



Joint Network Council Meeting  
ESRD Network 2025-2026 Kick Off

June 17, 2025

Presented by ESRD Networks 10 and 12

# Housekeeping

- 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

- Network Demographics
- Role and Expectations of Network Council
- Improving Patient Experience of Care
- Quality Improvement
- Improvement of Data Quality in EQRS
- Emergency Preparedness

# 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



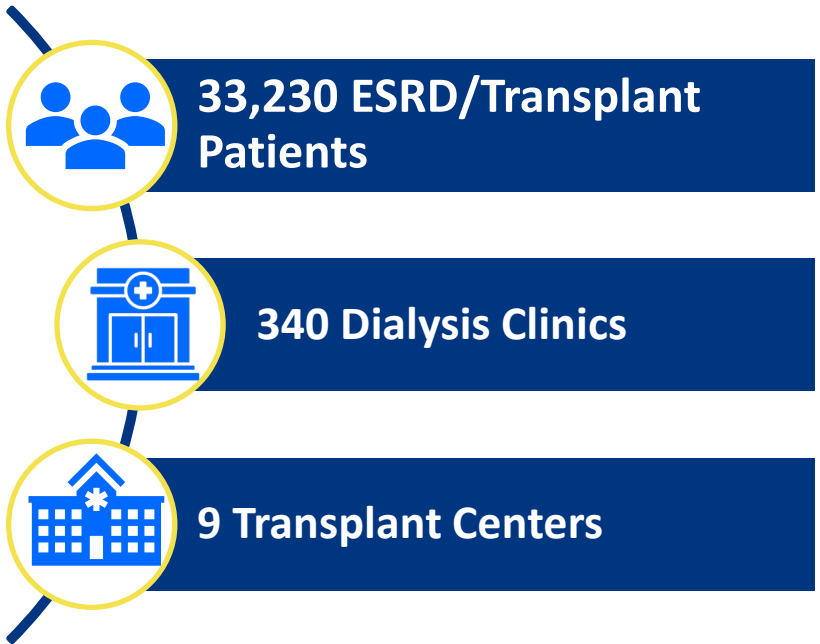
**Eleanor Nelson**  
Patient and Family  
Engagement  
Specialist



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

# ESRD Network 10 Demographics

Qsource holds two End-Stage Renal Disease Network Contracts



## Modality

In-Center patients: 15,458  
Home patients: 3,187

## Race

White: 57%  
African American: 32%  
Asian: 2%  
Unknown 4%

## Ethnicity

20% Hispanic  
75% Non-Hispanic  
5% Unknown

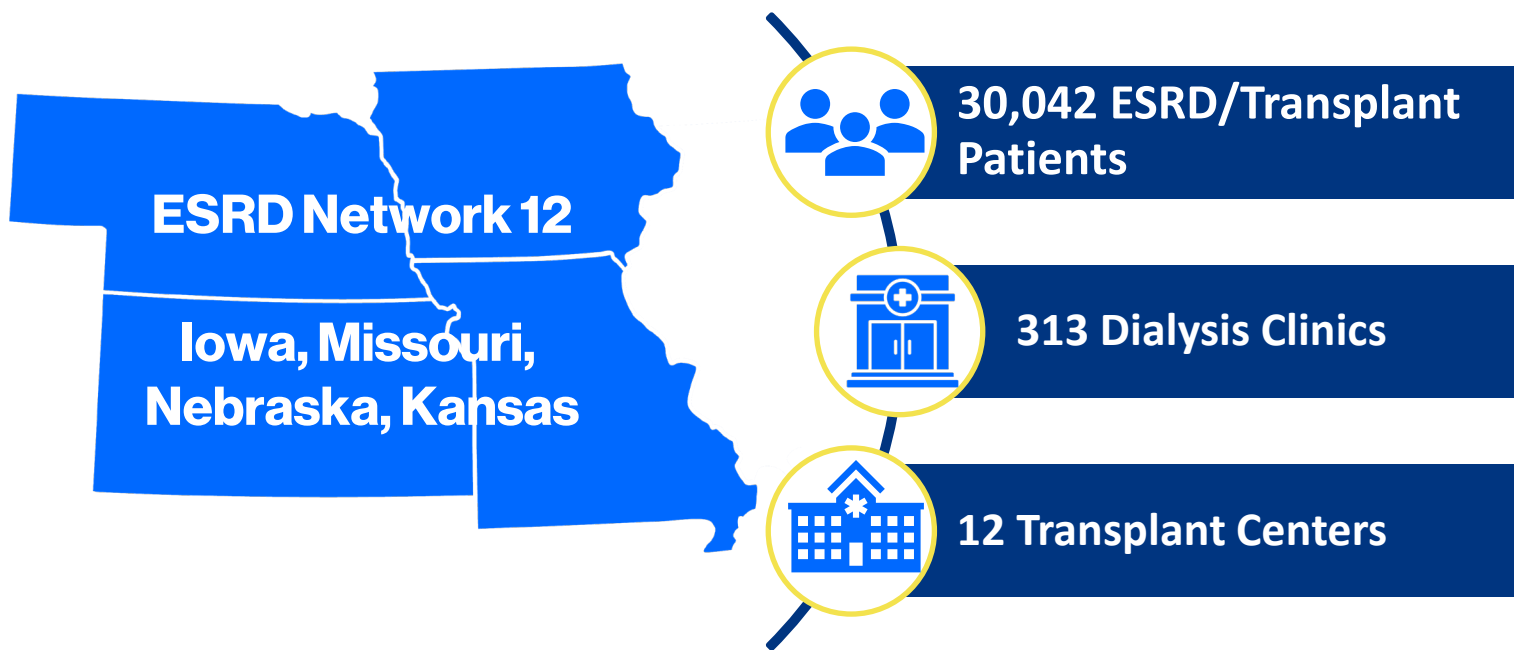
## Facility Location

95% urban  
5% rural

## Gender

Male 59%  
Female 41%

# ESRD Network 12 Demographics



## Modality

In-Center patients: 13,119  
Home patients: 3,354

## Race

White: 70%  
African American: 24%  
Asian: 1%  
Pacific Islander 0%  
Native American 1%  
Unknown 2%

## Ethnicity

6% Hispanic  
92% Non-Hispanic  
2% Unknown

## Facility location

80% urban  
20% rural

## 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

Collaborate 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

Improve Patient  
Experience of  
Care

# 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

# Improve Patient Experience of Care



Resolve Grievances and Access to Care Issues



Educate Patients and Dialysis Staff about the Role of the Network



Work to Decrease Patient-Provider Conflict

# 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 (cont.)

- 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

The Patient Services Department processed 396 Cases from May 2024 to April 2025.

## Access to Care

NW10: 111 Cases

NW12: 75 Cases

Ongoing Behavioral Issues

Verbal Abuse

Threat of Physical Harm

## Grievances

NW10: 12 Cases

NW12: 19 Cases

Staff Related Issues

Professionalism

Mis-communication/Communication

## Facility Concerns

NW10: 44 Events

NW12: 41 Events

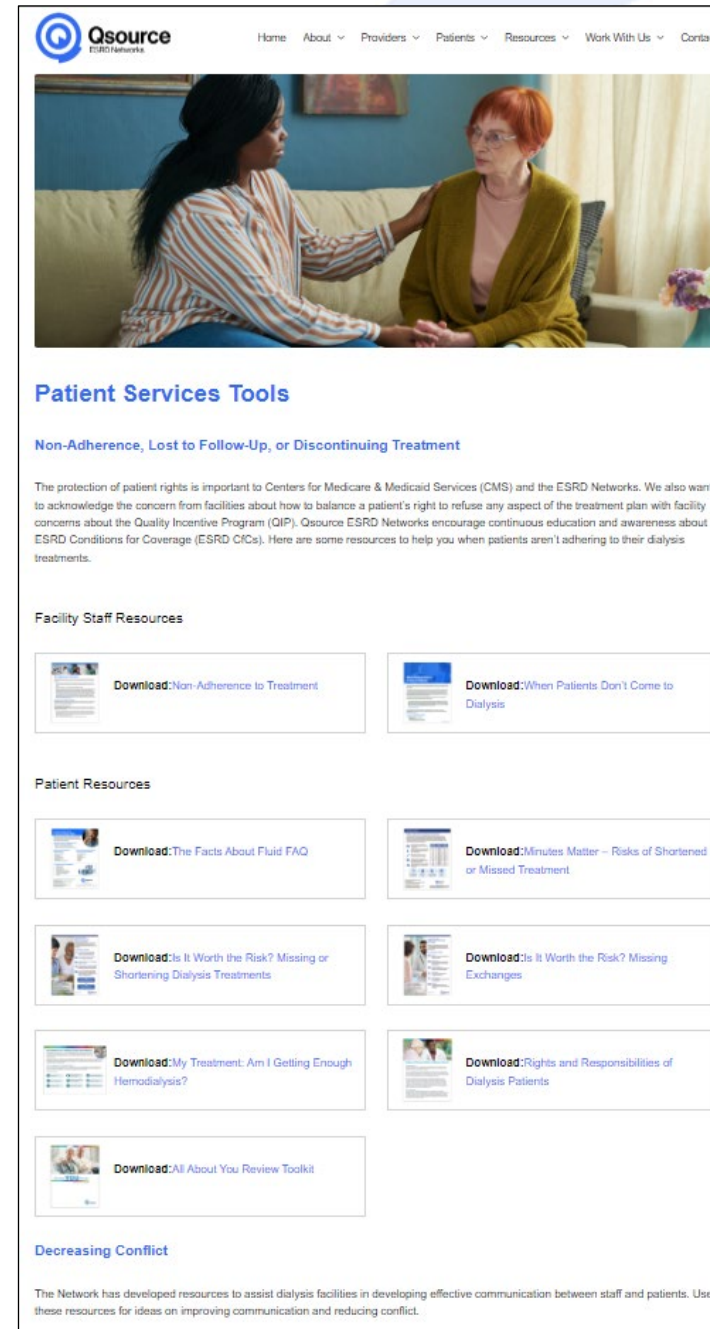
Nonadherence

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



The screenshot shows the Qsource ESRD Networks website. At the top is a navigation menu with links for Home, About, Providers, Patients, Resources, Work With Us, and Contact. Below the menu is a large image of two women sitting on a couch, one with her hand on the other's shoulder. The main content area is titled "Patient Services Tools" and includes a sub-section for "Non-Adherence, Lost to Follow-Up, or Discontinuing Treatment". This section contains a paragraph about patient rights and a list of resources. Below this are two columns of "Facility Staff Resources" and "Patient Resources", each with download links for various documents. At the bottom, there is a section for "Decreasing Conflict" with a paragraph about communication resources.

**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

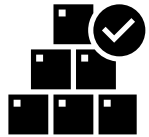
- Notify us...
- When a patient is at-risk of losing their access to care
  - IVD/IVT concerns
  - Ongoing behavioral issues
  - Non-adherence
- Have Ready:
  - Your facility's Medicare Certification Number (CCN). Please note: the CCN # is six-digits
  - The patient's first name, last name and date of birth



# Quality Improvement



Improve Care in High Cost/Complex Chronic Conditions, Support Vulnerable Populations, and Improve Overall Quality of Care and Patient Experience



Employ Sound Quality Improvement Principles



Recommend Sanctions for Providers Engaging in Inappropriate Practice Patterns

# 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
- National Living Donor Assistance Center
- Organ Procurement Orgs

# Objectives and Key Results

Option Period 4 (May1, 2025-April 30, 2026)

## Empower Patient Choice of Home Modality

- Increase incident home dialysis
- Increase moving to home dialysis

## Empower Patient Choice of Kidney Transplant

- Increase transplant waiting list
- Increase kidney transplants

## Improve Education and Access to Vaccinations

- Increase patient flu vaccination
- Increase patient pneumococcal vaccination

## Reduce Hospital Admissions and ED Visits

- Decrease ESRD Related Admissions
- Decrease ESRD Related ED Visits

## Improve Patient and Family Engagement

- Support patient values and needs
- Encourage patient perspective in the renal community

## Improve Data Quality of EQRS

- Timely CMS 2728 Forms
- Timely CMS 2746 Forms

# Facility Quality Improvement Activity Participation

- Two QIA cohort participation rounds
- June-November 2025
- December 2025–April 2026
  
- A facility can be in more than one QIA in a year
- Even if you are not in a QIA cohort, CMS expects you to work on all metrics. You will receive education and technical assistance to help meet CMS and Network goals.
- Many CMS and Network goals are aligned with providers' internal quality goals

# What is Technical Assistance?

- Informal one on one virtual meeting between Network and facility staff to discuss opportunities for improvement, barriers, provide resources and talk through potential solutions.
- Network staff may discuss data to verify accuracy, review reports or ask for additional information.



# Empower Patient Choice of a Home Modality

## Goals:

- Achieve a 30% 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 18% 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 started in Option Period 3.

# Empower Patient Choice of a Home Modality

Option Period 3 Performance:

## Incident to Home

- Network 10: 868
- Network 12: 866
- Total: 1734

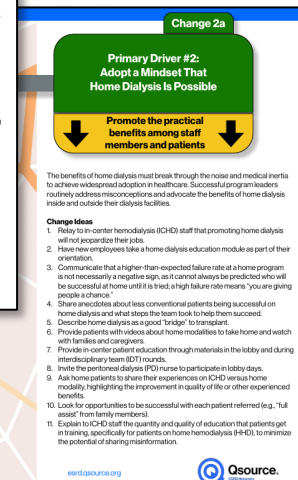
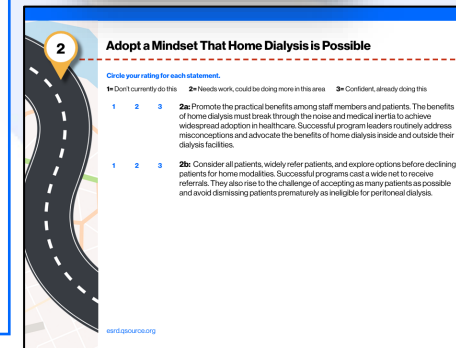
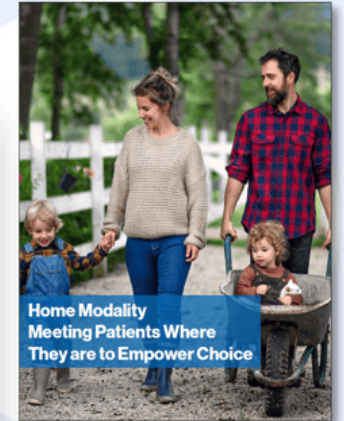
## Prevalent to Home

- Network 10: 515
- Network 12: 695
- Total: 1210

# Empower Patient Choice of a Home Modality

## Interventions

- Motivational Interviewing Techniques Focused On Home Modalities
- Shared Decision-Making Training
- Modality Assessment Tools
- Roadmap to Home Self-Assessment
- Home Modalities "Exit" Intervention Recommendations



# Empower Patient Choice of Transplant

## Goals:

- Achieve a 20% increase from baseline in the number of patients added to the kidney transplant waitlist.
- Achieve a 30% increase from baseline in the number of patients receiving a kidney transplant
- Baseline year 2020

# Empower Patient Choice of Transplant

## Option Period 3 Performance:

### Added to Waitlist

- Network 10: 1237
- Network 12: 917
- Total: 2154

### Transplanted

- Network 10: 1026
- Network 12: 718
- Total: 1744

Network 10 remains the Top Performing ESRD Network for both Added to Waitlist and Transplanted

# Empower Patient Choice of Transplant

## Interventions

- Monthly Transplant Lunch & Learn Series
- Quarterly Transplant Center Collaboration
- Organ Procurement Organization Collaboration
- Roadmap to Transplant Self-Assessment
- Transplant "Exit" Intervention Recommendations



### 1 Create a Pro-Transplant Culture

Circle your rating for each statement.

1 Don't currently do this    2 Needs work, could be doing more in this area    3 Confident, already doing this

- 1 2 3 **1a:** Link the organizational mission to the work. When an organization promotes transplants as part of its mission, that message filters throughout the organization, guiding staff as they perform their work and generating momentum among staff and with patients for continuous improvement.
- 1 2 3 **1b:** Hire team members who will support a culture of caring. Evaluating potential new hires to see if they are a good fit will ensure everyone contributes to a culture of caring.
- 1 2 3 **1c:** Designate one or two champions to drive transplant efforts. Commonly, facilities with success in referring patients for transplant had one or two persons leading the charge, whether the persons were formally designated as "Transplant Designer/Manager" or they grew into their role organically from their passion for transplants.
- 1 2 3 **1d:** Engage all facility staff in improving transplant referral rates. All facility staff play a role in getting patients on the transplant waitlist. This is especially true of nurses and patient care technicians (PCTs) who have established relationships of trust with patients. These frontline staff can promote transplant, listen to patient concerns, and communicate barriers and questions to the rest of the team.
- 1 2 3 **1e:** Engage patients in the transplant referral process. Engaging patients in their own care enhances their understanding of the transplant process and provides them with opportunities to share their questions and concerns about transplants. Patients can then make fully informed decisions about whether or not they want a transplant.

esrdqsource.org

### Change 1a

**Primary Driver #1: Create A Pro-Transplant Culture**

↓ Link the organizational mission to the work ↓

When an organization promotes transplants as part of its mission, that message filters throughout the organization, guiding staff as they perform their work and generating momentum among staff and with patients for continuous improvement.

**Change Ideas**

1. Keep the focus on the mission statement.
  - a. Discuss it monthly with staff.
  - b. Share it freely in verbal communications.
  - c. Lead by example -- key leaders (e.g., nephrologist, administrator) live the mission/culture. "This is our whole life. This is what we do."
2. Constantly talk about transplantation.
  - a. "The language of transplant is always there at the core."
  - b. "From the moment the patient walks in the door, we are talking to them about transplant."
3. Assume that every patient is going to get a kidney transplant until proven otherwise.
4. Maintain a culture of teamwork, respect, positivity, empathy, creativity, inclusion, and acceptance.

**\*Added 2024**

**Resources**

- [ESRD NCC Learning and Action Network Expert Teams Call](#)
- [Tracking Toward Transplant: A Transplant Patient Peer Program Guide](#)
- [Transplant Bulletin Board Kit](#)

esrdqsource.org



# Decreasing Hospitalizations-OY4

## Goals

- Hospital Admissions decrease 15%
- Outpatient emergency department visits decrease 15%

## Opportunities

ED/CAH Collaboration

Infection Prevention Education Series

Diagnosis specific Quality Improvement Activities  
(Fluid Overload, Sepsis, Hyperkalemia)



**Hospitalization Roadmap Self-Assessment: Sepsis**

**Purpose**

Please complete the following self-assessment of processes within your clinic. The results will help identify opportunities for improvement related to decreasing sepsis-related hospitalizations for ESRD patients.

**Instructions:**

**Step 1:** Read through each best practice and rate your clinic based on how well you feel you are currently doing in each of these areas.

**Step 2:** Once all best practices are marked, choose the area(s) (rated with a 1 or 2) where you feel you can make the most improvement in a short amount of time.

**Step 3:** Send the Network staff the area that you have chosen to focus on for this project.

**NOTE:** If you are already working through a Plan, Do, Study, Act (PDSA) cycle with a different action item than listed on this self-assessment related to sepsis, please let the Network know what your action item is.

Visit the Qsource ESRD Network's [Hospitalization Hub](#) to find more resources for assisting your facility in keeping your patients out of the hospital.

[Qsource](#)

**1 Staff-Focused Best Practices**

Circle your rating for each statement.

1 2 3

1 2 3 We utilize the U.S. Centers for Disease Control and Prevention (CDC) Audit Tools and Checklists to promote CDC recommended practices for infection prevention in the dialysis facility.

- Catheter Connection and Disconnection Audit Tool
- Catheter Exit Site Sepsis Audit Tool
- AV Fistula and Graft Connection and Disconnection Audit Tool
- Dialysis Station Routine Disinfection Audit Tool
- Injection Safety, Medication Preparation & Administration Audit Tool
- Hand Hygiene Audit Tool

1 2 3 Our staff has completed Project Firstline Education Modules for Frontline dialysis staff. Module topics include: Hand Hygiene, Personal Protective Equipment (PPE), Environmental Cleaning and Disinfection, and Injection Safety for Infection Prevention in a Dialysis Setting.

- Project Firstline

1 2 3 We screen at-risk patients at each treatment (signs and symptoms of infection, open wounds, recent illness, etc) using the following tool or another tool that is similar.

- Sepsis Assessment Tool
- SBAR for Sepsis

1 2 3 We provide education to dialysis clinic staff regarding warning signs and symptoms of common infections and chronic conditions that ESRD patients present to the hospital with and how to report concerns.

- [How to Get Ahead of Sepsis](#)
- [Making Dialysis Sepsis Connection Conversation Starter \(askany\)](#)
- [Talk to Staff: Engaging Patients' Goals](#)
- [Making Dialysis Sepsis Connection Inpatient/Outpatient Staff Conversation Guide](#)

[Qsource](#)

**2 Patient-Focused Best Practices**

Circle your rating for each statement.

1 2 3

1 2 3 We adapt education to the patient's culture and preferences (language, literacy, etc).

- [Work to Effectively with an Interpreter](#)
- [Effective Cross-Cultural Communications Skills](#)

1 2 3 We have distributed the Spotlight Tool and educated our patients and caregivers on how to recognize signs and symptoms of sepsis.

- [Signs of Infection and Sepsis at Home - Available in English and Spanish](#)
- [What is Sepsis? Available in English and Spanish](#)

1 2 3 We have developed and posted a sepsis or infection-related bulletin board where patients can see (ie Lobby).

- [Build a Strong Defense Bulletin Board Kit](#)
- [Stop Sepsis Bulletin Board Kit](#)
- [Blood Stream Infection Bulletin Board Kit](#)
- [Ultimate Protection Bulletin Board Kit](#)

1 2 3 We have played the [Sepsis Awareness Dialysis Jeopardy Game](#) with our patients.

1 2 3 We ensure transparency regarding infection and vaccination status at the facility for patients and staff by posting rates in patient view.

- [Dialysis Sepsis Last Bloodstream Infection \(LBI\) Poster](#)

1 2 3 We ensure patients understand the importance of vaccinations.

- [Initiatives for Vaccine Safety](#)
- [No Vaccines Data](#)
- [Build Your Vaccine Knowledge](#)

1 2 3 We have educated our patients within the past 6 months over proper hand washing and vascular access cleaning to prevent an infection.

[Qsource](#)

# List of ESRD Priority Diagnosis

## 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

# Lunch and Learns (July – Oct)

## Sepsis

- Hand Hygiene, PPE Donning and Doffing
- CVC and Vascular Care
- Injection Safety
- EVS Processes and Product Use

## Fluid Overload

- Pre/Post Treatment Evaluations
- Missed Treatments

## Hyperkalemia

- Treatment Order Checks/K+ Baths
- Access Complications

# Vaccinations-OY4

## Influenza

- **CMS & Network Goal:** >80% Up to Date with CDC Recommended Vaccine(s)

## Pneumococcal Pneumonia

- **CMS Goal:** Network increase 13% from baseline of patient's up to date per CDC recommended vaccine schedule
- **Network Goal:** 80% of patients up to date

Qsource  
Vaccine Hub

## Vaccine Lunch and Learn Series

- **July:** Preparing for Flu Season-EQRS Vaccine Reporting Requirements
- **August:** Dialysis Patient Vaccine Recommendations
- **September:** Using Motivational Interviewing Techniques to Overcome Vaccine Hesitancy
- **December:** EQRS Dashboard Vaccine Status Review

# Dialysis Providers and Skilled Nursing Facilities

- Dialysis providers within skilled nursing facilities face unique barriers specific to the population of patients treated within these units.
- The ESRD Network will be providing targeted assistance and interventions specific to these barriers to meet CMS goals and improve patient outcomes.

# Barriers Identified

- Increased age of patient population
- Patients with multiple chronic diagnoses
- Communication breakdown between SNF and dialysis provider
- Staff knowledge deficit regarding required care, communication, and documentation for dialysis patients
- Lack of family/personal support within patient population



# Planned Interventions

- Collaborative meetings between SNF and dialysis leadership focusing on increased and efficient communication
- Staff education regarding CMS goals and requirements, EQRS documentation, and specific care requirements for dialysis patients
- Implementation of sustainable interventions to improve patient care outcomes



# Patient and Family Engagement

- Guidelines to increase in the number of facilities that integrate patients and families into QAPI, assist patients to develop a life plan from which the dialysis facility develops the dialysis plan of care, and to increase in the number of facilities that develop and support a Patient-to-Patient Support Program removed for CY4. Goals still supported with technical assistance and resources.
- Integrating patient voice and patient engagement included into each metric.
- Previous subject matter experts now volunteering to develop new patient podcast.

Throughout history, the Olympics has evolved into an event that revolves around sports, but originally it also included demonstrations of skills and arts. At the Network, we want to celebrate our patients' and care partners' physical and mental health just like the Olympics would.

To embrace our minds, download this resource filled with inspirational quotes designed to uplift and encourage a positive mindset.



English

Spanish



## Mental Health

Mental and physical health are closely connected. Use movement to improve circulation and well-being with tips from this resource, and commit to staying active for the next 30 days.



Download

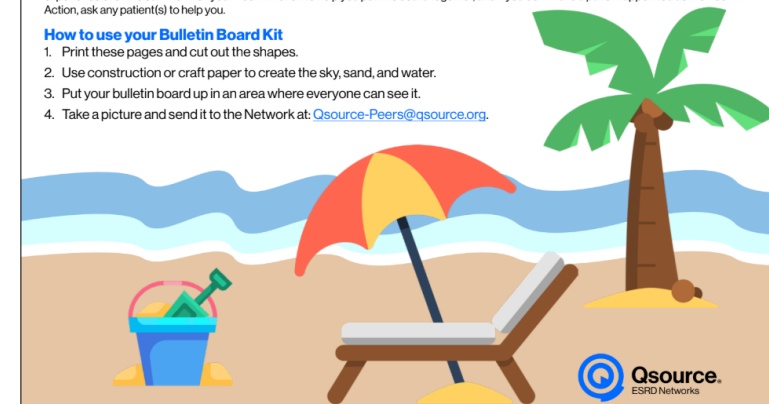
## Bulletin Board Kit

### A Day at the Beach With Your Patients

Summer is here! Use this bulletin board kit to celebrate the season and have your patients and staff members write down their favorite things to experience over the summer. Ask your Peer in Action to help you put this board together, and if you don't have a patient appointed as the Peer in Action, ask any patient(s) to help you.

#### How to use your Bulletin Board Kit

1. Print these pages and cut out the shapes.
2. Use construction or craft paper to create the sky, sand, and water.
3. Put your bulletin board up in an area where everyone can see it.
4. Take a picture and send it to the Network at: [Qsource-Peers@qsource.org](mailto:Qsource-Peers@qsource.org).



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

This material was prepared by Qsource as a Qsource Peer in Action. Qsource Network under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, nor any reference to a specific product or entity made herein should not constitute an endorsement or approval by CMS or HHS. 2019 ESRD/12-000

# Patient Integration

- Patient involvement in Flu Focus Group
- New Patient Advisory Council (PAC) application page in Peer Connection calls
- Patient Advisory Council, small group discussions, new patient podcast



## 30-Day Check-In

Use the list of questions below to help you check how you feel after the first few weeks of dialysis. Think about the different parts of your treatment and see how comfortable you are with them. Do you still have questions? Keep in mind that you are not alone. It is okay to need help!

1. Have I been shown and reviewed the following resources?
  - [New Patient Q&A](#)
  - My Questions and Goals-New Patients (available in [English](#) and [Spanish](#))
2. What have I gained from treatment so far?
3. Do I understand what each medication prescribed is for and how to administer it?
4. What questions do my support partners have?
5. Have I met each staff member in my dialysis facility, and do I understand their role?
6. Were my rights and responsibilities as a patient explained to me?
7. Have I been documenting all symptoms that I'm experiencing, and have I scheduled a time to sit down with my care team to go over all of them?
8. Is my modality choice working for me?
9. Do I know how to file a grievance?



*New* **UPLIFT EACH OTHER**

**PAC Round Table**  
**May Topic:**  
**What does success look like to you in the kidney world?**

**April showers bring May flowers! Being apart of the PAC means to be resilient, seeing the light in the dark, and wanting to be an advocate!**

**Next PAC Meeting**

**Tues, June 10th 12-1pmCT**

## Member Announcements

Candee volunteered during this years NKF Patient Summit!

Barbara is proud of her work volunteering with Girls Inc., especially providing help with the girls literacy program!

Peer Sharing Podcast: Della and Barbara are featured in the ESRD Peer Sharing Podcasts!



**Want to join our PAC? Email [Qsource-Peers@Qsource.org](mailto:Qsource-Peers@Qsource.org) for more information!**

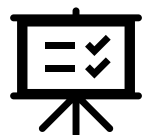
# Improve the Data Quality of the Patient Registry in EQRS



Increase the rate of initial CMS-2728 forms that are submitted from dialysis facilities within forty-five (45) days.



Increase the rate of CMS-2746 forms submitted from dialysis facilities within fourteen (14) days of the date of death.



EQRS Technical Assistance

# Timeliness Tips



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.

# EQRS Service Ticket

[ESRD.Qsource.org/Ticket](https://ESRD.Qsource.org/Ticket)

For EQRS assistance create a Service Ticket and enter any PHI or attach Near Match forms or Submitted Forms corrections.



The screenshot shows a web form titled 'Data Department Ticket System' with the Qsource ESRD Networks logo at the top. The form contains the following text and fields:

*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. \***

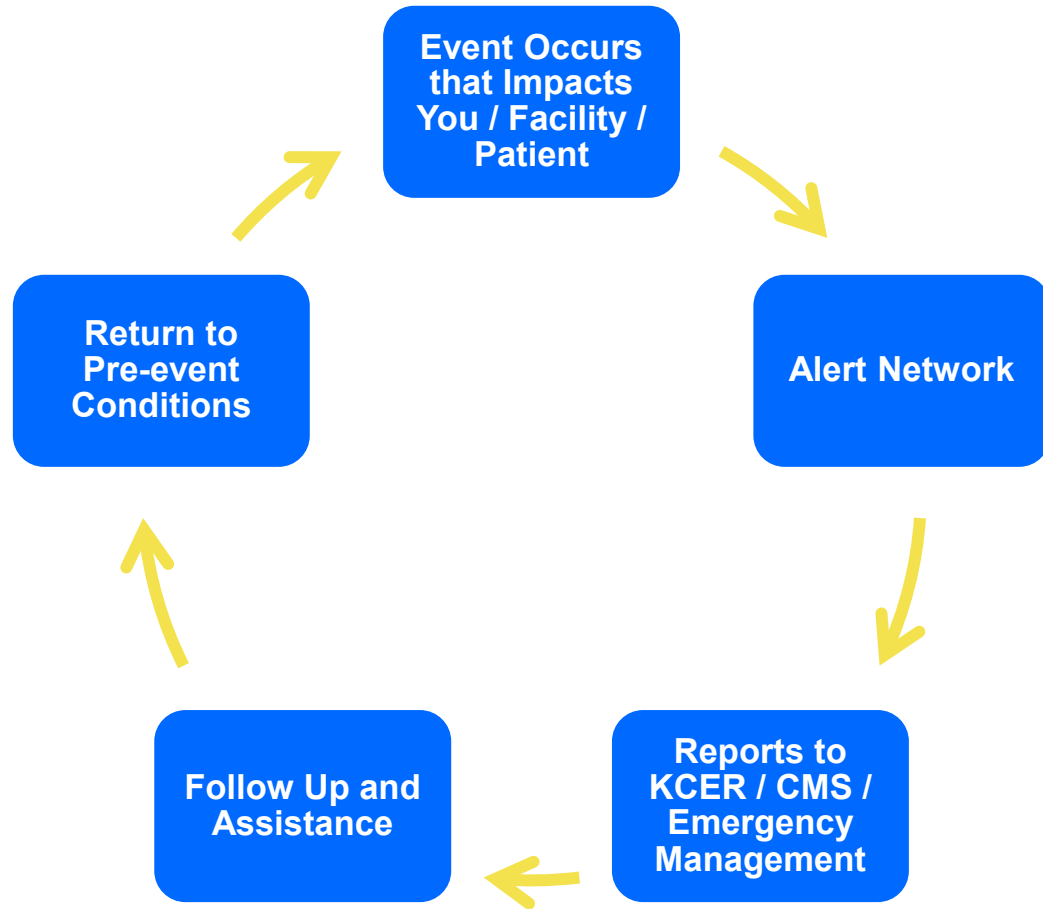
Please enter your 6-digit CCN to then select your facility. If your facility CCN is not listed, select "Not Listed" from the bottom of the drop down list. Illinois starts with 14, Iowa with 16, Kansas with 17, Missouri with 26 and Nebraska with 28.

Select ▼

**Enter Your Name \***

[Empty text input field]

# 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](mailto:Nw10-emergency@qsource.org)

[Nw12-emergency@qsource.org](mailto:Nw12-emergency@qsource.org)



**Qsource**<sup>®</sup>  
ESRD Networks

[esrd.qsource.org](https://esrd.qsource.org)



**Thank You**

This material was prepared by Qsource, an End-Stage Renal Disease (ESRD) Network under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 25.ESRD.05.087