

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!



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

ESRD Staff



Audrey Broaddus
Executive Director



Ashley Dixon
QI Advisor



Stacy Dorris
QI Advisor



Roma Heater
QI Advisor



John Knowles
QI Advisor



Debbie Ulm
QI Advisor



Meghan VanSlyke
QI Advisor



Jeff Arnall
Information
Manager



Sandy Cannon
Information
Management Specialist



Erica Anderson
Patient Services
Manager



Keisha Wilson
Patient Services
Specialist



Eleanor Nelson
Patient and Family
Engagement Specialist



**Jennifer
Truhler-Carmona**
Education and
Outreach Coordinator

Qsource's Values and Mission

Diversity/Equity/Inclusion	Respect for People	Continuous Improvement	Integrity
			
 Celebrate differences, promote awareness, eliminate inequities, and embrace all.	 Demonstrate kindness, compassion, and consideration to everyone in every interaction.	 Seek opportunities to excel and deliver service better today than you did yesterday.	 Demonstrate high moral standards, be honest, and do what you say you're going to do.

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

ESRD Network 10 Demographics

Qsource holds two End-Stage Renal Disease Network Contracts



ESRD Network 10
Illinois

32,994
ESRD/Transplant
Patients

Modality

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

Race

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

341 Dialysis
Clinics

Ethnicity

20% Hispanic
76% Non-Hispanic
4% Unknown

Facility Location

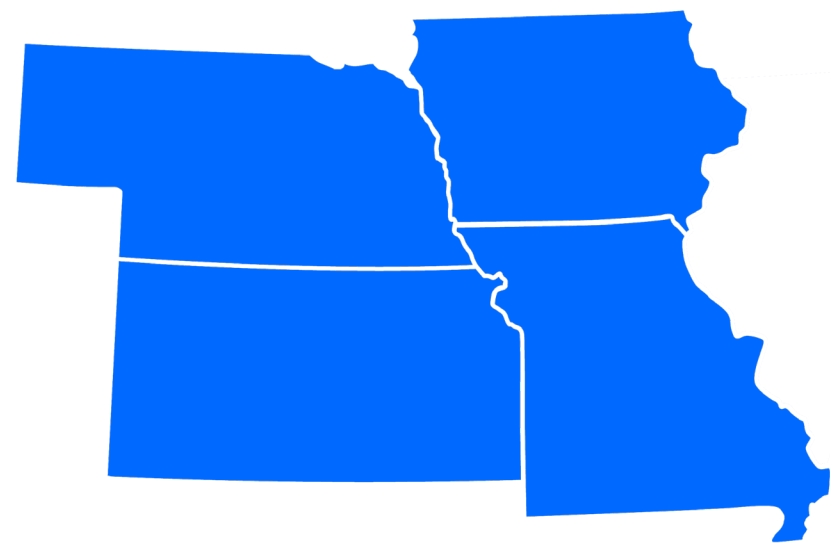
95% urban
5% rural

9 Transplant
Centers

Gender

Male 59%
Female 41%

ESRD Network 12 Demographics



ESRD Network 12

Iowa, Missouri, Nebraska, Kansas

29,746
ESRD/Transplant
Patients

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%

314
Dialysis Clinics

Ethnicity

6% Hispanic
92% Non-Hispanic
2% Unknown

Facility location

79% urban
21% rural

12
Transplant
Centers

Gender

Male 59%
Female 41%

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



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

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



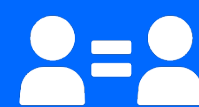
Emergency
Preparedness



Patient
Experience of Care



EQRS Data Management



Health
Equity



Patient and
Family Engagement



Community Partner
Collaboration



Facility Specific Technical
Assistance

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

The Importance of Partners | Kidney Community Stakeholders



Change Agents



Outreach and Education



Data Collection and Validation



Bidirectional Information Exchange



Routine Communication

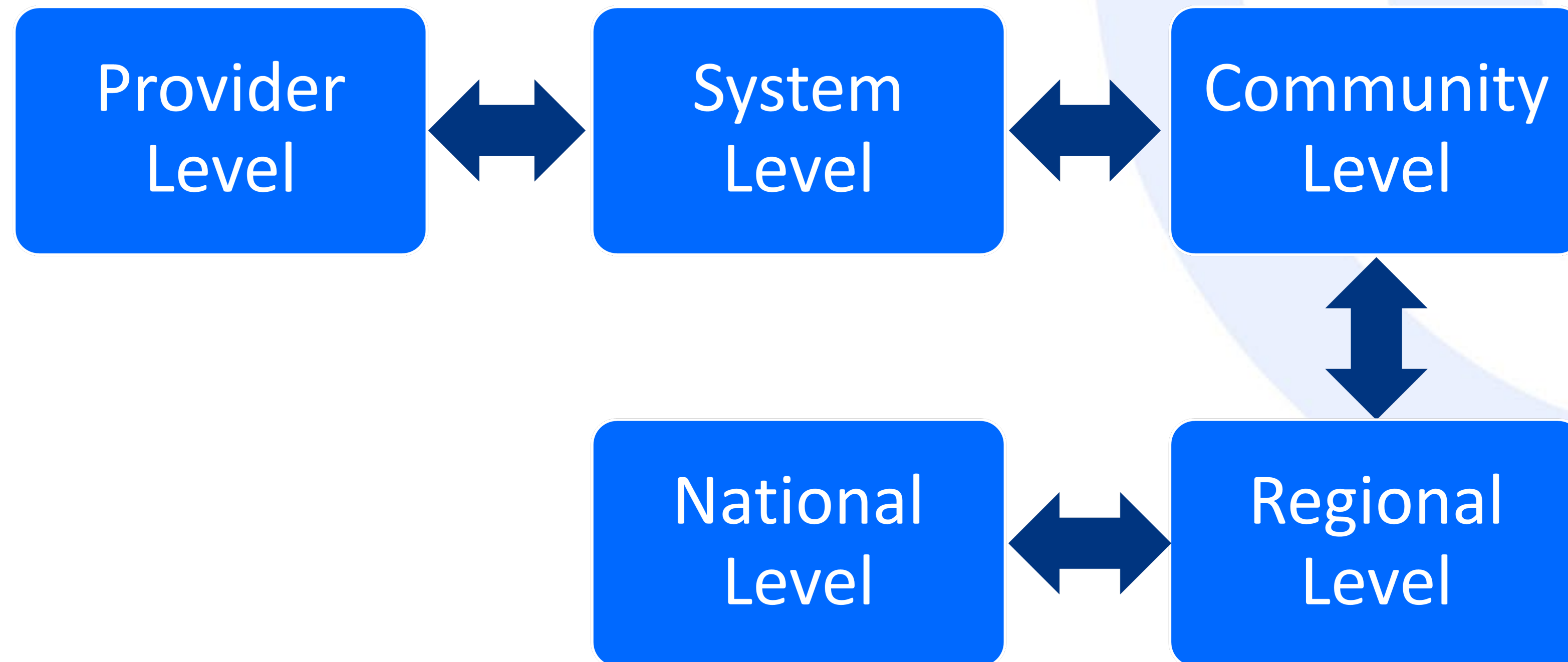


Identify Performers

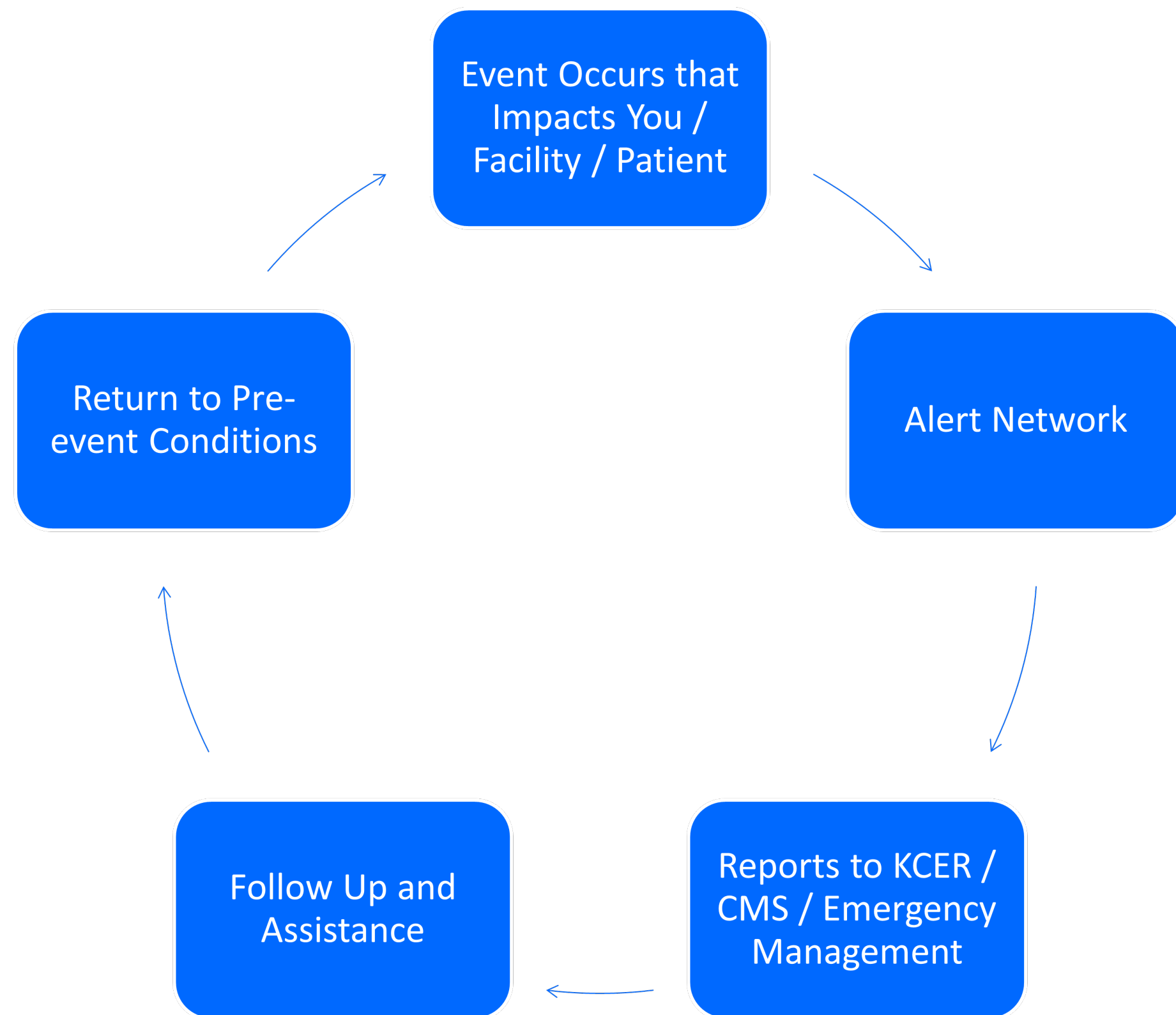
- State Healthcare-Associated Infection and Antimicrobial Resistance Programs
- State Agencies and Accrediting Organizations
- Missouri Kidney Program
- Transplant Centers
- Making Dialysis Safer for Patients Coalition
- National Kidney Foundation
- Hospital Associations
- QIN/QIOs – Quality Improvement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

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.



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

A blue-tinted photograph showing a doctor on the left and an elderly patient on the right. The doctor is wearing a white lab coat and has a stethoscope around their neck. They are both smiling and looking at each other, suggesting a positive interaction. The text 'Quality Improvement Department' is overlaid in white in the center of the image.

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

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

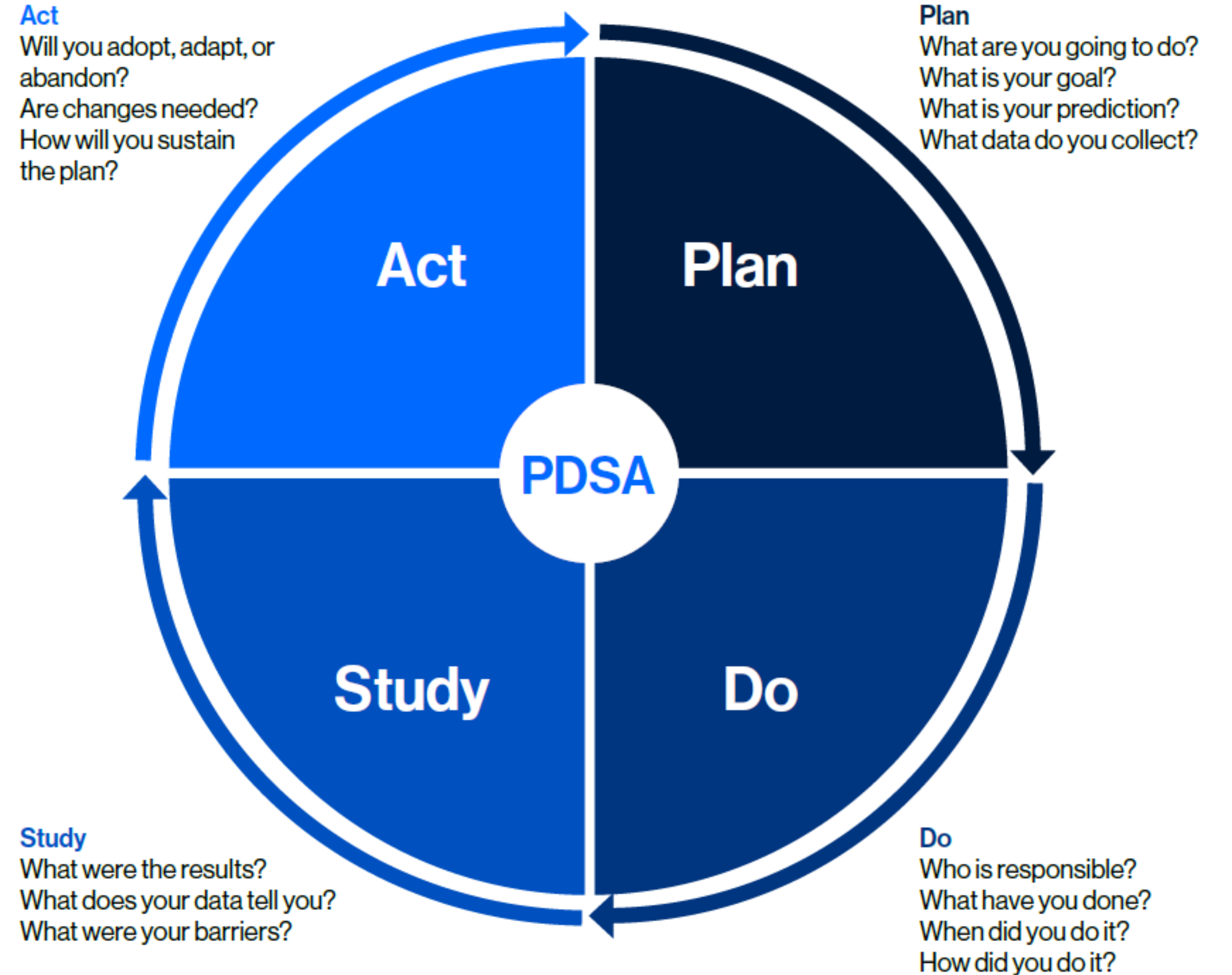
Initiate Data-Driven Interventions

Incorporate Patient Led Activities

Celebrate Success and Share Promising Practices

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



Facility QIA Participation

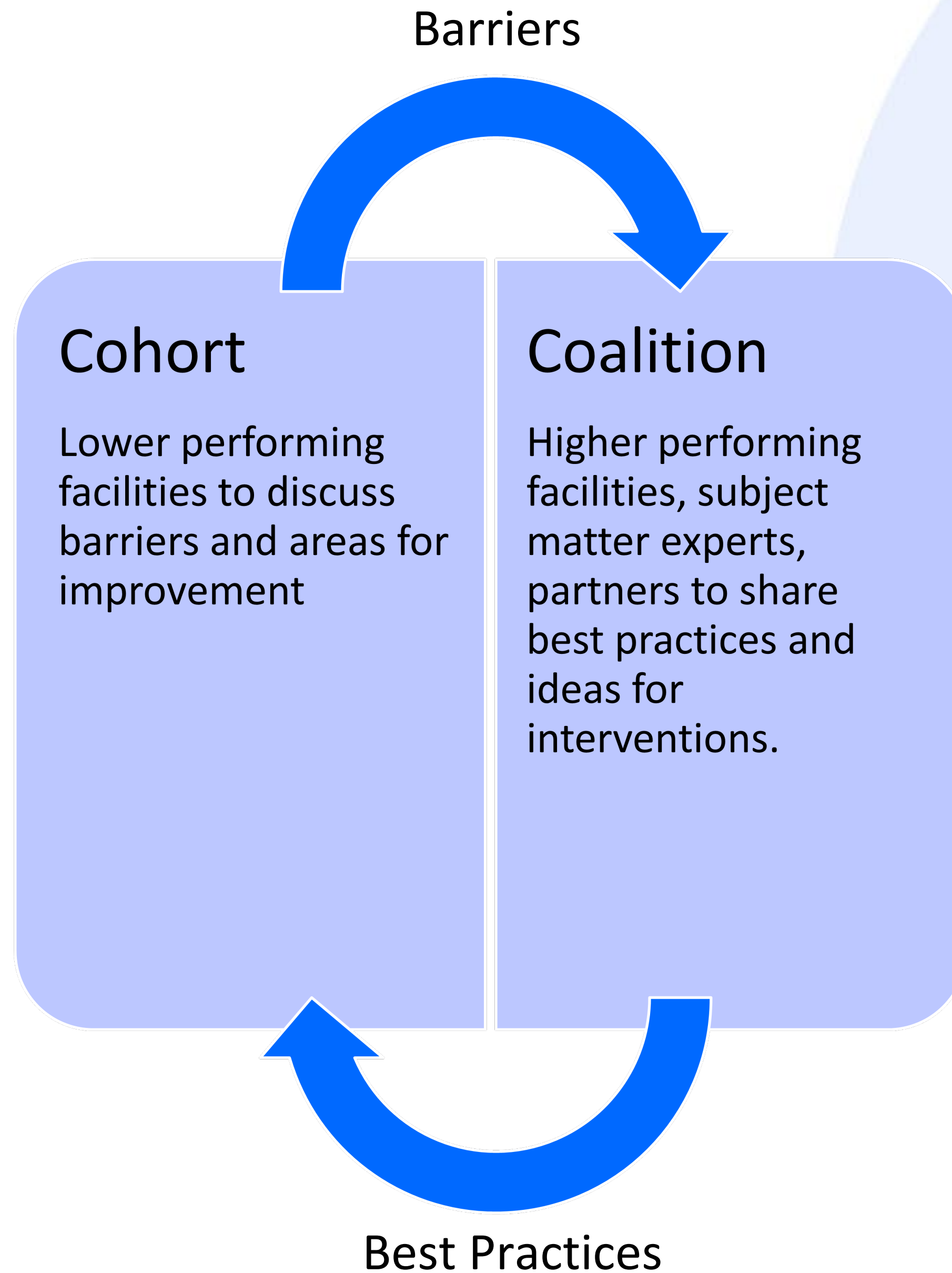
Two QIA cohort participation rounds

- 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.


Cohort vs Coalition




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

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

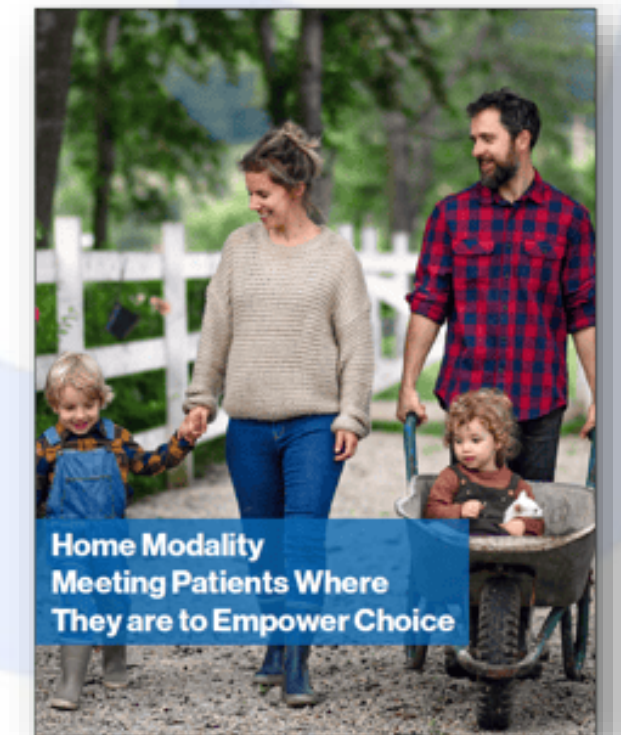
Empower Patient Choice of a Home Modality

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



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

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

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

Resources

The Effects of Repeated Hospitalizations for ESRD Patients

Mental Health
Hospitalizations may cause or exacerbate anxiety, depression, and other mental health conditions.

Respiratory Difficulty
Fluid overload causes shortness of breath and increased stress on the respiratory system leading to long-term, chronic damage.

Decreased Nutrition
Decreased appetite for a variety of reasons can lead to poor nutrition, which can lead to other complications and slow down the healing process.

Vascular Complications
Decreased movement and chronic swelling due to fluid overload can lead to development of blood clots and other vascular complications.

Risk of Skin Breakdown
Decreased activity can increase risk of skin breakdown, which can lead to infections. Frequent and/or chronic swelling can also decrease skin integrity and lead to breakdown.

Extremity Swelling
Swelling of the arms and legs can lead to decreased movement and skin strength, which can lead to other complications.

High Blood Pressure
High blood pressure from fluid overload may cause a long-lasting medical condition requiring medication or additional medication to manage.

Heart Failure
Fluid overload can often cause high blood pressure and additional strain on cardiac muscles leading to heart failure over time.

Anemia
Infections and decreased nutrition further decrease red blood cell production. Missing scheduled in-center treatments can cause missed doses of ESA medications to aid in red blood cell production.

Increased Risk of Vascular Access Complications
Swelling of the access extremity can make cannulation difficult, leading to access complications.

Decreased Strength/Mobility
Decreased movement and activity can lead to loss of bone and muscle strength and difficulty with other physical tasks.

Risk of Infection
Being hospitalized increases likelihood of being exposed to infection.

[Download Here](#)

Don't Monkey Around With Missed Treatments!

Missed Medications

Difficulty Sleeping

Risk of Hospitalization

Poor Appetite

Stress on Heart

Upset Stomach

Swelling

Physical Weakness

Risk of Death

zZZz

[Download Here](#)

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

"Get the 20" Campaign



GET THE 20

Protect Yourself Against Pneumonia With One Shot!

Pneumonia is an infection of the lungs. It can lead to missed dialysis treatments and hospitalizations.

Stay healthy and spend more time with your loved ones. Get the PCV20 pneumonia vaccine and be **One and Done!**

Ask your nurse or doctor how to GET THE 20!

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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Get the 20!

Get in the **KNOW** About Pneumo Vaccines!

- 1) Pneumococcal disease remains a burden among adults. Studies suggest that the pneumonia-related mortality rate in chronic kidney disease (CKD) could be as much as 14-16 times higher compared to the general population.

Available NOW is the PCV 20, which is one and done! One shot with more protection to keep your patients healthy.

- 2) There are 3 recommended pneumococcal vaccines in the U.S.

PCV15 **PCV20** **PPSV23**

CDC recommends PCV15 or PCV20 for:

- People 5 through 64 years old with certain risk conditions who never received a PCV
- Adults 65 years or older who never received a PCV

CDC recommends PPSV23 for:

- Adults 19 years or older who received PCV15

People previously recommended to get both PCV13 and PPSV23 who already received PCV13 can complete the recommended series with:

- PCV20 or PPSV23

- 3) Get the App!
Download "PneumoRecs VaxAdvisor" App for Clinicians. This is a free mobile app that gives clinicians patient-specific pneumococcal vaccination recommendations.
<https://www2a.cdc.gov/vaccines/m/pneumo/pneumo.html>

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[Download Here](#)

Ultimate Protection Bulletin Board Kit

How to use your Bulletin Board Kit

1. Review the Display Board Idea
2. Cut out the shapes provided for your bulletin board.
3. Use poster letters and construction paper to make the bulletin board title banner.
4. Have a patient(s) assist you in creating your board.
5. Use the blank shields to write down your own vaccination information.
6. Put your bulletin board up in an area where everyone can see it.
7. Take a picture and send it to the Network at: Qsource-Peers@qsource.org.



PNEUMONIA
One Shot to Become Fully Vaccinated

RSV
One Shot per 1-2 RSV Seasons

COVID-19
One Shot to Become Up-To-Date

HEPATITIS B
Three Shots to be Fully Protected


FLU
One Shot Per Year

[Download Here](#)

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

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 \(esrdsource.org\)](https://www.esrdsource.org/patient-module-understanding-and-participating-in-qapi)

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.

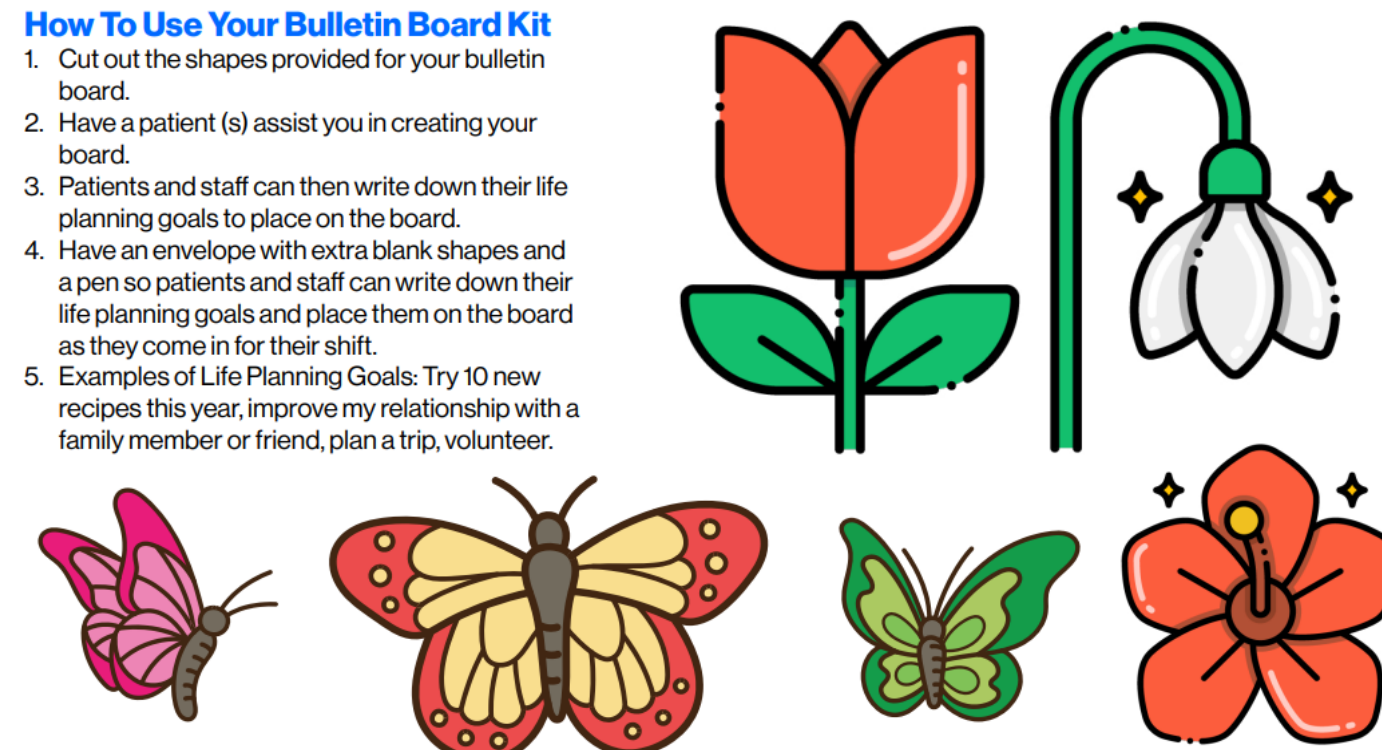
[esrdsource.org](https://www.esrdsource.org)

Qsource
ESRD Networks

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 FPAI, 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 FPAI 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?



Onsite Quality Improvement Assistance

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

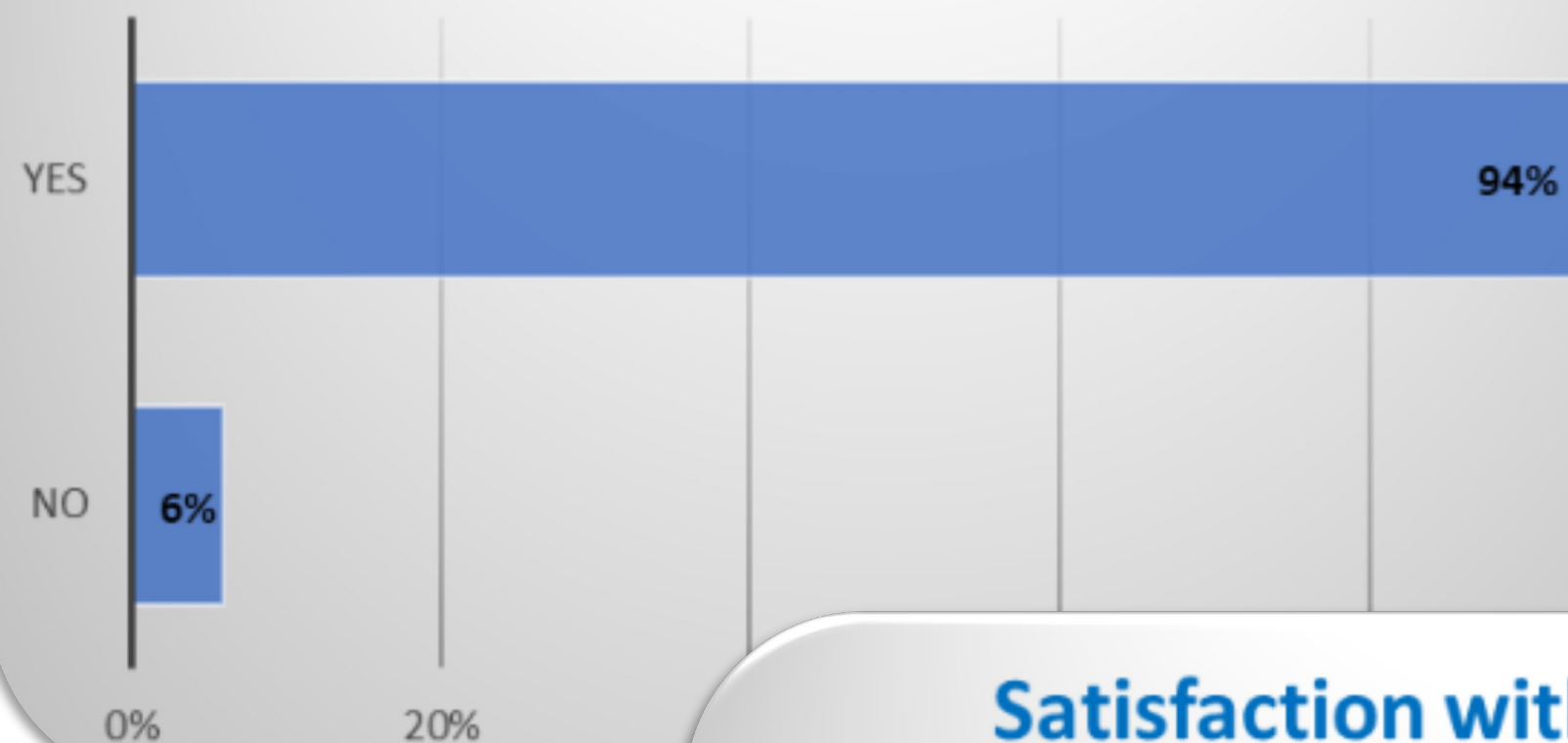
1. Work with facilities to identify barriers to improvement
2. Lead facility through a Plan-Do-Study-Act process to test change
3. Share data, resources and educational tools to overcome barriers
4. Assist in achievement of CMS goals through local onsite mitigation & support
5. Support health equity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



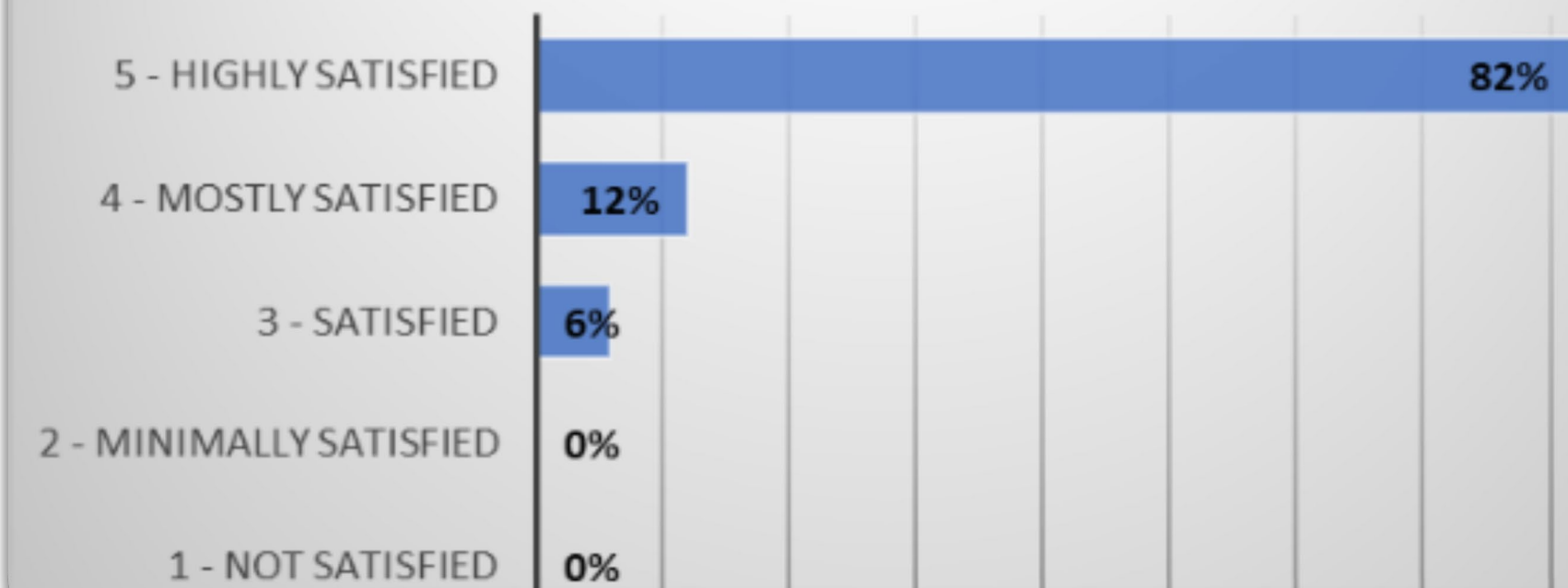
Onsite Technical Assistance



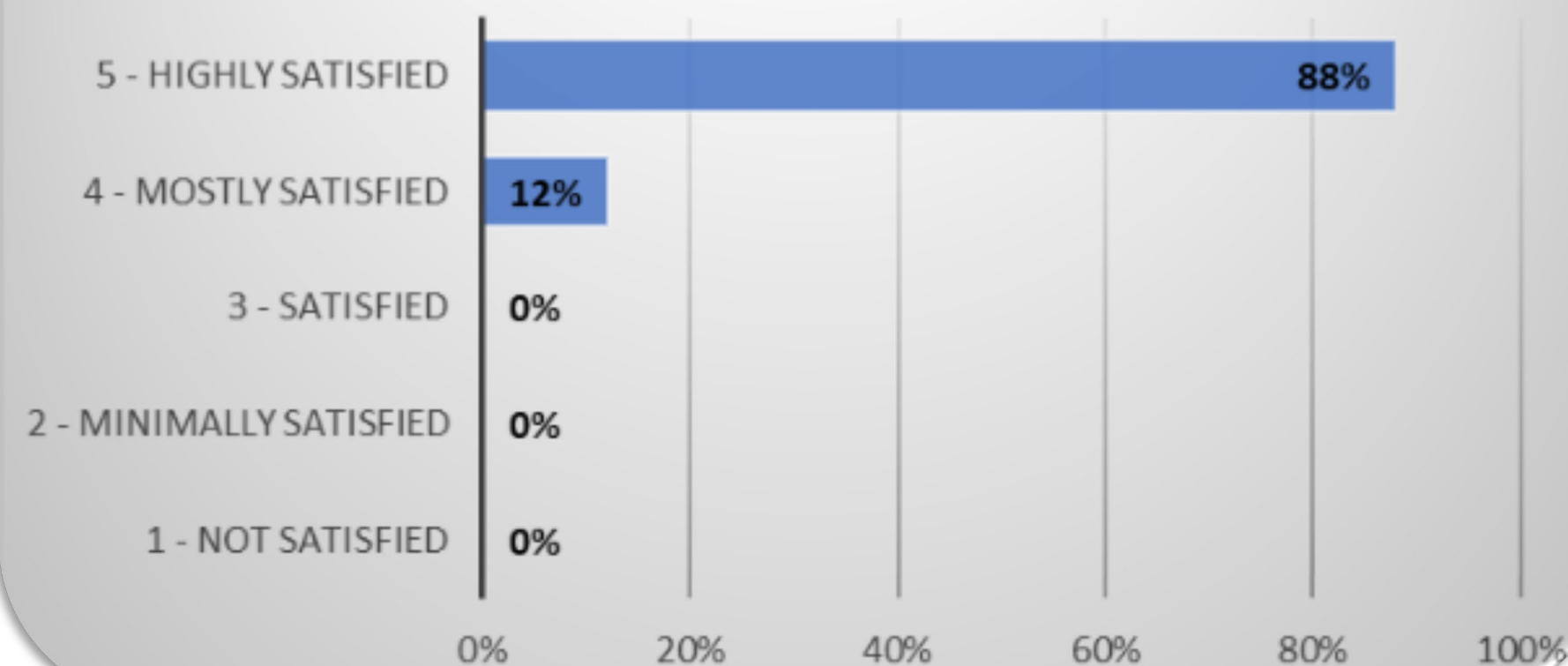
Did the Network assistance provide value to your facility?



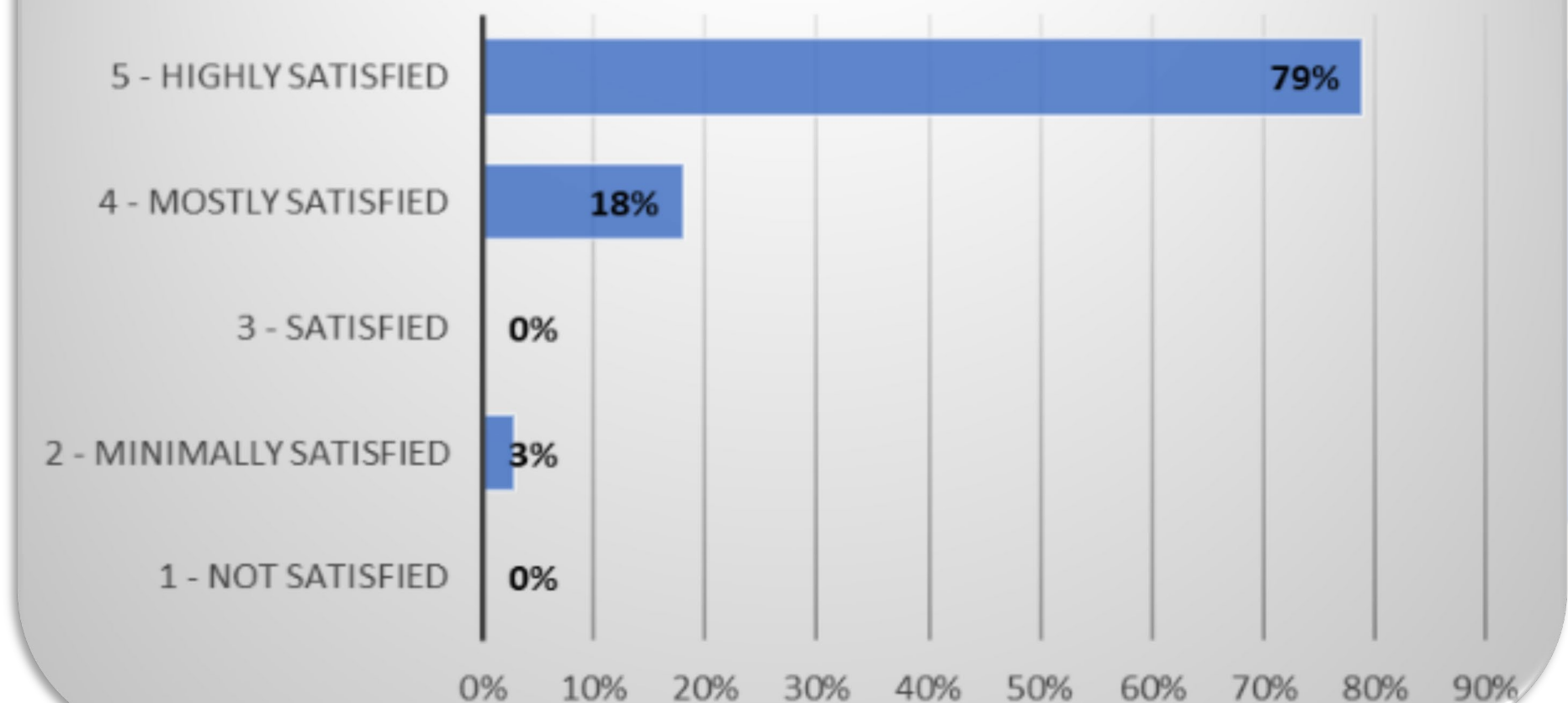
Satisfaction with assistance and resources provided?



Satisfaction with Network team member's knowledge of topic?



Satisfaction with overall onsite visit?



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.

Culturally and Linguistically Available Services

CLAS Implementation Action Plan Development

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

A blue-tinted photograph of a person's hands working at a desk. The person is wearing a dark blue long-sleeved shirt. Their hands are positioned over a laptop keyboard and a document on the desk. The desk also features a laptop, a cup of coffee, a glass of water, and a pencil holder. The background is slightly blurred, showing a wooden desk and a chair. The overall scene is a professional workspace.





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.



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/>



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.



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.

Enter Your Name *



Select One or More Issues *

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](#)





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



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.

Duplicate Patients

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

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.”

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

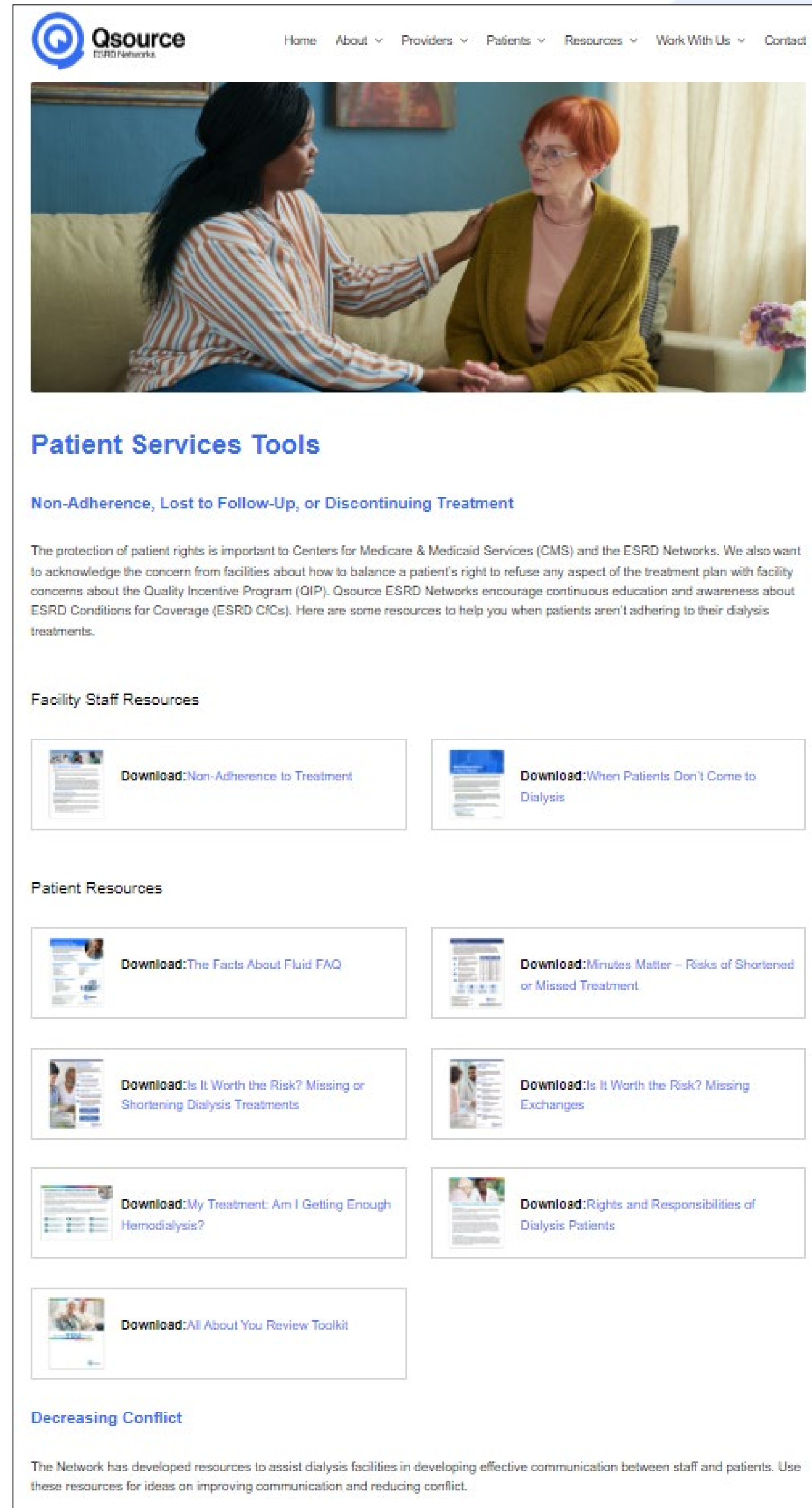
Nonadherence

No Show/Missed Treatment

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



Qsource
ESRD Networks

Home About Providers Patients Resources Work With Us Contact

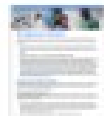



Patient Services Tools





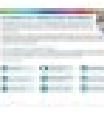


Non-Adherence, Lost to Follow-Up, or Discontinuing Treatment

The protection of patient rights is important to Centers for Medicare & Medicaid Services (CMS) and the ESRD Networks. We also want to acknowledge the concern from facilities about how to balance a patient's right to refuse any aspect of the treatment plan with facility concerns about the Quality Incentive Program (QIP). Qsource ESRD Networks encourage continuous education and awareness about ESRD Conditions for Coverage (ESRD C/Cs). Here are some resources to help you when patients aren't adhering to their dialysis treatments.

Facility Staff Resources

-  **Download:** Non-Adherence to Treatment
-  **Download:** When Patients Don't Come to Dialysis

Patient Resources

-  **Download:** The Facts About Fluid FAQ
-  **Download:** Minutes Matter – Risks of Shortened or Missed Treatment
-  **Download:** Is It Worth the Risk? Missing or Shortening Dialysis Treatments
-  **Download:** Is It Worth the Risk? Missing Exchanges
-  **Download:** My Treatment: Am I Getting Enough Hemodialysis?
-  **Download:** Rights and Responsibilities of Dialysis Patients
-  **Download:** All About You Review Toolkit

Decreasing Conflict

The Network has developed resources to assist dialysis facilities in developing effective communication between staff and patients. Use these resources for ideas on improving communication and reducing conflict.

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



A photograph of a young female doctor with a stethoscope around her neck, smiling and talking to an elderly woman. The entire image is overlaid with a semi-transparent blue filter. The text 'Wrap Up' is centered in the middle of the image.

Wrap Up

Network Website

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



The screenshot shows the Qsource ESRD Networks website homepage. At the top left is the Qsource logo with the tagline "ESRD Networks". To the right is a navigation menu with links for Home, About, Providers, Patients, Resources, Work With Us, and Contact. Below the navigation is a large circular graphic containing a photo of a man in a white lab coat. To the right of this graphic is the heading "Qsource ESRD Networks" followed by a paragraph: "Qsource ESRD Networks work within Illinois, Iowa, Kansas, Missouri and Nebraska to assist both dialysis patients and dialysis facilities to achieve better outcomes in the treatment of kidney disease and improve quality of life for Medicare beneficiaries with end-stage renal disease." Below this are two columns. The left column features a blue outline of Illinois, the text "Network 10 Patient Toll-Free Number", and the phone number "(800) 456-6919". The right column features a blue outline of Missouri, Iowa, Kansas, and Nebraska, the text "Network 12 Patient Toll-Free Number", and the phone number "(800) 444-9965". At the bottom left is a photo of four healthcare professionals (three men and one woman) in a meeting around a table with a laptop. To the right of this photo is the heading "Support for Providers" followed by a paragraph: "Qsource ESRD Networks act in partnership with nearly 700 Medicare-certified dialysis facilities or services and more than 20 transplant centers. Through collaboration with this stakeholder community, we strive to assist dialysis providers in their efforts to improve quality of care and quality of life for nearly 60,000 ESRD patients." Below this paragraph is the text "We provide support for:" followed by a bulleted list: "Data Quality and Reporting", "Quality Improvement", and "Patient Engagement".

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

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



esrd.qsource.org



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Thank You

Questions?

