ESRD Network 14

Supporting Quality Care
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Javoszia Sterling-Lewis
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EdNesha Smith
Patient Services Director

Adalia Salazar
Patient Services Social Worker

Ivana Harper
Pt. Services Social Worker

QI Coordinator
ESRD Network 14 of Texas

- Subsidiary of Alliant Health Solutions
- Nonprofit organization, volunteer Boards
- Contract with CMS since 1978
- Geographic Service Area: Texas
- Largest ESRD Network based on number of dialysis and transplant patients
- Second largest ESRD Network based on number of providers
- Sister ESRD Network 8 (AL, MS, TN)
- Staff size of 12
We support equitable patient- and family-centered quality dialysis and kidney transplant healthcare through the provision of patient services, education, quality improvement, and information management.
ESRD Network 14 Boards and Councils

- Corporate Governing Body (CGB)
- Medical Review Board (MRB)
- Network Council
- Patient Advisory Committee (PAC)
- Texas ESRD Emergency Coalition (TEEC)
ESRD Network 14 Goals & Objectives

- Annual Goals and Objective
- Distributed electronically
- Receipt acknowledgement through SurveyMonkey
ESRD New Facility Agreements

• New dialysis facility requesting Medicare reimbursement for dialysis services, need to request a facility agreement with the ESRD Network of Texas.

• Steps for a new agreement, go to [www.esrdnetwork.org](http://www.esrdnetwork.org), click on Providers, then click on New Facility Requirements.

• Each new facility will need to:
  1) Confirm data in CROWNWeb
  2) Register facility in EMResource
  3) Assign a Master Account Holder for your facility
  4) Register facility in NHSN
Network Growth (1990-2017)
Number of Medicare Certified Providers

61 facilities awaiting Medicare Certification as of the first quarter of 2018.
Dialysis Facility Ownership in Texas

- DaVita, 39%
- FMC, 31%
- USRC, 13%
- ARA, 3%
- Independent, 7%
- SNG, 3%
- Satellite Healthcare, 2%
- Regional, 1%
- Other, 1%

2018
NUMBER OF PATIENTS IN NETWORK 14

5,139  Receiving Home dialysis

16,095  Living with a kidney transplant

44,438  Receiving In-center hemodialysis

65,693  Receiving renal replacement therapy
### MRB Goals for Clinical and Safety Performance Measures/Quality Indicators

**Calendar Year 2018/Payment Year 2020**

<table>
<thead>
<tr>
<th>Clinical Performance Measures</th>
<th>Goals</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kt/V Dialysis Adequacy (comprehensive)</td>
<td>98.56%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Hypercalcemia*</td>
<td>0.00%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Vascular Access – Arteriovenous Fistula (AVF)</td>
<td>79.90%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Vascular Access – Catheter ≥ 90 days*</td>
<td>3.11%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Standardized Readmission Ratio (SRR)*</td>
<td>0.629</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Standardized Transfusion Ratio (STrR)*</td>
<td>0.429</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Standardized Hospitalization Ratio (SHR)**</td>
<td>0.670</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>NHSN Bloodstream Infection (BSI)*</td>
<td>0.00</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Nephrologists’ Communication and Caring</td>
<td>78.09%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Quality of Dialysis Center Care and Operations</td>
<td>71.52%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Providing Information to Patients</td>
<td>86.83%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Overall Rating of Nephrologists</td>
<td>76.57%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Overall Rating of Dialysis Center Staff</td>
<td>77.42%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>ICH CAHPS – Overall Rating of the Dialysis Facility</td>
<td>82.48%</td>
<td>PY2020 QIP Benchmark</td>
</tr>
<tr>
<td>Mortality, Hospitalization, Transplant</td>
<td>Facility is “As Expected” or “Better than Expected”</td>
<td>Dialysis Facility Report</td>
</tr>
</tbody>
</table>

*Denotes new measure for Calendar Year 2018
*On these measures, a lower rate indicates better performance

**QIP Benchmark:** 90th percentile of performance rates nationally during CY 2016
CROWNWeb

CROWNWeb is an acronym for Consolidated Renal Operations in a Web-Enabled Network.

- All facilities must use the CROWNWeb application
- Facilities will need an Administrator (Security Official) as well as End Users (Managers)
- Include the facility’s key staff contact information, including FPRs.
- For Network projects use the Patient CROWN UPI and the Facility CROWN ID number as requested.
- Data Management Guidelines
Patient Address – Data Entry into CROWNWeb

• New Patient Packet
• Bad patient address
• Requirements of CMS
• United States Postal Service requirements

Example: ABC Movers
1500 Anywhere Street,  Ste. 150
Lessons Learned, TX  78432-0129
• Questions to ask patients

In April 2018, 47% of the Network 14 address corrections requested by CMS was due to data entry errors and missing PO Box information.
Master Account Holder

1. Who is the MAH?
2. What does a MAH do?
3. Why do I need a MAH account?
### What is NHSN?

#### Dialysis Event Surveillance Requirements
- Outpatient Dialysis Center Practices Survey
- Monthly Reporting Plans
- Denominators for Dialysis Event Surveillance Form
- Dialysis Event Form

#### Dialysis Component Modules
- Dialysis Event
- Prevention Process Measures (PPM) [7 Audit Tools]
- Central Line Insertion Practices
- Patient Influenza Vaccination

#### QIP Safety Measure [15% of TPS]
- NHSN Bloodstream Infection Clinical

#### QIP Reporting Measure [1 of 6 / 10% of TPS]
- HCP Influenza Vaccination
Facility Patient Representatives (FPRs)

• Facilities are encouraged to have 1 FPR per shift
• Regularly recruit patients and family members to become FPRs
• FPRs can assist facilities with patient engagement in gaining a patient’s perspective
• FPR training toolkit on the Network 14 website
• Enter FPR information into CROWNWeb
• Include FPRs in QAPI and Governing Body meetings
Patient Advisory Committee Service Areas
2018 Quality Improvement Activities (QIAs)

1. Decrease Bloodstream Infections
   - Decrease Long Term Catheters (≥ 90 Day Cath)
   - Increase Participation in Health Information Exchanges (HIEs)

2. Increase Transplant Waitlist

3. Increase Home Dialysis Training

4. Increase Depression Screening and Follow-Up
Bloodstream Infection

- **Goal 1:** 20% relative decrease in dialysis events (HAI/BSI/Sepsis)
- **Goal 2:** 2% point decrease in Long Term Catheter Rate
- **Goal 3:** Increase participation in Health Information Exchanges (HIE)
- 50% of facilities in the Network with the highest BSI rates
- National Standardized Infection Ratio CLABSI: 0.50 (Texas SIR =0.47)
- National Goal: Reduce BSIs by 50% by 2023 from 2016 data

**BSI Contact:** Lydia Omogah  
Project Page: [http://www.esrdnetwork.org/infection-detection](http://www.esrdnetwork.org/infection-detection)

**LTC Contact:** Dany Anchia, RN  
Project Page: [http://www.esrdnetwork.org/long-term-catheter-ltc](http://www.esrdnetwork.org/long-term-catheter-ltc)
Transplant Waitlist

- **Baseline:** 12.44%
- **Goal:** 10% point increase in waitlist placement
- National transplant waitlist average rate: 18.5%
- National Goal: 30% by 2023
- 30% of facilities in the Network regardless of modality
- Facilities will stay in project until reaching 40% transplant waitlist

**Transplant Contact:** Dany Anchia, RN

**Project Page:** [http://www.esrdnetwork.org/transplant-qia](http://www.esrdnetwork.org/transplant-qia)
Home Dialysis

- **Goal:** 10% point increase in home training initiation
- 30% of facilities in the Network, whether ICH facility has home program associated with it or not
- Facilities will stay in project until reaching 40% of patients achieving home training initiation
- National Home Dialysis Rate: 12% (Texas =10%)
- National Goal: 16% by 2023

**Home Contact:** Javoszia Sterling-Lewis

**Project Page:** [http://www.esrdnetwork.org/home-referrals](http://www.esrdnetwork.org/home-referrals)
Depression Screening

- Depression Screening documented in CROWNWeb
- The Network shall decrease the response to “Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given” by 10%
- The Network shall decrease the response to “Clinical depression screening not documented, and no reason is given” to zero (0)
- 10% of facilities in the Network

Depression Contact: Javoszia Sterling-Lewis

Grievances

• What is a Grievance? An objection, misunderstanding, complaint or concern.

  ▪ **Types of Grievances**
    • Immediate Advocacy-simple non-quality care cases that can be completed within 7 days or less.
    • General Grievance—does not contain clinical QoC issues and can be resolved within 7 days.
    • Clinical Quality of Care—can be patient specific or general QoC, impacting multiple patients.

• What is the Network’s Role? The Patient Services Department handles questions related to the quality and safety of care received by patients and any questions regarding grievance processes.

• How does the Network assist in resolving grievances? When the Network is contacted regarding a concern, staff will attempt to resolve the issue by communicating with the patient and the facility to carefully assess concerns.
Involuntary Discharges

• An involuntary discharge is a last resort for managing difficult patient situations.

• Before considering an IVD, a facility’s interdisciplinary team (IDT) should:
  ▫ Conduct a thorough assessment of the situation
  ▫ Develop a plan to address any problems or barriers the patient may be experiencing

• IVDs should be completed in accordance with Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC).
  ▫ Note: Patients who are non-compliant are at higher risk for morbidity and mortality. Discharging a patient for “non-compliance” is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC)

• In cases of immediate severe threat to the health and safety of others, the facility may use an abbreviated/immediate IVD procedure.
Questions?
Emergency Preparedness

- Exercise Materials and Resources
  - [http://www.esrdnetwork.org](http://www.esrdnetwork.org)

Click here for
- Disaster Preparedness Information
- Patient Resources
- EMResource Link
- Government and Agency Resources
Emergency Preparedness

TEXAS EMERGENCY ESRD COALITION

Tools & Resources
- Command Center Resources
- Facility Disaster Planning
- Are You Prepared? - Flyer from the KCER Training & Exercise Committee
- Prepare for Emergencies Now: Information to Get Ready. From FEMA
- Facility tools to Prepare Patients

Emergency Preparedness

We can't always stop disasters from happening, but we can get prepared. Take three steps and be ready:

1. Make a plan.
2. Build a kit.
3. Get informed.

Hurricanes
It's hurricane season. Click here to view hurricane-specific information and start your plan today.

PLANS & CHECKLISTS
- Emergency plans, disaster supply checklist and contact cards.

EVACUATION ROUTES
- Do you know where you'll go if you have to evacuate?

EMERGENCY DOCUMENTS
- Must-have documents in an emergency.
Emergency Preparedness

What should you do during an emergency?

• Follow your facility’s emergency plan
• Update EMResource and contact the Network to report any issues or interruptions in operations due to the storm
• Dialyze any weekend patients early if at all possible as flooding may damage the facility or make it impossible to get to and from the facility
• Make sure all of your patients have their purple wristbands, emergency diet instructions, and emergency bag in the case of an evacuation or displacement
• Communicate with any nursing homes or long term care facilities that your patients are at
• If patients evacuate, arrangements for dialysis should be arranged if possible by the facility and/or nursing homes.
• Remember: Sending patients to ER is NOT a disaster plan
Emergency Preparedness

What is EMResource?

• EMResource is a real time web-based data and communications system.
• Allows facilities to enter information such as their open/closed status, number of patients, and generator status.
• EMResource is often used by the Network and other emergency organizations (i.e. hospitals) for patient placement in the event of an emergency or disaster.
• All certified facilities are required to use EMResource by DSHS and CMS.
• All facilities must update their patient status and facility status by the 8th of each month.
• All facilities are asked to have 2 and more person have access to EMResource. Share the facility user id and password with the Regional Director.
EMResource Demonstration

https://allianthealthsolutions.webex.com/allianthealthsolutions/ldr.php?RCID=23187aa72bd845500a24b649e3c0c3cf
Questions?
Presentation slides are available on our website at http://www.esrdnetwork.org/our-network/about-us
Our Team is here for you!

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- Corporate Partners
- Facility Assistance
- Address Changes
- General Assistance
- New Facility
- PAC/LANs
- PF Engagement
- TEEC/EMResource
- Patient Concerns
- Staff Assistance
- IVD
- QIA Assistance
- Patient / Staff Assistance
- CROWNWeb
- Facility Assistance
- MAH Updates
- CROWNWeb
- Annual Survey
- CMS Regulations
- LTC QIA
- Transplant QIA
- Depression Screening QIA
- Home Referral QIA
- BSI QIA/NHSN
- QIP/DFR/MAH
- Star Ratings
- BSI QIA
Our Team is here for you!