ESRD New Facility Handbook

Inside this resource:

Special points of interest:

- Your facility will be required to utilize EQRS, a CMS system of record.
- Your patients may bypass your internal grievance process and contact the Network or state directly.
- A Facility Patient Representative (FPR) is a great way to engage your patients in their care.
- Texas facilities will be required to update EMResource, which is used in emergency/disaster situations.

ESRD Network Facility Handbook Overview

This handbook has been compiled to assist your dialysis facility in understanding the role of the ESRD Network and your facility's requirements to the Network under state and federal regulations. The handbook is designed to:

- Introduce the Network and its role in the ESRD program, as well as its goals and objectives.
- Provide information about data accuracy and timeliness reporting requirements.
- Describe the Network's patient grievance process.
- Help devise/revise and implement a comprehensive and reliable disaster/emergency plan.
- Facilitate the use of internal quality monitoring and improvement.
- Suggest methods for collaborating with patients to achieve desired outcomes.
- Provide an overview of the Centers for Medicare & Medicaid Services (CMS)-directed Network projects that your facility will participate in.

This document is prepared for use electronically with specific, clickable links to various information and resources. You can utilize the provided information in facility self-assessment, education and in-service, and incorporate it into the Quality Assessment Performance Improvement (QAPI) Program.

The Network staff and the Medicare Review Board (MRB) can assist you in meeting your professional needs and the needs of your ESRD patients and their families or caregivers. Please get in touch with us for assistance.

ALLIANT HEALTH SOLUTIONS | END STAGE RENAL DISEASE NETWORKS 8 & 14

Introduction to the Network Organization

Who and What is the Network?

The End-Stage Renal Disease Network Organization Program (ESRD Network Program) is a national quality improvement program funded through the CMS. The 18 ESRD Network Organizations, or ESRD Networks, carry out a range of activities to improve the quality of care for individuals with ESRD. The 18 ESRD Networks serve all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam and the Northern Mariana Islands.

Following the passage of the 1972 Amendments to the Social Security Act, in response to the need for effective coordination of ESRD care, hospitals and other health care facilities were organized into networks to enhance the delivery of services to people with ESRD.

In 1978, Public Law 95-292 modified the Social Security Act to allow for the coordination of dialysis and transplant services by linking dialysis facilities, transplant centers, hospitals, patients, physicians, nurses, social workers and dietitians into Network Coordinating Councils, one for each of the 32 administrative areas.

In 1988, CMS consolidated the 32 jurisdictions into 18 geographic areas and awarded contracts to 18 ESRD Network Organizations, now commonly known as ESRD Networks. The ESRD Networks, under the terms of their contracts with CMS, is responsible for: supporting the use of the most appropriate treatment modalities to maximize the quality of care and the quality of life; encouraging treatment providers to support patients' vocational rehabilitation and employment; collecting, validating and analyzing patient registry data; identifying providers that do not contribute to the achievement of Network goals; and conducting onsite reviews of ESRD providers as necessary.

Some of the Networks' geographic regions consist of several states. Others, like ESRD Network of Texas, Inc. (ESRD Network 14), consist of only one state, while ESRD Network 8 consists of three states (Alabama, Mississippi and Tennessee). For a map of the ESRD Network areas, visit esrdnetworks.org or esrdncc.org. For more information on the ESRD program, visit cms.gov and type "ESRD Networks" into the search tool or download the Medicare End-stage Renal Disease (ESRD) Network Organization Program fact sheet.

WHAT IS THE DIFFERENCE BETWEEN THE NETWORK AND THE STATE SURVEY AGENCY?

Each state has an agency to ensure the health and safety of the state's residents. CMS contracts with these state agencies to perform surveys to ensure compliance with federal regulations and the CMS Conditions for Coverage (CfC). Some states, such as Texas, also have state laws and regulations for dialysis facilities that may exceed the requirements of the federal regulations. For compliance with both state and federal regulations, the state surveyors issue a state license and certify compliance with federal regulations to CMS for all dialysis providers.

Introduction to the Network Organization (cont.)

Network Goals and Objectives

CMS establishes priorities for the ESRD Network contractors annually in the Statement of Work section of each Network's contract with the agency. These priorities support the CMS and Department of Health and Human Services' national quality improvement goals and priorities.

The ESRD Network contractors are tasked with meeting the following goals:

- Improving care for ESRD patients in the Network's service area by:
  - ◊ Improving behavioral health outcomes
  - ◊ Improving patient safety and reducing harm
  - ◊ Improving care in high cost/complex chronic conditions
  - ◊ Reducing hospital readmissions
  - ◊ Improving nursing home care in low-performing providers and delivering targeted quality improvement (QI) response
- Improving the health of the ESRD patient population in the Network's service area through activities designed to reduce disparities in ESRD care
- Reducing the costs of ESRD care in the Network's service area by supporting performance improvement at the dialysis facility level and supporting facilities' submission of data to CMS-designated data collection systems

Additionally, as required by Sections 1881(c)(2)(B) and 1881(c)(2)(H) of the Social Security Act, the Network establishes goals for each facility that align with the CMS goals for the ESRD Network Program and reflect the regional priorities as determined by the Network Council, the MRB and the Patient Advisory Committee (PAC). These Network facility goals are to:

- Continuously strive to deliver care that is patient- and family-centered, individualized, consistent with current professional knowledge, and achieves desired outcomes, which include:
  - ◊ Meet the vascular access thresholds: Less than 10% of patients with a catheter in use greater than or equal to 90 days and greater than or equal to 68% of patients with an arteriovenous fistula (AVF) in use for vascular access.
  - ◊ Achieve the CMS thresholds for the Quality Incentive Program (QIP) measures.
  - ◊ Meet other clinical thresholds as determined by the MRB annually.
- Assess and refer in a timely manner medically suitable patients to treatment modalities that increase habilitation and independence, including in-center self-care, home self-care and transplantation.

Introduction to the Network Organization (cont.)

- Establish and maintain a dynamic quality assessment and performance improvement program that evaluates the care provided and identifies opportunities for and continuously works to improve the care delivered.
- Clearly delineate and respect the rights and responsibilities of patients, families and significant others **AND** the facility while promoting patient- and family-centered care and engagement.
- Submit data timely and accurately in the ESRD Quality Reporting System (EQRS), as is required by law and regulation, including registering for EQRS and maintaining the roster of personnel and patient representatives. Facilities are expected to complete the following, including but not limited to, for ALL patients:
  - ◊ CMS forms
  - ◊ Vascular access data
  - ◊ Vaccination status
  - ◊ EQRS data fields required by the QIP
- Submit data and project requirements timely and accurately for all Network Quality Improvement Activity (QIA) projects and CMS directives.
- Register for the National Healthcare Safety Network (NHSN), enroll in either the ESRD Network 8 or 14 group and submit dialysis event data and information timely and accurately every month. Complete annual NHSN training.
- For facilities in ESRD Network 14, as per state regulations, utilize EMResource by completing the required provider information, updating it monthly, and updating daily or more frequently when needed during emergencies that disrupt dialysis delivery. In addition, designate two disaster representatives for the facility and provide off-facility contact information.
- Appoint and support at least one facility patient representative (FPR).
- Utilize the national Decreasing Dialysis Patient-Provider Conflict tools to educate staff.
- Make available to patients Network-provided information on its QIAs, the national QIP, the annual report, regional and national profiles of care, information on how to access and use Medicare's Dialysis Facility Report, information on the EQRS system and other information as directed by the project.
- Cooperate in meeting the Network goals and objectives delineated above as required by law and regulation (CfC 405.2134 Condition: Participation in network activities).

Introduction to the Network Organization (cont.)

Quality Improvement

Network QIAs align with and support the CMS National Quality Strategy, designed to improve the care of individuals with ESRD.

The Network's role is to assist providers in assessing and improving the care provided to ESRD beneficiaries by identifying opportunities for quality improvement at the individual facility level. In addition, the Network provides technical assistance, facilitates processes to promote care coordination between different care settings, and ensures accurate, complete, consistent, and timely data collection, analysis, and reporting by facilities per national standards and the ESRD QIP. Quality improvement is a continuous process that uses data from processes and outcomes to recognize opportunities to improve care and develop measurable improvement initiatives. The fundamental purpose of these activities is to assist providers in improving the care provided to ESRD patients.

Networks use the Institute of Medicine's definition of quality of care: "Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

When possible, patient outcomes are analyzed by the facility as compared to state and national outcomes, as well as to National Practice Guidelines and the QIP. The ESRD Networks works with state agencies to provide technical assistance and MRB advice, as well as data and information on the quality of care that both agencies utilize to make determinations regarding the quality of care delivered by facilities.

Currently, most routine data needed for Network work is submitted by each provider into the EQRS or NHSN databases either electronically or manually. However, projects may require collecting data from providers that is not available in EQRS. The Network makes every effort to provide advance notice, clear and concise directions and an identified contact person for these activities. The facility must submit the requested data and information in a timely manner to fulfill the regulation to participate in meeting Network goals and objectives and submit timely and accurate data to administer the ESRD program.

Information Management

ESRD program data are used by each Network's MRB, federal and state agencies and renal-related organizations to make informed decisions about treatment options and health care policy. Therefore, the submission of **timely and accurate data** by facilities directly contributes to the success of the United States Renal Data System (USRDS). The Information Management section of this handbook describes the required CMS forms, submission of a Medicare-approved provider of ESRD services and training offered by CMS.

Introduction to the Network Organization (cont.)

Patient Services

Each new ESRD patient receives a New Patient letter at their home address from CMS that includes instructions on how to request helpful information. In addition, ESRD patients have direct access to the Network for problems related to the quality of their treatment through the grievance resolution mechanism. **ESRD Network 8 and Network 14 have a toll-free line *FOR PATIENTS ONLY.* The Network 8 toll-free number is 877-936-9260, and the Network 14 number is 877-886-4435.**

A PAC advises the Network on patient issues. For information on how to join a PAC, email Network 8 at nw8info@allianthealth.org or Network 14 at nw14info@allianthealth.org. Each facility is requested to recruit at least one FPR to serve as a liaison between patients, the facility and the Network. A link to the **FPR Toolkit** is in the Patient Engagement section.

The ESRD Networks provide services to help facilities handle challenging patients, including professional and patient education, developing a booklet and collecting event data about involuntary discharges. The Network maintains that immediate discharges must be avoided except in the case of genuinely threatening, lethal behavior. Your facility should have received the CMS-sponsored Decreasing Patient-Provider Conflict (DPC) Project Manual, CD, and tools in your New Facility Packet. It is strongly recommended that the DPC program be implemented in your facility.

Network staff with experience in ESRD care is available to facilitate understanding and provide education and advice in areas of concern between patients, providers and professionals.

Organizational Structure

In addition to the Network staff, there are two primary committees: the Network Council and the Medical Review Board. The key Network staff positions are the executive director and the patient services director. Geographic representation from across the Network service area is sought in the Network committees. ESRD Network 8 and ESRD Network 14 are divisions of Alliant Health Solutions and work together to provide support to both service areas.

Mission and Vision Statements

ESRD Network 8

Mission

To promote safe, equitable, and effective health care and to engage patients and their families as full and active members of the ESRD health care team.

Vision

To lead in supporting optimal health outcomes and positive experiences of care for all ESRD patients in this region.

ESRD Network 14

Mission

We support equitable patient- and family-centered quality dialysis and kidney transplant health care through patient services, education, quality improvement, and information management.

Vision

We will foster engaged patients and families that receive high quality and safe patient- and family-centered care in welcoming environments for patients and family.

Information Management

Completion and submission of the data described in this section are **required by law** in Section 405.2133 of Subpart U of the Code of the Federal Regulations: "Condition: Furnishing data and information for ESRD program administration. The ESRD facility...furnishes data and information in the manner and at the intervals specified by the Secretary, pertaining to its ESRD patient care activities and costs, for inclusion in a national ESRD medical information system and in compilations relevant to program administration, including claims processing and reimbursement. Such information is treated as confidential when it pertains to individual patients and is not disclosed except as authorized by Department regulations on confidentiality and disclosure."

All Medicare-certified dialysis facilities must furnish this data through the EQRS database, which requires that all Medicare-certified dialysis facilities have access to this database. Information on how to obtain access can be found on the QualityNet website.

Within EQRS, facilities have specific actions to perform, including submitting required CMS forms (2728s, 2746s, and 2744s), entering/verifying monthly clinical data, verifying/maintaining the Patient Attributes and Related Treatment (PART), and entering/maintaining an accurate personnel listing. Specific CMS-regulated actions and deadlines can be found in the EQRS Data Management Guidelines.

Help guides and training materials for all of these aspects of information management can be found on the EQRS's official education website, MyCROWNWeb.org.

Patient Services

The Network Patient Services Department strives to provide information and assistance to patients, families, caregivers, facility staff and professionals.

Patient's Rights and Responsibilities

A Network statement of patient rights and responsibilities is included on page 18 of this handbook. Review this statement and compare it with your facility statement of rights and responsibilities. If major differences are noted, the facility governing body should consider any applicable revisions. A helpful resource is the Because You Count video, which focuses on the patient's rights and responsibilities and teaches patients how to take an active role in their health care.

Grievances

The department's mission is to assist patients, caregivers and families in resolving concerns when a grievance is received. The Network encourages patients or their representatives to work with the facility whenever possible; however, patients are not required to do so. The role of the Network in the prevention and resolution of grievances varies depending on the situation. The Network may assume any of the following roles: expert investigator, facilitator, educator, referral source, advocate or QI specialist.

Patient Services (cont.)

Many grievances received by the Network are resolved by providing education or facilitating communication between the facility and patient. As is true in all relationships, miscommunication and misunderstandings occur that create conflict between the involved parties in the ESRD setting. In most cases, the facility **social worker** and the interdisciplinary team should handle these situations without Network involvement.

When a grievance is received, the Network must follow several steps outlined by CMS. The investigation should be completed within 60 days and may involve the MRB or the PAC. If the Network determines that an improvement plan (IP) is needed, the Network will notify the facility with written instructions regarding the development of the IP and the required timeline. Cases that involve quality of care and can be resolved within seven days may be handled under Immediate Advocacy. The Network also handles non-grievance access to care cases.

When several grievances or a single grievance from several patients is received, the Network concludes that the facility has a pattern of grievances. In these instances, the patient services director will contact the facility administrator to alert him/her of this pattern and discuss possible causes and solutions. If grievances are received regarding the quality of care, the Network Quality Improvement staff will initiate the contact and determine if the MRB will be involved. Occasionally, a site visit will be scheduled.

Grievance Policy and Procedure

An effective patient grievance procedure must be implemented and maintained to support patients' rights. The Network currently has a patient grievance procedure. Section 9335 of Public Law 99-509, the Omnibus Budget Reconciliation Act of 1986 (OBRA), Section 9335 (F)(5) of the Social Security Act, requires the ESRD Network to implement a procedure for evaluating and resolving ESRD patient grievances. Federal regulations (42 CFR Section 405.2138) require all facilities to inform patients of their rights and responsibilities, including the grievance process.

The Network may receive a grievance from a patient, designated patient representative, family member, friend, facility employee, physician, state agency, patient advocate, interested citizen, or newspaper. Grievances may concern services provided in dialysis units, nursing homes, transplant centers, acute care hospitals, home settings, or a physician's office and **must** be specifically related to ESRD services. Referrals may also be received from several government agencies. Grievances about a reimbursement or survey and certification issue will be immediately referred to the Associate Regional Administrator, Division of Health Standards and Quality, at the CMS Regional Office.

If a patient has a grievance or question regarding ESRD treatment, they may exercise their rights through the grievance procedure. The patient or representative can do this without restraint, interference, or fear of discrimination or reprisal. The procedure **must** be posted at all facilities. It is the policy of the Network that all grievances received will be given prompt and impartial

Patient Services (cont.)

consideration. The Network will provide the facility with a "Speak UP" grievance poster featuring a concise grievance procedure.

Confidentiality will be maintained in all steps of the grievance procedure consistent with the Privacy Act. The patient will not be identified unless he/she specifically authorizes a release. If the Network is unable to facilitate the resolution of the grievance without releasing the patient's identity, the patient will be immediately notified. If the patient does not allow release, the Network will advise the patient in writing that it is unable to continue the process and will outline other alternatives, such as the Texas Department of Health or the CMS Regional Office, that are available.

If the grievance presented to the Network appears to be of an immediate life-threatening nature, it will be immediately forwarded to the CMS Regional Office, to attention of the Associate Regional Administrator, Division of Health Standards and Quality, as well as the state health agency.

GRIEVANCE PROCEDURE

The Network is required to evaluate all grievances and non-grievance access to care cases. These may be received via telephone, fax or in writing. While not required, those received by phone are preferred to be followed up with written documentation. The Network will conduct a thorough investigation, with acknowledgment provided to the patient within three calendar days of the inquiry. All Network efforts for resolution should be concluded within 60 calendar days of the inquiry. Written correspondence will be sent to the patient detailing the Network's efforts, results and other options the patient may pursue, if applicable.

If the grievance appears to be of an immediate, life-threatening nature, it is to be immediately forwarded to the CMS Regional Office, to the attention of the Associate Regional Administrator, Division of Health Standards and Quality, as well as the state health agency. The initial contact will be via the telephone, immediately followed by written confirmation. The patient shall be informed of this procedure.

CMS and the Network expect each facility to have a fully functioning, safe and open process to address patient and family concerns and complaints, and it should be well known to patients and families. The process should be dynamic and identify and address—even prevent—systemic issues that cause concerns and complaints, such as long wait times, abrupt scheduling changes (except in emergencies), environmental issues with heating and air conditioning, cleanliness and comfort. Staff turnover and lack of training in communication, professionalism and cultural awareness are common triggers for patient and family grievances that can and should be addressed proactively at the facility level. Rapid acknowledgment and ongoing communication with the complainant are integral to a dynamic and effective complaint process. Finally, demonstrating respect for patient and family individual needs and preferences is patient- and family-centered and serves as an excellent foundation for the patient-family-facility relationship.

Patient Services (cont.)

If a mutually agreeable settlement is not reached through the Network's efforts and assistance, the patient may contact the CMS Regional Office. Direct all calls and correspondence to:

For Network 14:
Centers for Medicare & Medicaid Services
Administration Regional Office
Attention: Associate Regional Administrator
Division of Health Standards and Quality
1301 Young Street
Dallas, Texas 75202
214-767-6427

For Network 8:
Centers for Medicare & Medicaid Services
Administration Regional Office
Atlanta Federal Center, 4th Floor
61 Forsyth Street, SW, Suite 4T20
Atlanta, GA 30303-8909
404-562-7888

Working with Challenging Patients or Families

The Network developed and disseminated the "Intensive Intervention with the Non-Adherent Patient" booklet to assist facilities in working with non-adherent patients. You can request a copy of this booklet by emailing NW14info@allianthealth.org. It is recommended that this booklet be referenced early in the process of intervening with a non-adherent patient. **The Network and the MRB do not support the involuntary discharge of patients for non-adherence, and it is not an approved reason for discharge under the CfC.** Using the tools and techniques outlined in this booklet should successfully resolve many situations.

Use of a behavior agreement is also frequently successful in working with difficult situations; however, the Network encourages an approach articulated in the article "The Behavior Contract as a Positive Patient Experience." You can email the Network to request a copy of the article.

The Network also encourages staff to contact the patient services director for phone consultations when

Emergency Preparedness

All dialysis facilities should place patient and staff safety as a high priority. Per CMS ESRD facility licensing rules, facilities should have an emergency management plan to meet the specific hazards that may impact the facility.

Each facility's emergency management plan should establish specific measures to minimize the risk to lives, enable the facility to prevent or mitigate damages and quickly resume operations using internal resources and expertise. The plan should include provisions to:

- **Ensure the safety** of employees and patients.
- **Train all dialysis employees and patients** to react appropriately in an emergency, whether at work or home.

Emergency Preparedness (cont.)

- **Expedite the resumption of dialysis operations** for the patient population following an emergency.
- **Encourage planning and sharing resources** (human, equipment, facilities and supplies) with other medical care facilities in the area during and following an emergency.
- **Review and make necessary (reasonable) changes** to buildings, systems and equipment to ensure the integrity of structures and services.

EMERGENCY MANAGEMENT PLANNING: WHERE TO BEGIN?

An emergency is any unplanned event that can cause deaths or significant injuries to employees, patients or the public, or that can shut down the facility, disrupt operations and cause physical or environmental damage. The following basic steps are recommended during emergency planning:

- **Check with other local area dialysis and health care providers**. The Network supports the work developed by the Texas ESRD Emergency Coalition (TEEC), a community-based coalition comprised of local providers, professionals and state representatives.
- **Contact your state Office of Emergency Services (OES)**. In most cases, they can provide a list of county emergency management offices and local utility companies for your area.
- **Contact the Network office.**
- **Check EMResource for updates, documents and information (Network 14 facilities only)**. Remember to log onto the EMResource website for the latest information and updates during an emergency or disaster. If you do not have access to a facility login, use the **view-only** login information found on the Network website. EMResource is also available as a smartphone application.
- **Contact the local Emergency Operations Center (EOC) and Regional Advisory Council (RAC) offices to determine when they meet and plan to attend at least one meeting**. Each RAC region meets with key personnel from the local EOC, hospitals, and city officials (police and fire) to discuss emergency planning and drills and determine the region's needs. Each city usually has an EOC. Each county has an EOC and often an OES. These groups are responsible for distributing services and resources in an affected area. The city EOC is expected to handle its own emergencies. However, the County EOC will take over if the emergency is beyond the city EOC's capabilities or resources. If the County EOC has exhausted its resources, the State EOC and then the Federal Emergency Management Agency (FEMA) will take over as a last resort. Chronic treatment centers such as dialysis units are not typically included in emergency plans. That is why it is critical that you notify your local office of your needs.
- **Contact your county Emergency Medical Services (EMS) agency**. Many EMS agencies have disaster councils and other committees that deal with at-risk and disabled populations during a disaster. This may be a good entry point to get your facility included in the county medical emergency plan.

Emergency Preparedness (cont.)

- **Develop a facility plan**. Each facility is required to have a comprehensive plan that is individualized to the threats in your geographic area. Visit the TEEC website to view a Disaster Plan Checklist to ensure your plan has all the required components.
- **Form a disaster planning team**. This could consist of the administrator, nurse-in-charge, chief technician and an administrative person. First, review the entire plan to get a sense of the information and the work involved. Then, divide up logical sections for each team member. The leader of this team should be listed as the primary emergency contact in EMResource (Network 14 facilities only). Schedule regular update meetings to help motivate team members and keep them on track. Remember, this is an ongoing process; it is never done!
- **Review your plan and compare its elements to those included in emergency management resources.** The Network and TEEC websites have resources you can download and use in your facility.
- **Determine which areas are the highest priorities for your facility (or corporation) to modify or develop**.
- **Draw up a timetable and checklist for implementation**.
- **Include in the first phase some activities that are easy to bring to completion so that everyone can celebrate successes right away**.
- **Rank the rest of the elements or topics and plan implementation over time**.
- **Keep emergency preparation supplies on hand**.

A good plan takes time to develop, review, modify and implement. So take the time you need, and do it right the first time. Two emergency management resources are available on the Kidney Community Emergency Response (KCER) website to assist with planning: *Disaster Preparedness: A Guide for Chronic Dialysis Facilities* and *Preparing for Emergencies: A Guide for People on Dialysis*. In addition, the Network is available to assist facilities by participating in emergency disaster tabletop drills to determine any barriers, strengths, or weaknesses in their plans and meet CMS emergency disaster planning requirements.

Disaster Preparedness: Video for Patients

The TEEC, in partnership with the ESRD Network 14, created a disaster preparedness video for patients in both English and Spanish. The creation of the video was made possible by Fresenius Medical Care North America. It is intended for dialysis and transplant patients. The TEEC recommends that the video be shown to patients at least annually and before the start of hurricane season. The video highlights disaster planning and preparedness for dialysis and transplant patients. It includes information on the three-day emergency diet, the READY Packet and additional resources for patient disaster planning.

The video can be downloaded via Windows Media Player on the ESRD Network 14 Disaster Planning webpage.

Emergency Preparedness (cont.)

Before showing this video to patients, the TEEC encourages staff members to view it and be prepared to answer patients' questions. The ESRD Networks hope that you and your patients find the video helpful as you continue to prepare for disasters.

For more information on disaster planning, visit the KCER website.

Quality Improvement

What is Quality Management/Improvement?

The Network uses the term quality management (QM) to encompass the many aspects of the work done with and by dialysis facilities regarding the delivery of quality care. QM consists of quality planning, quality control and quality improvement.

Quality planning is defined as actively developing the products and processes required to meet customers' expectations. Although you may think of only patients as your customers, we invite you to take a broader look. Quality planning is initially done at the governing body level; however, any time a new process is introduced into the facility—whether due to new equipment, shifts or procedures—quality planning needs to be done. Quality planning involves a series of universal steps, as follows:

- Determine who the customers are.
- Determine the needs of the customers.
- Develop policies that respond to customers' needs (dialysis treatments and support services).
- Develop procedures that can produce these features.
- Transfer the resulting plans into operation (develop procedures and conduct training).

Quality control is the job of the quality committee. The quality committee is comprised of at least the medical director, nurse manager, chief technician and facility administrator. Patient involvement on this committee is highly encouraged (the patient(s) would be dismissed from the meeting when the team discusses patient-specific issues). The quality committee should meet monthly, at minimum, and review all the quality indicator data on key aspects of care as required by CMS.

Quality control involves:

- Evaluating actual performance of the facility processes.
- Comparing actual performance with quality goals.
- Taking action on any difference between planned goals and actual performance.

Quality Improvement (cont.)

Quality improvement (QI) is a process of continually striving to improve. Whenever the quality committee notes that actual performance does not meet desired performance, QI should be initiated. The following are employed:

- Identify specific improvement needs.
- Establish a quality team consisting of three to five people who actually use or follow the process you want to improve.
- Provide teams the resources, motivation, and training needed to identify causes, plan changes, and monitor for improvement. (The Network Quality Improvement Department is available for onsite or offsite training and consultations.)

Many approaches have been designed for use in quality management/improvement. Most corporations have a QM/QI manual that is a ready source of forms and instructions. This brief introduction to QM programs may be all that is needed. If more intensive education and assistance are desired, contact the Network Quality Improvement Department.

CMS ESRD Quality Incentive Program (QIP)

The CMS ESRD QIP is part of the CMS plan to reimburse dialysis facilities for treatments based on the quality of dialysis care they administer. Each facility receives a Total Performance Score, calculated based on clinical and reporting measures for which the facility is eligible, which is used to determine whether the facility receives full reimbursement for their services for Medicare patients or if the facility receives up to a 2% payment reduction. See our QIP page for more information and resources about the program and the current calendar year measures.

EQRS Clinical/Vascular Access Data

Clinical data and lab values, as well as Vascular Access data, are required to be reported each month for every hemodialysis and peritoneal dialysis patient (regardless of payment type) who received dialysis treatment during the month. Your facility may be part of a Batch Submitting Organization that electronically uploads the data. But, upon certification, your facility is responsible for ensuring that data are being completely and accurately uploaded into EQRS. Refer to the EQRS Data Management Guidelines and the EQRS training videos.

National Healthcare Safety Network (NHSN)

The NHSN, managed by the Centers for Disease Control and Prevention, is a secure, internet-based surveillance system that collects and analyzes data from

Quality Improvement (cont.)

health care facilities in the United States, including outpatient dialysis facilities. CMS made NHSN reporting a measure on the QIP in 2012. Enrollment in this system is **mandatory**. Information on how to enroll and utilize the system can be found on the NHSN webpage.

Dialysis Facility Report (DFR)

The DFR is prepared for each dialysis facility by the University of Michigan Kidney Epidemiology and Cost Center with funding from CMS. The state survey agency receives a copy of this report and uses it during certification and grievance investigation surveys.

5-Diamond Patient Safety Program

In 2008, the Mid-Atlantic Renal Coalition (ESRD Network 5) and the ESRD Network of New England, Inc. (ESRD Network 1) developed the 5-Diamond Patient Safety Program as an innovative training and recognition program to assist dialysis providers in increasing awareness and building a culture of safety among patients and staff. Since patient safety and the quality of their care are essential components of ESRD Network 14's mission and vision, the Network adapted this program in 2011 and used it as a Network -specific quality improvement project. It has now expanded to include all Texas facilities interested in participating.

The 5-Diamond Patient Safety Program consists of modules that include the tools and resources necessary to implement each patient safety concept. For each module completed during a program year, a facility earns one Diamond. Upon successful completion of five modules within a program year, a facility is recognized as a 5-Diamond Patient Safety Facility. For more information, see the 5-Diamond Patient Safety Program website.

Patient Engagement

CMS and the ESRD Networks have an ever-increasing focus on patient engagement and patient– and family -centered care, which revolve around the patients, family members, and caregivers becoming active participants in the decision-making process regarding health care decisions and the quality of their lives. The ESRD Network 8 and 14 websites have many resources for both patients and professionals to use to promote and perform patient engagement and patient– and family-centered care.

ESRD Networks also has a specific facility goal to appoint and support at least one FPR, a liaison between the facility staff and other patients in the facility, as well as between the facility and the Network. You can download the Network's FPR Toolkit here.

Additionally, CMS requires each Network to recruit patient subject matter experts to participate in the national Patient and Family Engagement Learning and Action Network. Facilities are required to provide a patient's voice during their monthly QAPI meetings.

Introduction to Network Projects

The ESRD Networks is directed to help facilities improve the quality of care given to dialysis patients through projects that focus on increasing positive outcomes of certain measures. Most of these projects are completed through or include QIAs that help identify and target specific issues within facility processes or communications and require facilities to execute Network-suggested or facility-produced solutions to improve outcomes.

CMS directs how Networks determine which facilities participate in these projects. At this time, CMS requires **all** facilities to participate in the current CMS contract goals. A list of current CMS projects ESRD Networks are conducting is below:

1. Improve behavioral health outcomes. Increase depression screening and follow-up treatments.
2. Improve patient safety and reduce harm. Work with patients who dialyze in a nursing home to reduce access infection PD/LTC.
3. Improve care in high cost/complex chronic conditions. Includes three focuses:
    - Continued work on increasing transplant wait-listing and transplantation.
    - Continued work on increasing home therapy initiations and continuation of home therapy.
    - Lower COVID-related hospitalization and improve ESRD compliance with influenza, PCV and COVID vaccination.
4. Reduce hospital admissions, readmissions and outpatient emergency department visits.
5. Improve nursing home care in low-performing providers. Utilizing transfusion rates as a metric to improve the care of ESRD patients in nursing homes.

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ESRD Facility Handbook Acknowledgement

Facility Name: _____

Facility Administrator/Clinic Manager: _____

I, as the facility administrator/clinic manager, acknowledge that I have downloaded and read the ESRD Facility Handbook and understand the role of the ESRD Network and the requirements and responsibilities of my facility to the ESRD Network under state and federal regulations upon certification by CMS to provide dialysis services. I hereby ask the ESRD Network to finalize my facility's network agreement between my facility and the ESRD Network.

Signature: _____

CMS also requires ESRD Networks and facilities to continue to focus on:

- Patient experience of care—grievance management and access to care
- Patient and family engagement—patient involvement in QAPI meetings, development of Life Plans and providing a peer mentoring program.
- Improve the quality of the patient registry in EQRS-metrics for improvement
- Emergencies and disaster responsibilities
- Participate in community coalitions/advisory committees

Date: _____

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What are my rights as a patient?

- *You have the right* to be treated at the facility of your choice
- *You have the right* to be part of your health care team and receive information from your kidney doctor in words that you can understand.
- *You have the right* to expect privacy when receiving medical care and that your medical information will be kept confidential
- *You have the right to* expect medical care without regard to your race, color, gender, sexual preference, religion, or national origin
- *You have the right to* expect the dialysis facility to employ skilled staff and provide safe, clean, comfortable and professional surroundings.
- *You have the right to* expect the facility to make every effort to make you comfortable and give your treatment on time, according to a schedule that meets special needs whenever possible.
- *You have the right* to voice grievances and recommend changes in policies without fear of discrimination or reprisal

Speak Up!

Speak up if you have questions or concerns, and if you don't understand

Pay attention. Take notes at care meetings.

Educate yourself about your ESRD and dialysis.

Ask a trusted friend or family member to be your advocate.

Know what medications you take & why you take them.

Use Dialysis Facility Compare to compare facilities in your area.

Participate in all decisions about your treatment! You are the center of the health care team!

If you do not know what is going on with your personal healthcare, the chance for errors is much higher! You will have better & safer care if you just **SPEAK UP!**

What do I do if I feel my rights are being denied?

- Try to talk to facility management about the problem. It is possible there is a simple explanation. Even if there is not a simple explanation, it may be possible for you and the clinic to work out a solution to the problem that could result in better care for you and other patients.
    - Speak up if you have questions or concerns, and if you don't understand, ask again. It is your body so you have the right to know.
- If talking does not resolve the problem, or if you feel you cannot discuss your problem with the staff at your clinic, you can go directly to the regional administrator or even the corporate office of your dialysis company or transplant unit. The names and phone numbers of these people should be posted in the waiting room of you clinic.
- You can ask to be instructed on your dialysis facility's process or you can file grievance directly with the state health department in an attempt to resolve the problem.

You can also file a **confidential** grievance with the ESRD Network and the State Agency in your state.

Network 8
Alabama, Mississippi, Tennessee

Alabama Department of Public Health
800-356-9596
Mississippi State Department of Health
800-227-7308
State of Tennessee
877-287-0010

or contact ESRD Network 8 at 1-877-936-9260, NW8info@allianthealth.org, or 775 Woodlands Parkway #310, Ridgeland, MS 39157

Network 14
Texas

Texas Department of State Health Services
(888) 973-0022

or contact End Stage Renal Disease Network of Texas (ESRD Network 14) at 1-877-886-4435, NW14info@allianthealth.org, or 4099 McEwen Rd. #820, Dallas, Texas 75244

ESRD Network 8

775 Woodlands Parkway, Suite 310
Ridgeland, MS 39157

Phone: 601-932-9260
Fax: 601-932-4446
Email: NW8info@allianthealth.org

Supporting Quality Care

ESRD Network of Texas, Inc.
(AKA: Network 14)

4099 McEwen Rd. #820
Dallas, Texas 75244

Phone: 972-503-3215
Fax: 972-503-3219
Email: NW14info@allianthealth.org

Supporting Quality Care

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