local and regional challenges
- Assist in resource development and intervention deployment
- Support PDSA cycle and provide recommendations

Dialysis Clinics

- Participate in Quality Improvement Activities
- Perform Plan-Do-Study-Act Cycles
- Attend webinars, complete required surveys
- Engage patient peers in facility goals
- Aim to achieve CMS goals

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Empower Patient Choice of a Home Modality

Goals:

- Achieve a 15% total increase from baseline in the number of incident ESRD patients starting dialysis using a home modality by the end of Option Period 3.
- Achieve an 8% increase from baseline in the number of prevalent ESRD patients moving to a home modality by the end of Option Period 3.
- New baseline for both metrics starting Option Period 3.
- Rural telemedicine metric has been retired starting Option Period 3.

Empower Patient Choice of a Home Modality

Option Period 2 Performance:

Incident to Home

- Network 10: 1514
- Network 12: 832
- Total: 2346

Transition to Home

- Network 10: 2016
- Network 12: 1313
- Total: 3329

Rural Patients Receiving Telemedicine

- Network 10: 276
- Network 12: 700
- Total: 976

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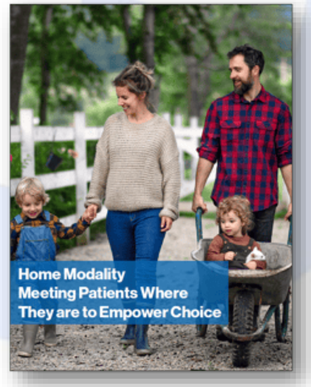
Empower Patient Choice of a Home Modality

Strengths:

- Promote patient and staff Home Modality Champion
- Shared decision-making training
- Motivational interviewing techniques focused on home modalities
- Modality assessment tools

Opportunities:

- Focus on urgent starts
- Home First mindset
- Promote early interdisciplinary planning and preparation for home modality
- Address home modality concerns expressed by older adult patients



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Empower Patient Choice of Transplant

Highlights

- Network 10 added 1,440 and Network 12 added 1,038 patients to the **waitlist**.
  Total: 2,478

- Network 10 had 1,186 and Network 12 had 764 patients **transplanted**.
  Total 1,950

Opportunities

Monthly Transplant Lunch and Learn Series

Quarterly calls with Transplant Centers

Focus on successes from high performers- change package ideas

Organ Procurement Organization Collaboration

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Decreasing Hospitalizations

- Achieve a 9% decrease, from the baseline, in the rates of:
  - Hospital admissions
  - Hospital thirty (30)-day unplanned readmissions
  - Outpatient emergency department visits

  For a diagnosis on the List of Priority Diagnosis Categories

Opportunities

- ED/CAH Collaboration
- Vascular Access
- Infection Prevention
- Medications

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List of Priority Diagnosis Categories

Vascular-Related

- T82838 Hemorrhage due to vascular prosthetic devices, implants and grafts
- T82858 Stenosis of other vascular prosthetic devices, implants and grafts

Electrolyte and Mineral Metabolism Disorders

- E871 Hypo-osmolality and hyponatremia
- E875 Hyperkalemia
- E876 Hypokalemia
- E8339 Hyper and Hypophosphatemia
- E8351 Hypocalcemia
- E8352 Hypercalcemia

Anemia Management

- D631 Anemia of CKD

Blood Pressure Management

- I161 Hypertensive Emergency
- I169 Hypertensive Crisis, Unspecified
- I160 Hypotensive Urgency

Infection-Related

- A419 Sepsis, unspecified organism
- A4101 Sepsis due to Methicillin Susceptible Staphylococcus aureus
- A4102 Sepsis due to Methicillin Resistant Staphylococcus aureus
- T8571 Infection and inflammatory reaction due to peritoneal dialysis catheter
- T80211 Bloodstream infection due to central venous catheter
- T827 Infection and Inflammatory Reaction due to Other Cardiac and Vascular Devices, Implants and Grafts

Fluid Balance-Related

- E8770 Fluid overload unspecified
- E8779 Other fluid overload
- J810 Acute pulmonary edema
- I509 Congestive Heart Failure, Unspecified
- E8770 Hypervolemia
- I5021 Acute systolic (congestive) heart failure
- I5023 Acute on chronic systolic (congestive) heart failure
- I5031 Acute diastolic (congestive) heart failure
- I5033 Acute on chronic diastolic (congestive) heart failure
- I5041 Acute combined systolic (congestive) and diastolic (congestive) heart failure

Endocrine-Related

- E162 Hypoglycemia, unspecified

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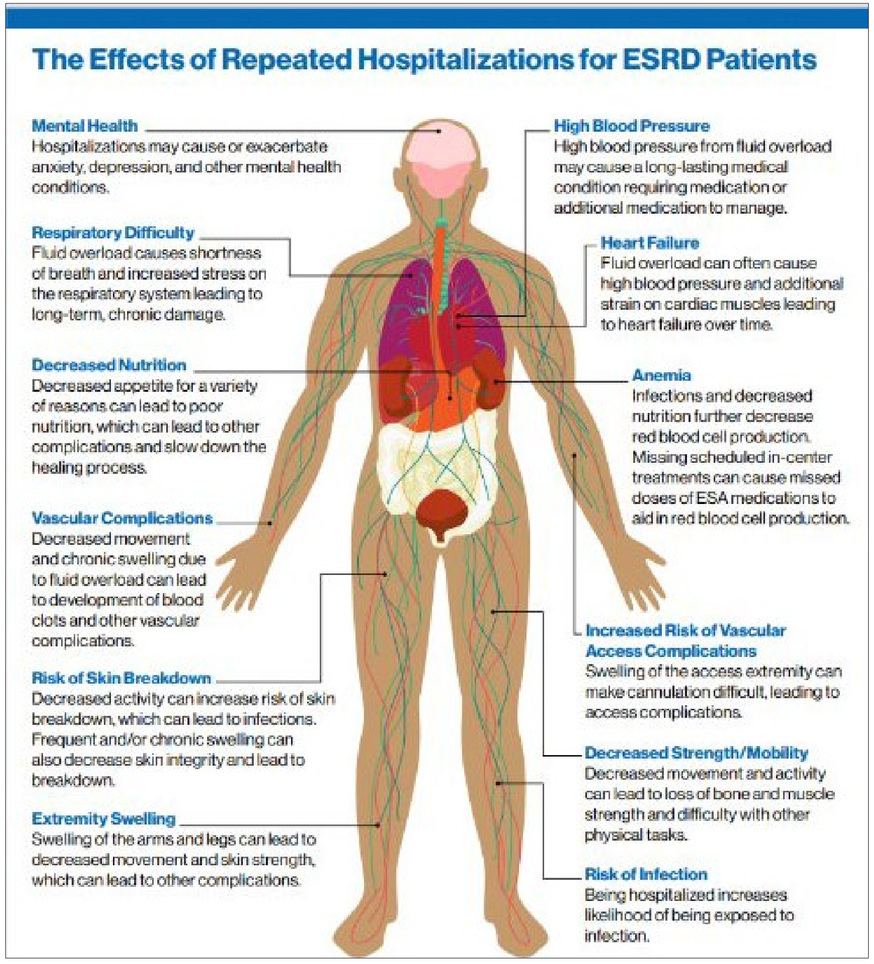
Resources



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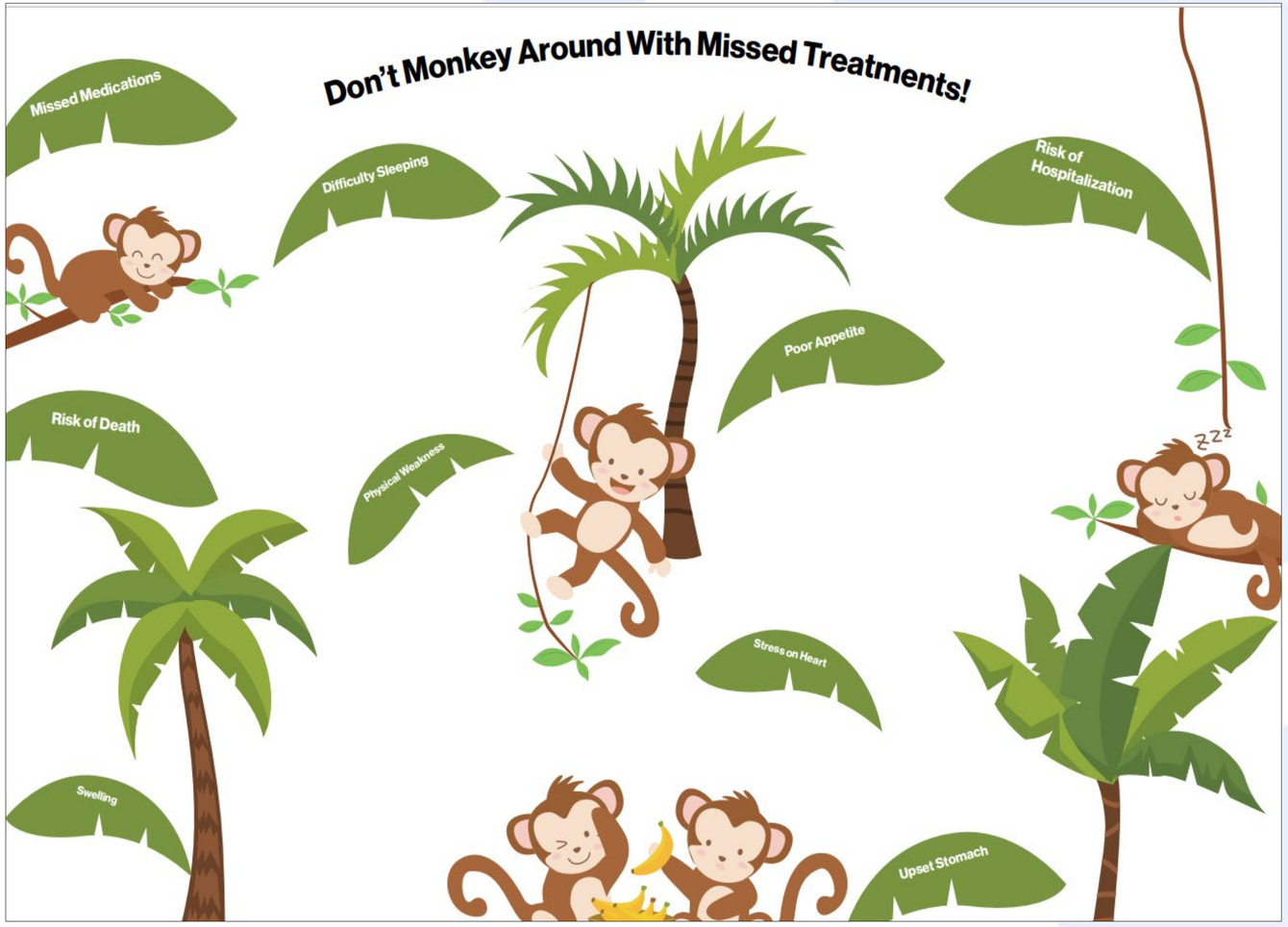

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Vaccinations

COVID-19-Fully Vaccinated

- 25% increase in rate of dialysis patients from the baseline
- 15% increase in rate of dialysis facility staff from baseline

Influenza Vaccination

- 80% of dialysis patients vaccinated
- 15% increase in the rate of dialysis facility staff vaccinated from the baseline

Pneumococcal Pneumonia-Fully Vaccinated

- 10% increase from the baseline
- June-October 2024 Cohort Goal: 80% fully vaccinated

Opportunities

- Respiratory Health Focus
- Covid-19
- PCV 20
- Vaccine Clinics

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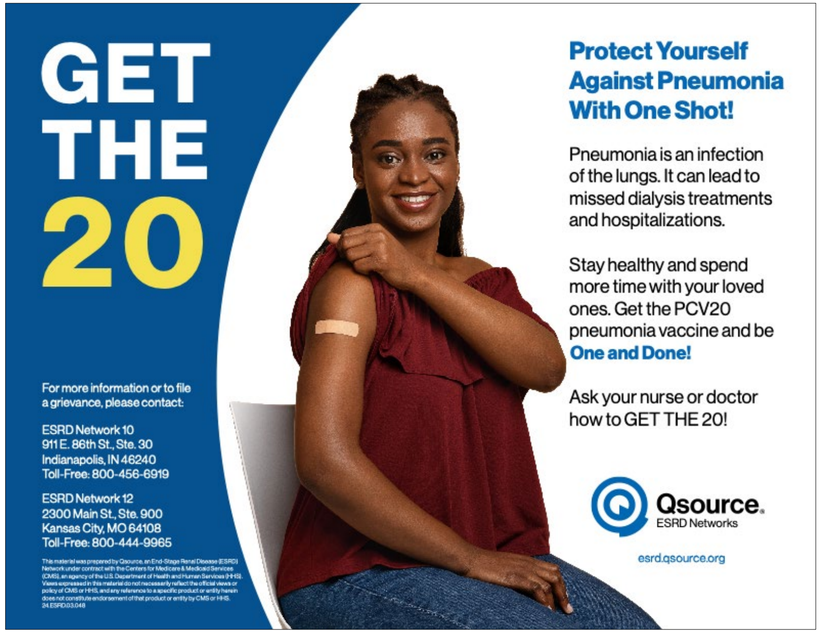
"Get the 20" Campaign



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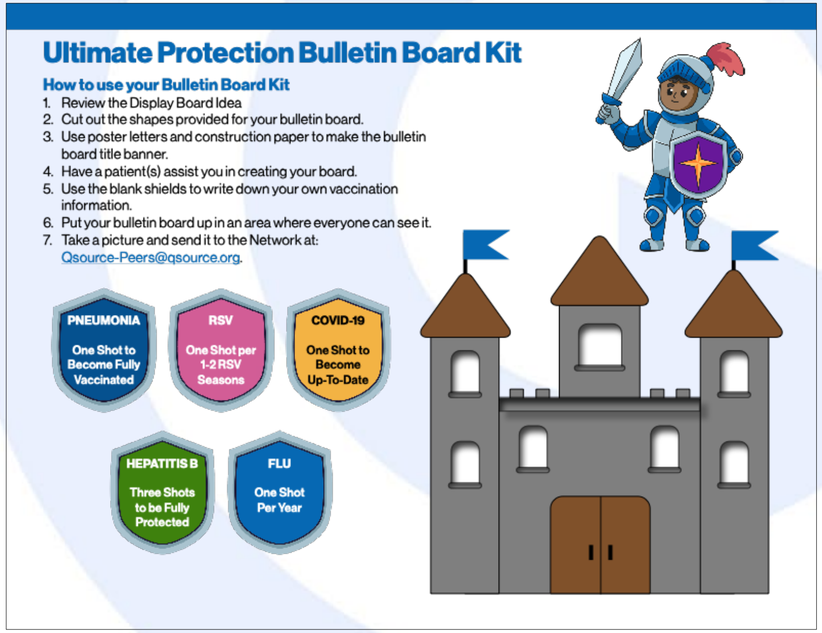

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[View this special message from Qsource ESRD Network 12 Medical Review Board Chair, Dr. Yacoub!]

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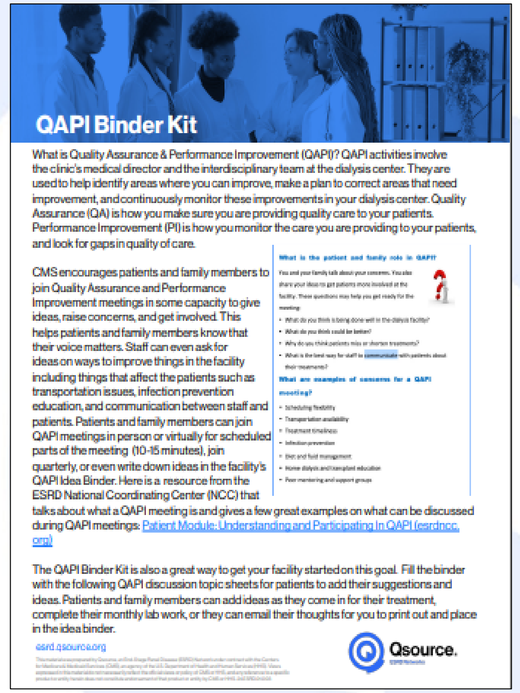
Patient and Family Engagement

- Achieve a total of 10% increase in the number of facilities that integrate patients and families into QAPI
- Achieve a total of 10% increase in the number of facilities that successfully assist patients to develop a life plan from which the dialysis facility develops the dialysis plan of care
- Achieve a total of 5% increase in the number of facilities that develop and support a Patient-to-Patient Support Program
- Maintain a minimum of 5 Subject Matter Experts per Network for the National Patient/Family Engagement (NPFE) Learning and Action Network (LAN)



QAPI Binder Kit

What is Quality Assurance & Performance Improvement (QAPI)? QAPI activities involve the clinic's medical director and the interdisciplinary team at the dialysis center. They are used to help identify areas where you can improve, make a plan to correct areas that need improvement, and continuously monitor these improvements in your dialysis center. Quality Assurance (QA) is how you make sure you are providing quality care to your patients. Performance Improvement (PI) is how you monitor the care you are providing to your patients, and look for gaps in quality of care.

CMS encourages patients and family members to join Quality Assurance and Performance Improvement meetings in some capacity to give ideas, raise concerns, and get involved. This helps patients and family members know that their voice matters. Staff can even ask for ideas on ways to improve things in the facility including things that affect the patients such as transportation issues, infection prevention education, and communication between staff and patients. Patients and family members can join QAPI meetings in person or virtually for scheduled parts of the meeting (10-15 minutes), join quarterly, or even write down ideas in the facility's QAPI Idea Binder. Here is a resource from the ESRD National Coordinating Center (NCC) that talks about what a QAPI meeting is and gives a few great examples on what can be discussed during QAPI meetings: Patient Module: Understanding and Participating In QAPI (esrdncc.org)

What is the patient and family role in QAPI?

You and your family talk about your concerns. You also share your ideas to get patients more involved at the facility. These questions may help you get ready for the meeting:

- What do you think is being done well in the dialysis facility?
- What do you think could be better?
- Why do you think patients miss or shorten treatments?
- What is the best way for staff to communicate with patients about their treatments?

What are examples of concerns for a QAPI meeting?

- Scheduling flexibility
- Transportation availability
- Treatment timeliness
- Infection prevention
- Diet and fluid management
- Home dialysis and transplant education
- Peer mentoring and support groups

The QAPI Binder Kit is also a great way to get your facility started on this goal. Fill the binder with the following QAPI discussion topic sheets for patients to add their suggestions and ideas. Patients and family members can add ideas as they come in for their treatment, complete their monthly lab work, or they can email their thoughts for you to print out and place in the idea binder.

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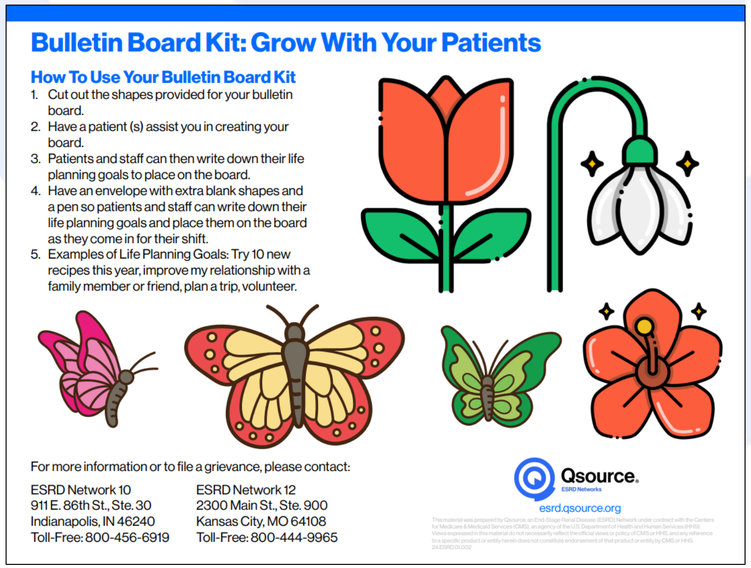

Bulletin Board Kit: Grow With Your Patients

How To Use Your Bulletin Board Kit

1. Cut out the shapes provided for your bulletin board.
2. Have a patient (s) assist you in creating your board.
3. Patients and staff can then write down their life planning goals to place on the board.
4. Have an envelope with extra blank shapes and a pen so patients and staff can write down their life planning goals and place them on the board as they come in for their shift.
5. Examples of Life Planning Goals: Try 10 new recipes this year, improve my relationship with a family member or friend, plan a trip, volunteer.

For more information or to file a grievance, please contact:

ESRD Network 10
911 E. 86th St., Ste. 30
Indianapolis, IN 46240
Toll-Free: 800-456-6919

ESRD Network 12
2300 Main St., Ste. 900
Kansas City, MO 64108
Toll-Free: 800-444-9965

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Facility Peers In Action Focus Group-Second Round Launched

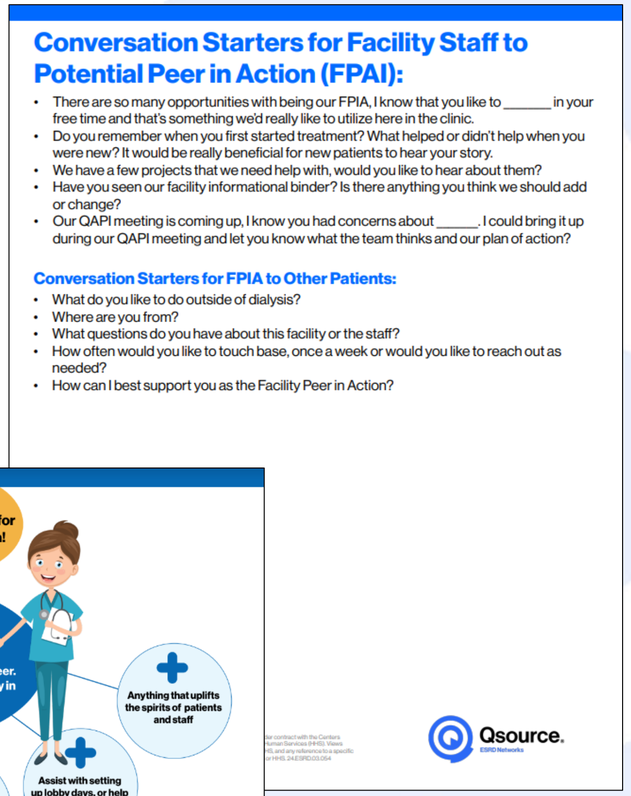
- Second four-month long Focus Group launched this month
- 30 facilities total
- Quarterly goal of 3+ per Network

Peer In Action Training Videos:

https://youtu.be/bU7gMsQSsrg

https://youtu.be/fixvKlBcWNg

https://youtu.be/ViaC6so7wLg



Conversation Starters for Facility Staff to Potential Peer in Action (FPAI):

- There are so many opportunities with being our FPIA, I know that you like to _____ in your free time and that's something we'd really like to utilize here in the clinic.
- Do you remember when you first started treatment? What helped or didn't help when you were new? It would be really beneficial for new patients to hear your story.
- We have a few projects that we need help with, would you like to hear about them?
- Have you seen our facility informational binder? Is there anything you think we should add or change?
- Our QAPI meeting is coming up, I know you had concerns about _____. I could bring it up during our QAPI meeting and let you know what the team thinks and our plan of action?

Conversation Starters for FPIA to Other Patients:

- What do you like to do outside of dialysis?
- Where are you from?
- What questions do you have about this facility or the staff?
- How often would you like to touch base, once a week or would you like to reach out as needed?
- How can I best support you as the Facility Peer in Action?

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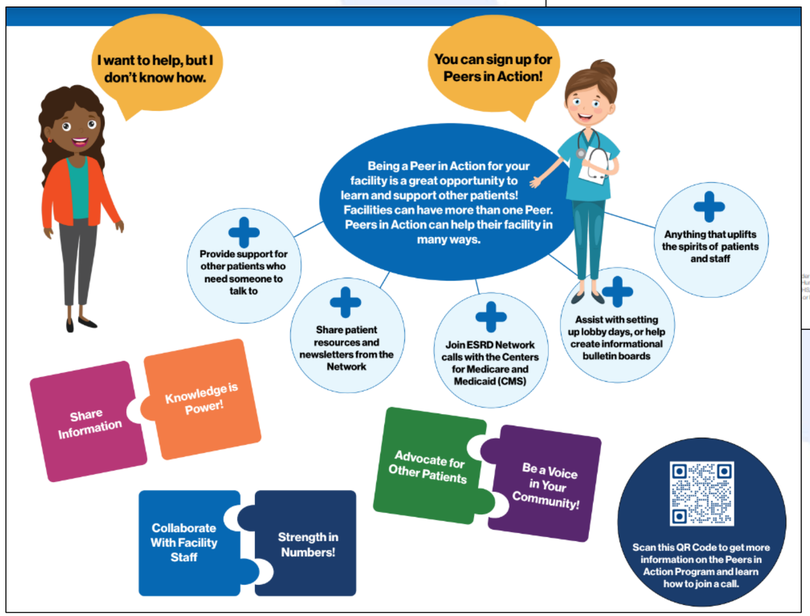

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Onsite Quality Improvement Assistance

The Network team will provide targeted support to individual facilities to achieve CMS goals and/or facility specific goals

1. Work with facilities to identify barriers to improvement
2. Lead facility through a Plan-Do-Study-Act process to test change
3. Share data, resources and educational tools to overcome barriers
4. Assist in achievement of CMS goals through local onsite mitigation & support
5. Support health equity priorities and CLAS resources
6. Provide ongoing support to facilities throughout the year

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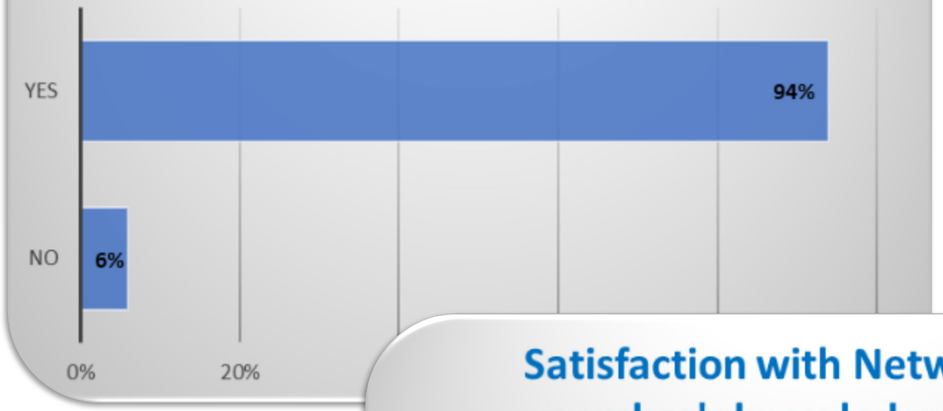
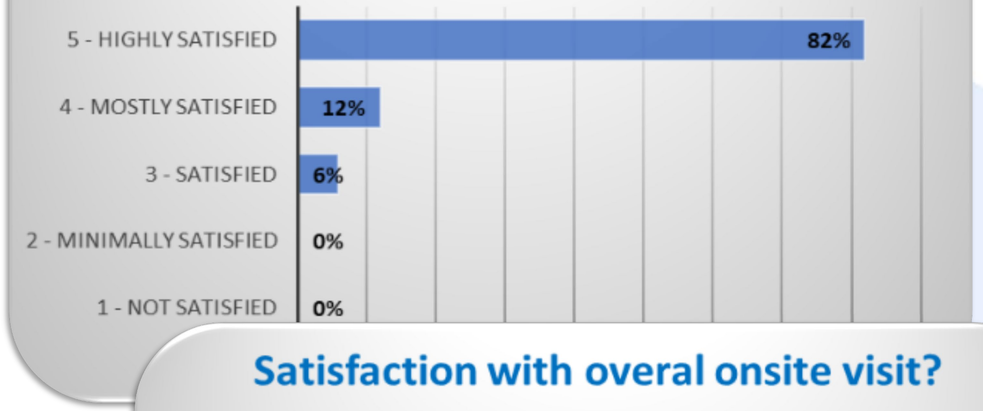
Onsite Technical Assistance

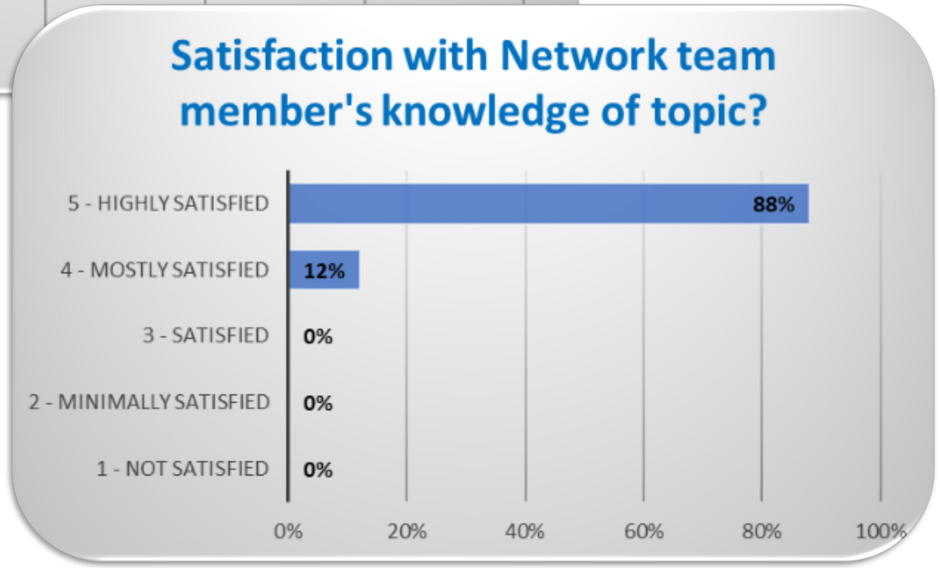
Did the Network assistance provide value to your facility?



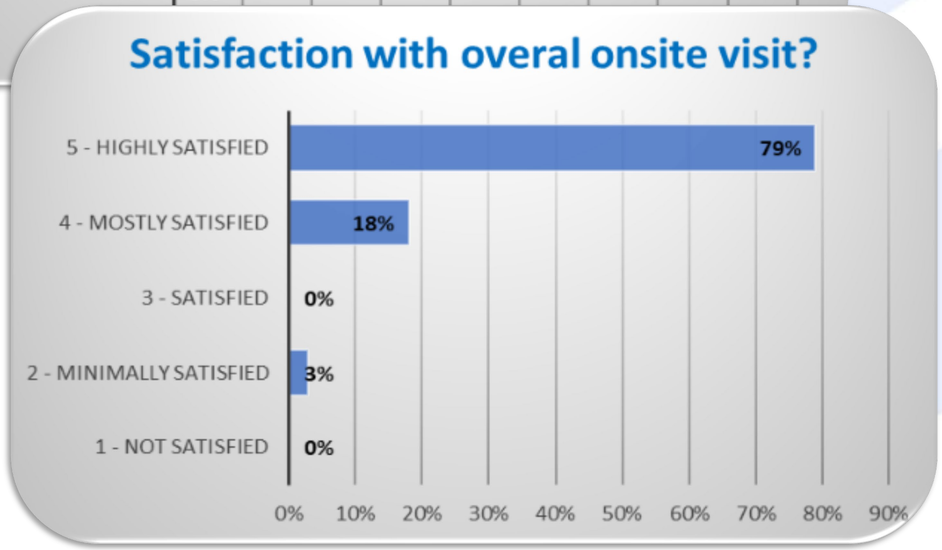
Satisfaction with assistance and resources provided?



Satisfaction with Network team member's knowledge of topic?



Satisfaction with overal onsite visit?



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Onsite Quality Improvement Assistance

Facility Selection

- CMS provided a Priority Zip Code List of facilities for each ESRD Network based on health equity needs. Once this list is complete, facilities will be selected based on metric performance
- Facility manager will be notified to schedule a virtual meeting at least 30 days prior to visit

Virtual Meeting

- Approximately 1 hour in length
- Completion of Pre-visit Survey prior to virtual meeting
- Review of facility progress toward CMS goals and plan for improvement

Onsite Meeting

- Approximately 1-2 hours in length
- Review PDSA progress and barriers
- Discuss CMS goals surrounding CLAS and PFE
- Follow-up survey sent at 60 days and project and data summary email sent at 90 days.

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Culturally and Linguistically Available Services

CLAS Implementation Action Plan Development

- HHS CLAS Checklist
- National CLAS Standards
- Agency for Healthcare Research and Quality Guide

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Information Management

Data Quality Improvement Goals

- Achieve a 9% increase in the rate of Initial 2728 forms that are submitted within 45 days of the first chronic treatment.
- Achieve a 14% increase in the rate of 2746 forms submitted within 14 calendar days of the date 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.

Critical Communications

- We use EQRS personnel as our sole source of contact information with your staff on important email communications.
- Missing out on these communications could adversely affect your facility as we start the new contract year this month.
- Please see our website for instructions on how to maintain current contact information in EQRS. https://esrd.qsource.org/data-services/personnel-updates/

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EQRS Service Ticket Help!

We recognize that facility staff are prioritizing patient care and you do not need to be playing phone tag with us when needing help with EQRS, QIP, Master Account holder passwords and other EQRS data entry issues.

Email is also sometimes an issue in that PHI shouldn't be entered there.

Qsource now has a HIPAA compliant solution that solves all these problems!

ESRD.Qsource.org/Ticket

You can simply create a Service Ticket and enter any PHI or attach Near Match forms or Submitted Forms corrections.

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Data Department Ticket System

Please complete the following Service Ticket for all EQRS assistance requests.

Network staff will follow up on all requests in the order in which they are received. Calling the Network after placing a ticket will only further delay processing times.

*Please note: This form is compliant with HIPAA and can be used to receive, maintain, or transmit PHI in accordance with their HIPAA obligations.

Please Select Your Network: *

- ○ NW 10 (IL)
- ○ NW 12 (MO, KS, IA, NE)

Please select your facility CMS Certification Number (CCN) and name from the dropdown. *

Please enter your 6-digit CCN to then select your facility. If your facility CCN is not listed, select "Not Listed" from the bottom of the drop down list. Illinois starts with 14, Iowa with 16, Kansas with 17, Missouri with 26 and Nebraska with 28.

Select

Enter Your Name *

Select One or More Issues *

Select

Near Match Forms and Corrections to Submitted Forms

These requests can be downloaded here, filled out and then attached at the bottom of this ticket for quick and easy processing.

Near Match Potential Duplicate Form

Submitted 2728 or 2746 Form Edit Request

Need a Duplicate Patient Merge?

If, so then there is no need to complete this form. The CCSQ Help Desk can merge into a single record the same patient with multiple UPI numbers. You can create a ticket **HERE** or you can call them at 866-288-8912.

Indicate which record should be the primary record. Generally, if only one record has a form attached to it, that is the primary record. Otherwise, the lowest value UPI# was created first and should be the primary record.

Please List Details *

(Optional) Upload any attachments such as "Near Match" or "Forms Edit" requests.

This could be screen shots or any other document.

Drag and drop files here or browse files

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Service Ticket

The Service Ticket is our new way to increase a quick response to your questions on ESRD Quality Reporting System (EQRS) patient registry, QIP, Dialysis Data Master Account Holder, and more. Here are some of the benefits of using the Service Ticket:

- No more phone calls or voicemail messages because of phone tag while you all are focused on patient care.
- You should not send PHI via email as most of you don't have secure email systems.
- The new Ticket system can take PHI and will streamline and quicken our responses to you.
- Add as much detail to the "details" section as needed to properly explain the issue you are having. This will hopefully prevent us having to contact you for more information and possibly delay the resolution.

Submit a Ticket

Near Match/Potential Duplicate Messages

EQRS matches multiple patient identifiers such as first and last name, Social Security Number, MBI (Medicare Beneficiary ID) and date

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Near Match Messages When Admitting Patients

Now you can just fill out and attach to the Service Ticket a Near Match form when you run into a patient you just can’t get admitted in EQRS.

Big Tip – entering the patient’s MBI (Medicare Beneficiary Number) along with the Social Security Number makes the near match message go away in most cases.

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Duplicate Patients

You can now directly request a patient merge from the CCSQ Help Desk without needing to go through Qsource.

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Duplicate Patients

Following the Near Match steps above go a long way to preventing duplicate patients from being created. The way you can know if an actual duplicate exists is if the patient is in EQRS with two different UPI# (also called EQRS Patient ID).

You can now directly request a duplicate patient merge from the CCSQ Help Desk without going through the ESRD Network by clicking on this link.

CCSQ Support Central

In most cases the smaller UPI number is the earlier "Primary" and the larger number is the "Secondary" or duplicate record.

Just put Merge Request in the "Subject" box and put the following in the "Reason for Contacting Us":

Please merge the following records in EQRS
Primary UPI 123456789
Secondary UPI 987654321
Change the admit reason on admission date mm/dd/yyyy from "New ESRD" to "Transfer In"

The Primary UPI is the record you want to keep, and the Secondary UPI is the duplicate. In a patient merge, it is common to wind up with two "New ESRD" admissions, so the more recent one needs to be changed to "Transfer In". Be sure to add that note to your merge request.

Patient Services Department

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
- 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.”

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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 and Transfers

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

Involuntary discharge or transfer should be rare and preceded by a demonstrated effort 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 and 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.

Grievances and Access to Care | Year In Review

Patient Services Department processed 396 Cases from May 2023 to April 2024

Access to Care

- NW10: 111 Cases
- NW12: 52 Cases
- Ongoing Behavioral Issues
- Verbal Abuse
- Threat of Physical Harm

Grievances

- NW10: 12 Cases
- NW12: 23 Cases
- Staff Related Issues
- Professionalism
- Mis-communication/Communication

Facility Concerns

- NW10: 44 Events
- NW12: 54 Events
- Nonadherence
- No Show/Missed Treatment

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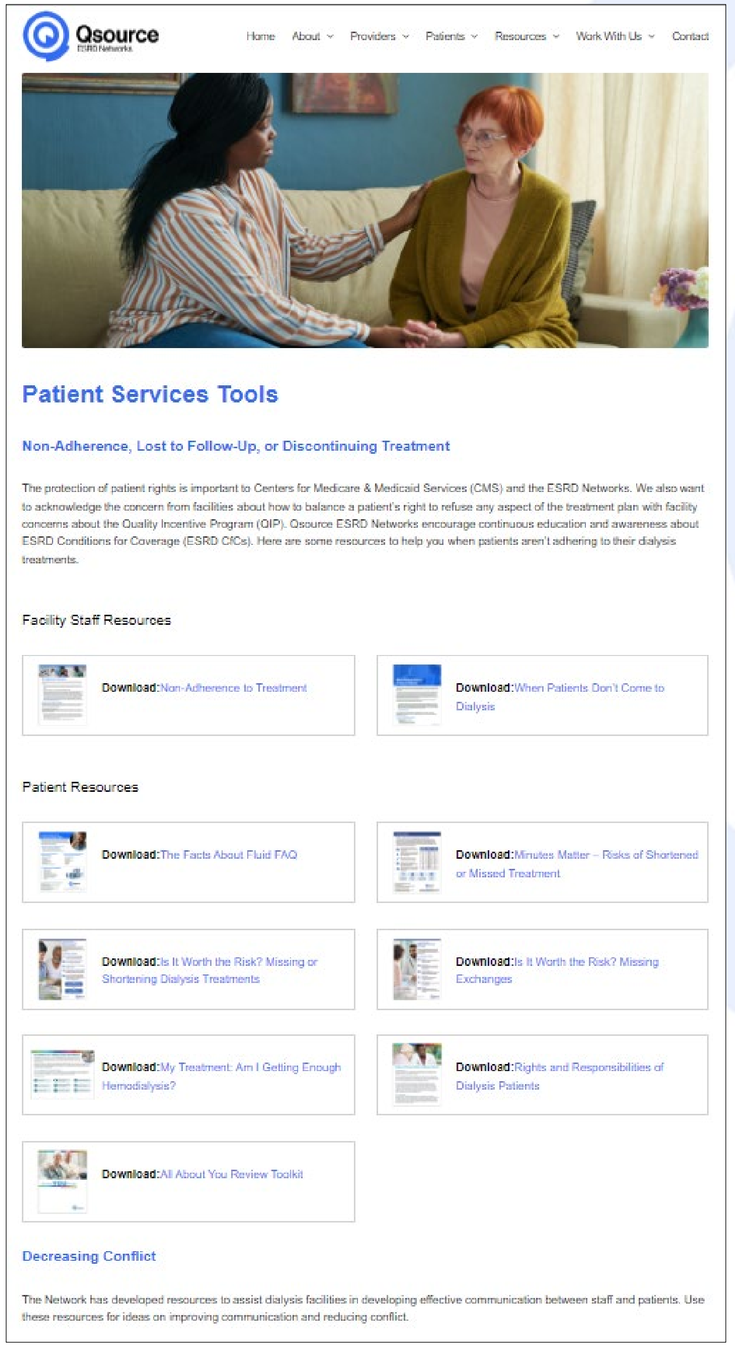
Patient Services Webpage

Patient and Provider Resources For:

- Non-adherence, Lost to Follow-Up, or Discontinuing Treatment
- Decreasing Conflict
- Behavioral Health and Coping With Dialysis



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Contacting the Patient Services Department

Notify us…

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

Wrap Up

Network Website

The Network website has valuable tools and resources.
Visit us at esrd.qsource.org.

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Next Steps

- Submit a facility Commitment Attestation
- Recruit Facility Peers In Action
- Update EQRS Facility Personnel for Accuracy
- Contact any members of our team should you have questions or concerns
- Ways to Stay Involved
  - Invite Network staff to your regional meetings to discuss collaboration
  - Attend National Coordinating Center (NCC) Learning and Action Calls
  - Represent the Network through presentation at the National Level
  - Inform us of kidney events in the community
  - Become a member of a Community Coalition

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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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Thank You

Questions?

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