Welcome to the IPRO ESRD Network of New York 2020 Kickoff Meeting!

The webinar will begin promptly at 2:00PM. Thank you for your participation.
Welcome/Opening Remarks
Jeanine Pilgrim, Quality Improvement Director, Network Assistant Director
Housekeeping Reminders

• This WebEx will be recorded and slides made available on the Network Website.

• All lines have been muted to eliminate background noise.

To ask a private question use the Chat section in the bottom right corner of your screen sending to All Panelists

To ask a question for the answer to be shared with all Attendees or Privately, use the Q&A section in the bottom right corner of your screen
Agenda

• Overview of IPRO ESRD Network Program
• Information Management
• Quality Improvement Activities
• Patient Engagement and Patient Experience of Care
• Emergency Management
• Next Steps/Available Resources
Overview IPRO ESRD Network Program

Sue Caponi, CEO ESRD Program
Mission Statement

The Mission of the IPRO End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, timely, efficient, equitable, and patient-centered.
IPRO ESRD Network 2018 Service Areas (2018 Network Annual Reports)

IPRO ESRD Program

129,662 ESRD Patients
1,903 Dialysis Facilities
52 Transplant Centers

Network 1
CT, MA, ME, NH, RI, VT
Patients: 14,856
Facilities: 199
Transplant: 15

Network 2
NY
Patients: 30,601
Facilities: 309
Transplant: 13

Network 6
NC, SC, GA
Patients: 50,539
Facilities: 760
Transplant: 10

Network 9
OH, KT, IN
Patients: 33,890
Facilities: 639
Transplant: 14

Network 9
IN, KY, OH
Patients: 33,890
Facilities: 639
Transplant: 14

Network 1
CT, MA, ME, NH, RI, VT
Patients: 14,856
Facilities: 199
Transplant: 15

Network 2
NY
Patients: 30,601
Facilities: 309
Transplant: 13

Network 6
NC, SC, GA
Patients: 50,539
Facilities: 760
Transplant: 10

Network 9
OH, KT, IN
Patients: 33,890
Facilities: 639
Transplant: 14

Network 9
IN, KY, OH
Patients: 33,890
Facilities: 639
Transplant: 14
### NY Dialysis Facility Breakdown
(2018 Network Annual Reports)

<table>
<thead>
<tr>
<th>Ownership</th>
<th>ESRD Patient Census</th>
<th># of Dialysis Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>FKC</td>
<td>7,013</td>
<td>67</td>
</tr>
<tr>
<td>DaVita</td>
<td>6,548</td>
<td>70</td>
</tr>
<tr>
<td>Dialysis Clinic Inc.</td>
<td>2,791</td>
<td>22</td>
</tr>
<tr>
<td>Independents</td>
<td>13,962</td>
<td>144</td>
</tr>
<tr>
<td>Veterans Administration</td>
<td>287</td>
<td>6</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>30,601</strong></td>
<td><strong>309</strong></td>
</tr>
</tbody>
</table>
ESRD Network Role/Responsibilities

- Liaison with Department of Health (DoH) and Centers for Medicare & Medicaid Services (CMS)
- Lead State-Wide Quality Improvement Activities (QIAs) to improve quality of care for ESRD patients
- Promote patient engagement, education, and patient experience of care
- Provide technical assistance and grievance management for ESRD patients and providers
- Support ESRD data systems and data collection, analysis and monitoring for improvement
- Support emergency preparedness and disaster response
- Collaborate with Dialysis Facilities and Transplant Centers
2020 CMS Areas of Focus

- Aligned with Advancing American Kidney Health (AAKH) initiative by focusing on supporting sweeping changes
  - Reduce the number of Americans developing ESRD by 25% by 2030
  - Doubling the number of kidneys available for transplant by 2030
  - 80% of new ESRD patients in 2025 either receiving dialysis at home or receiving a transplant

- Elimination of QIA targeted facilities in Transplant, Home, and LT Catheter Reduction / Focus on improvement in the entire Network Service area

- Focus on ensuring representation of ESRD patients in shared decision making related to ESRD care in order to promote person-centeredness and family engagement
Coming Soon!

Network Staff **NEW** E-mail Addresses!

Changing to: [firstname.lastname@ipro.us](mailto:firstname.lastname@ipro.us)

Example: [Susan.Caponi@ipro.us](mailto:Susan.Caponi@ipro.us)
Questions or Comments?
Information Management

Jaya Bhargava, Regional Operations Director

Sharon Lamb, Data Coordinator
CMS Expectations: Facility Responsibilities
ESRD Data Collection Systems

- CMS Designated Data Collection Systems
  - CROWNWeb
    http://mycrownweb.org/assets/crownweb-dm/dm_guidelines/
  - National Healthcare Safety Network (NHSN)
    https://www.cdc.gov/nhsn/dialysis/event/index.html

- ESRD Outcome Reports
  - Quality Incentive Program -
    https://cportal.qualitynet.org/QNet/pgm_select.jsp
    o Performance Score Reports and Certificates
  - Dialysis Data - http://www.dialysisdata.org
    o Dialysis Facility Reports and Dialysis Facility Compare
  - In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAPHS) - https://ichcahps.org/
    o Third Party Vendor
CMS Expectations: Network Responsibilities
Data Reporting Assistance

• Educate facilities to follow CMS Data Management Guidelines
• Inform providers of upcoming deadlines
• Streamlined process to inform facilities of missing data
• Working towards 100% patient level data submission compliance
  - CROWNWeb
  - NHSN
CMS Expectations: CROWNWeb Data Quality Goals

• CMS issued CROWNWeb Data Quality Goals

• Established key indicators and goals align with Data Management Guidelines

• Used to assess facility data submission and performance

CROWNWeb Key Indicators & Goals

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Target Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission within 5 Days of Date of First Dialysis</td>
<td>90%</td>
</tr>
<tr>
<td>Initial CMS-2728 within 10 Days (New)</td>
<td>50%</td>
</tr>
<tr>
<td>Initial CMS-2728 w/in 45 Days (Due)</td>
<td>90%</td>
</tr>
<tr>
<td>CMS-2728 greater than 45 Days (Overdue)</td>
<td>0</td>
</tr>
<tr>
<td>CMS-2746 within 14 Days</td>
<td>90%</td>
</tr>
<tr>
<td>System Discharges / GAP Patients</td>
<td>0</td>
</tr>
<tr>
<td>Notifications &amp; Accretions accepted/rejected w/in 15 days</td>
<td>90%</td>
</tr>
<tr>
<td>PART every 30 days</td>
<td>100%</td>
</tr>
</tbody>
</table>
CROWNWeb Data Reports from Network

• Review reports and submit missing data in CROWNWeb

• All data submissions are time sensitive but highest priority with immediate action required are for:
  - Missing Clinical Data reports - clinical month closes and cannot be changed
  - Facility Personnel Report – ensures the most current contact information is available for your facility

• Your Facility Staff receive reports in these areas on a regular basis.

NEVER send PHI or PII via email to the Network
CROWNWeb Facility Personnel

- Monthly your CROWNWeb Data contact receives report
- Review and ensure Facility Personnel in CROWNWeb is complete and accurate

ESRD NETWORK CROWNWeb Contact List
CCN: ######
Dialysis Center 123

Why is it important to keep your CROWNWeb contacts up to date?

The Network relies on accurate facility personnel contact information including email address and phone number to support the distribution of critical information in an efficient and cost-effective way. Information distributed to facilities through email includes:
- Changes to CMS policy
- Critical resources during an emergency
- Activities related to the QIP and DFC
- Quality improvement activities

CROWNWeb is the Network’s source for facility personnel contact information. CROWNWeb Data Management Guidelines require that key facility personnel are added and/or removed within 5 business days of staff changes. At minimum, facilities should list and maintain the key personnel outlined in the table to the right.

<table>
<thead>
<tr>
<th>Job Description</th>
<th>Job Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Medical Director</td>
<td>FMD</td>
</tr>
<tr>
<td>Facility Nephrologist</td>
<td>FNPH</td>
</tr>
<tr>
<td>Facility Administrator</td>
<td>FADM</td>
</tr>
<tr>
<td>Facility Manager</td>
<td></td>
</tr>
<tr>
<td>Facility Head Nurse/Nurse Supervisor</td>
<td>FHNS</td>
</tr>
<tr>
<td>Facility Social Worker</td>
<td>FSW</td>
</tr>
<tr>
<td>Facility Dietitian</td>
<td>FDIT</td>
</tr>
<tr>
<td>Disaster Contact</td>
<td></td>
</tr>
<tr>
<td>Disaster Contact Back Up</td>
<td></td>
</tr>
<tr>
<td>Facility Data Contact (CROWNWeb Data Entry Person)</td>
<td>FDC</td>
</tr>
<tr>
<td>Home Dialysis Coordinator*</td>
<td><strong>if applicable</strong></td>
</tr>
</tbody>
</table>

Attached on the following page(s) is a list of contacts listed in your facility including their name, job type, email, phone number and the last date their personnel information was updated in CROWNWeb.

How to update / add Facility Personnel in CROWNWeb?
The “Personnel” screen under the “Facilities” tab in CROWNWeb allows users to search for, add, edit, or delete personnel contact information records. Anyone with access to CROWNWeb can update facility personnel information from the CROWNWeb “Personnel” tab. Ensure that the Name, Job Description, Job Code, Title, Email, and Phone Number for key staff members at your facility is up to date in CROWNWeb. If any personnel changes their position, e.g., Medical Director, remove the associated position from their record. When an employee leaves the facility permanently, inactivate their personnel record; do not delete the record. Additional help instructions can be found at the website below:
Technical Assistance: Knowledge Base and Customer Portal

- Platform for resolving and tracking requests for data assistance from facilities in our region
- Review articles related to different support topics
  - [http://help.esrd.ipro.org/support/home](http://help.esrd.ipro.org/support/home)
- Submit a request for data assistance directly from the website or using Email address below
  - NW1Help@iproesrdnetwork.freshdesk.com
- Submit ticket for One-on-One Technical Assistance:
  - Use of WebEx “Meet Now” method for real-time assistance
REDCap

- REDCap is a secure web application used for building and managing online surveys
- REDCap is provisioned by IPRO via Amazon Web Services (AWS) GovCloud (HIPPA compliant)
- It is used to collect virtually any type of data.
- It can be used for surveys containing patient data.
- Automatic reminders are set up
- Act on the survey if a reminder is received.
Questions or Comments?
Overview: Quality Improvement Activities

Jeanine Pilgrim, Quality Improvement Director
Network Assistant Director
CMS Quality Improvement Activities (QIAs)

- Transplant Waitlist Coordination
- Promotion of Home Therapies
- Vascular Access Planning
- Infection Prevention
- Vocational Rehabilitation Services
- Peer Mentorship
2020 QIA Commonalities

• Achievable Benchmark Care (ABC) Model
• National LAN Promotion to Entire Service Area
• Interdisciplinary Collaborative Approach
• Education Stations
• Stakeholder Lobby Days
• Patient Champions
• Patient Feedback Form Collection
• Virtual Site Visits
• Disparity Reduction Tailored Approaches
New Streamlined Approaches

- Streamlining Universal Inclusion and Goal Letters
- Consistent Communication/Intervention Requirements
- Centralized Activity Reporting/Collection Tool across QIAs
- Facility Reporting Calendar with Deadlines/Webinars
- All QIA Resource Toolkits Refreshed for 2020
- Less live meetings, pre-recorded Webinars/Trainings
- CQI Learning Series – Network Module Curriculum
- Disparity Reduction Tailored Approaches
Questions or Comments?
Patient Safety: BSI/LTC Reduction

Novlet Russel-English, Quality Improvement Coordinator Nurse
**QIA Requirements: BSI Reduction**

**Purpose:** Making Care Safer by Reducing Harm Caused in the Delivery of Care

**National Goal:** By 2023, reduce the national rate of blood stream infections in dialysis patients by 50% of the blood stream infections that occurred in 2016.

**Selection Criteria:**
- Cohort – top highest 20% of facilities in NW service area using NHSN Excess Infection Report
- Baseline Period: January-June 2019 Data
- Re-measurement: January-June 2020

**Measurement Goal:**
- 20% or greater relative reduction in the semi-annual pooled mean
QIA Requirements: LTC Reduction

**Purpose:** Making Care Safer by Reducing Harm Caused in the Delivery of Care

**Selection Criteria:**
- Use Achievable Benchmark (ABC™) Model with entire Service Area
- Baseline Period: July 2019 Data
- Re-measurement: July 2020

**Measurement Goal:**
- Decrease LTC rates in the NW service area by at least 0.25%
Focus Area Specific Interventions

• CDC Core Interventions
• Infection Control Coach/Access Ambassadors
• Staff and Patient Infection Pledge
• Staff Quality Improvement Performance ‘Huddles’
Health Information Exchange (HIE)

• 10% of NW service area to join a HIE or another evidence-based highly effective information transfer system as approved by CMS, to receive information relevant to positive blood cultures during transition of care.
Questions or Comments?
Home Therapies Promotion

Anna Bennett, Quality Improvement Coordinator/Emergency Manager
QIA Requirements: Home Therapies

Purpose:
- Promote referral to home dialysis modalities
- Identify and mitigate the barriers to timely referral
- Determine the steps to improve referral patterns

National Goal:
- By 2023, increase the % of ESRD patients dialyzing at home to 16% from the 2016 national average of 12%

Selection Criteria:
- Use Achievable Benchmark (ABC™) Model with entire Service Area, all Facilities.
- Network provide technical assistance to facilities with the lowest number of patients utilizing home therapies
- Baseline: October 2019 CROWNWeb Data

Network Goal: >2.50% above ABC™ Benchmark
CMS 7 Steps to Home Dialysis

1. Patient interest in home dialysis
2. Educational session to determine the patient’s preference of home modality
3. Patient suitability for home modality
4. Assessment for appropriate access placement
5. Placement of appropriate access
6. Patient accepted for home modality training
7. Patient begins home modality training

To be tracked and reported to CMS (aggregate numbers) Bi-Monthly to the Network (All non-LDO Facilities)
Focus Area Interventions

• Educational
  – Lobby Days
  – Education Station
  – Treatment Options Interest Form
  – Resource Toolkit

• Patient Feedback Form

• Keeping Track Worksheet

• New PD/HHD Acute Care
Transplant Waitlist Coordination

Anna Bennett, Quality Improvement Coordinator/Emergency Manager
QIA Requirements: Transplant Waitlist

Purpose:
- Promote early referral to transplant
- Improve referral patterns by addressing barriers to the steps of waitlist

National Goal:
- By 2023 increase the % of ESRD Patients on the transplant waitlist to 30% from the 2016 national average of 18.5%

Selection Criteria:
- Use Achievable Benchmark (ABC™) Model with entire Service Area.
- Network provide technical assistance to facilities with the lowest natural trend of patients on the UNOS Waitlist
- Baseline: October 2019 UNOS Data

Network Goal: ABC™ Benchmark Model +1.25%
CMS 5 Steps to Transplant

1. Patient interest in transplant
2. Referral call to transplant center
3. First visit to transplant center
4. Transplant center work-up
5. On waiting list or evaluate potential living donor

To be tracked and reported to CMS (aggregate numbers)
Bi-Monthly to the Network (All non-LDO Facilities)
Focus Area Interventions

• Educational
  – Lobby Days
  – Education Station
  – Treatment Options Interest Form
  – Resource Toolkit

• Patient Feedback Form

• Workup Process Appointment Checklist

• Project ECHO (Extension for Community Healthcare Outcomes)
  – DATE (Dialysis Facility and Transplant Center ECHO)
Questions or Comments?
Population Health Focused Pilot QIA (PHFPQ): Peer Mentoring

Danielle Andrews,
Community Outreach Coordinator
QIA Requirements: Peer Mentoring

Purpose:
• Peer mentoring efforts should focus on a patient’s initial CKD or ESRD diagnosis, decisions about treatment therapies, and transplant consideration.
• Should provide evidence based toolkits and strategies to facilitate smooth transition into ESRD Care.

Selection Criteria:
• Must cover at least 10% of the Network Service Area
• Target: 35 facilities

Measurement Goal: Must have one mentor per project-participating dialysis center through the contract period; maximum of two mentee pairings, in each participating facility
Project Expectations

• Peer Mentoring efforts must begin by March 2, 2020.
• The Network will provide the mentors with at least a five-hour skilled based training to learn content through demonstration and role-playing (must occur before a mentee is selected).
  – Utilizing the E-University Peer Mentoring Modules
• Network assistance in the selection and pairing process of mentors and mentees.
Patient/Family Centered Care

Erin Baumann, Patient Services Director
Patient Experience of Care

The Network’s role in resolving grievances and improving patient-appropriate access to care is facilitated by securing commitments to create collaborative relationships between patients and providers through patient and family engagement.

Source: Attachment J-8 ESRD SOW
Role of the Network

Conditions for Coverage: Patient Rights

• Be informed of the facility's internal grievance process
• Be informed of external grievance mechanisms and processes, including how to contact the ESRD Network and the State Survey Agency
• Be informed of his or her right to file internal grievances or external grievances or both without reprisal or denial of services;
• Be informed that he or she may file internal or external grievances, personally, anonymously or through a representative of the patient's choosing.”

Source: Attachment J-8 ESRD SOW 42 CFR §494.70(a)
Role of the Network

• The Network implements procedures for evaluating and resolving patient grievances in response to grievances and non-grievance access to care issues consistent with a patient-centered focus.

• The Network’s case review responsibilities include investigating and resolving grievances filed with the Network and addressing non-grievance access to care cases.

Source: J-8 Attachment ESRD SOW §§1881(c) (2) (D) and (E) of the Social Security Act and CMS regulations at 42 CFR §405.2112(g).
Patient and Family Engagement
Technical Assistance Plan

Erin Baumann, Patient Services Director
2020 Patient/Family Engagement Technical Assistance

Patient and Family Engagement involves including “the perspectives of patients and families directly into the planning, delivery and evaluation of healthcare, thereby improving the quality and safety of the care provided”.

- Incorporating patient, family and caregiver participation into the Quality Assurance Performance Improvement (QAPI) or Governing Body
- Support Groups: creation of patient council support groups, new patient adjustment groups, patient councils
- the development of the individualized plan of care and/or plan of care meetings with patients, family members and caregivers involvement

Source: ESRD SOW
Questions or Comments?
Patient Advisory Committee (PAC)

Danielle Andrews,
Community Outreach Coordinator
The Role of the Patient Advisory Committee (PAC)

• Provide input and participate into the development of informational and educational materials for patients and families/caregivers.

• Offer the patient perspective to dialysis facility staff on QIA interventions, activities and patient engagement.
Patient Advisory Committee Structure

Tier 1: PAC Member (Self-Volunteered)
- Educated about renal disease and treatment options
- Active member on their healthcare team
- Attends webinars and educational sessions held by the Network

Tier 2: PAC Facility Representatives (Nominated by Facility)
- Encourages ESRD peers to become involved in their healthcare
- Collects ideas and suggestions to improve education and support programs

Tier 3: PAC Advisors (Appointed by Network)
- Participates in local and national quality improvement projects
- Serve as PSMEs
- Coordinate social and educational functions to promote ESRD awareness
PAC Nomination Process

• To become a PAC Member or PAC Representative, Network’s PAC Application and Confidentiality form must be completed
  • https://network2.esrd.ipro.org/home/about/boards-and-committees/pac/
• PAC Members are self-volunteered, patients or caregivers.
• PAC Representatives are nominated by the facility’s leadership.
Questions or Comments?
Critical Assets Survey Update

94% (296/315) of facilities reporting.

PROMISING PRACTICES:

• 86% report disaster contacts are up to date in CROWNWeb
• 54% report that they have a generator/generator quick connect
• 41% have reported that they are in contact with their healthcare coalition.
• 40% review their communications plan quarterly

NEEDS IMPROVEMENT:

• On average, facilities are reporting that they have 17 days of supplies available.
• 31% collect patient emergency contact information quarterly
Report Facility Closed/Altered Schedule

REMINDER: You MUST report all interruptions in service to both the Network and to the New York State Department of Health (NYPORTS)

2019 Events:

• 4 Facility Closures
  • 2 snow/ice
  • 1 power loss
  • 1 driveway paving

• 35 Altered Schedule
  • 20 snow/ice
  • 11 water issues (RO etc.)
  • 2 power loss
  • 1 wind storm/flooding
  • 1 sewer backup
Questions or Comments?
Closing Remarks/Next Steps
Jeanine Pilgrim, Quality Improvement Director, Network Assistant Director
Next Steps

• Webinar presentation and recording will be posted to Network Website https://network2.esrd.ipro.org/events/

• QIA Inclusion Facility Notification Letter Release (e-mail)

• National QIA LAN Registration is OPEN – all calls at 3:00PM
  • BSI: January 7, 2020
  • Home Therapies: January 14, 2020
  • Transplant: January 21, 2020

• QIA Resource Toolkit Network Mailing (USPS)

• Submit printed publication request online order form https://redcap.ipro.org/surveys/?s=8YAHELW49R

• Launching: Annual Survey (2744)
Coming Soon!

Network Staff NEW E-mail Addresses!

Changing to: firstname.lastname@ipro.us

Example: jeanine.pilgrim@ipro.us
2020 ESRD Network Annual Meeting

Tuesday, May 5, 2020
8:00 AM - 3:00 PM

Garden City Hotel
45 Seventh Street, Garden City, NY 11530

Breakfast and Lunch Included

Early Registration: $75.00
until February 29, 2020
As of March 1, 2020 Registration $85.00

Topics Include:

• Executive Order • Overcoming Barriers to Treatment Options
• Dialysis Lifestyle Adjustments • End-of-Life Caregiver Panel
• Mental Health First Aid • Emergency Management
• Quality Awards
ESRD Network of New York (Network 2) Team

Sue Caponi
Executive Director
CEO, ESRD Program
susan.caponi@ipro.us

Jeanine Pilgrim
Quality Improvement
Director, Network
Assistant Director
jeanine.pilgrim@ipro.us

Anna Bennett
Quality Improvement
Coordinator
Emergency Manager
anna.bennett@ipro.us

Novlet Russel-English
Quality Improvement
Coordinator
nrussel.english@ipro.us

Laura Edwards
Administrative Coordinator
Laura.edwards@ipro.us

Erin Baumann
Patient Services Director
erin.baumann@ipro.us

Danielle Andrews
Community Outreach Coordinator
danielle.andrews@ipro.us

Jaya Bhargava
Regional Operations Director
jaya.bhargava@ipro.us

Sharon Lamb
Data Coordinator
sharon.lamb@ipro.us