From the Desk of the Executive Director

Texas Summer Heat is Here! Heat-related deaths and illnesses are preventable. According to the Centers for Disease Control (CDC) more than 600 people in the United States are killed by extreme heat every year. Extreme heat can be dangerous for anyone, but it can be especially dangerous for those with chronic medical conditions such as ESRD. According to the Daily Register, "Dialysis patients are particularly sensitive to periods of high heat." In addition to increasing the risk of mortality, sweltering heat can cause problems throughout the body such as dehydration, fluid overload, cramps, severe exhaustion, dizziness, vomiting, heat rash, heart complications (leading cause of death in the Chronic Kidney Disease Community), and exacerbation (worsening) of respiratory issues.

The CDC website offers a wealth of education and resources for providers and individuals related to heat-related prevention. The Network Patient Advisory Council (PAC) recently developed some additional patient designed resources in conjunction with our Hospitalization Project which can be found on the ESRD Network of Texas Hospitalization Project website. We are very excited to share these tools with the renal community.

At the end of September the Network will be completing our 2019 Centers for Medicare & Medicaid Services (CMS) ESRD projects. While it has been a challenging year our staff would like to express our sincere gratitude for all the facility staff and leadership support we have received from our dialysis community as well as increasing our collaboration in making quality improvements to the care our renal patients receive. This year we partnered with 522 project facilities in Network 14 on making improvements in areas of Transplant Waitlist, Home Dialysis, Bloodstream Infections, Long Term Catheters, and Hospitalizations.

Thank you for all you do for our patients and families in Texas as we work together to ensure we are providing the best care possible. Always feel free to reach me via email at malbin@nw14.esrd.net or phone 469-916-3809.

Mary Albin
In 2019, Network 14 continues to work with facilities that have high long-term catheter (LTC) rates. A long-term catheter is a catheter that has been placed in a dialysis patient for at least 90 days. This year, based on baseline data from June 2018, we identified 38 facilities with LTC rates above 15% from the top 50% facilities with high bloodstream infections in our network area. The combined baseline for the 38 focus facilities in this project was 20.97%. The target rate to meet the goal (2 percentage point improvement) is 18.97% or below by the end of September 2019. In addition, the national goal by the Centers for Medicare & Medicaid Services (CMS) is for all facilities to have LTC rates below 10%.

The LTC project initiated in January 2019 by notifying the focus facilities of their selection to participate in this initiative. Interventions to date include an introduction webinar hosted by the Network with the 38 focus facilities, completion of a root cause analysis (RCA) via Survey Monkey, completion of monthly reports and review during QAPI/QA meetings, implementation of the CDC Core Interventions related to vascular access, vascular access data validation and correction, participation in the NCC HAI LAN calls, improvement and sustainability plans, and monthly patient engagement activities geared towards the reduction of LTCs.

A significant number of barriers were identified during completion of the required RCA. The top root causes identified included: patient refusal to obtain a fistula or a graft, possible access sites exhausted, no-show or canceling appointments, financial issues, referral issues and lack of communication between nephrologists and surgeons, no active or ineffective vascular access plan, payment/reimbursement issues, poor surgical placement and outcomes, internal issues such as high staff turnover and lack of follow-up, hospital discharge with no access or vascular access plan in place, and transportation issues. Based on these findings, facilities have developed and implemented interventions and best practices such as early referrals, having a designated vascular access coordinator, utilizing patient champions or FPRs as liaisons, tracking and reporting of monthly data, performing random audits to identify and correct vascular access data errors in CROWNWeb, and implementation of tools and resources obtained
To date, Network 14 and the cohort of facilities have been able to meet the projected monthly goals in order to stay on track towards the final goal of 18.97% or below. The following chart depicts the monthly progress to date (blue line) and how rates have been maintained below the monthly goal threshold (represented by the red line).

Once again as in 2018, the Network would like to recognize the hard work that facilities, patients, and stakeholders have poured into making this project a success to this date. For the first time in many years, and for the second consecutive year, Network 14 has achieved and maintained the goal for LTC by reducing the prevalent rate of long-term catheters by at least 2 percentage points from baseline. Network 14 looks forward to continue its contribution and collaboration with like-minded organizations to further decrease LTC and associated infection rates for ESRD patients in the state of Texas.

For more information on this project visit our CORE LTC page here.
The Bloodstream Infection (BSI) Quality Improvement Activity (QIA) is working with 50% of Network 14’s facilities with the highest excess bloodstream infection (BSI) rates this year, which is a total of 286 facilities. Facility selection was based on their National Healthcare Safety Network (NHSN) data submitted from January to June 2018. The top 20% of these facilities with the highest BSI rates had increased interventions with a specialized focus on BSI reduction through the use of the CDC’s nine core interventions, while the remaining 30% cohort participated in all of the QIA’s activities to reinforce infection prevention best practices. The average BSI rate of the QIA group was 1.03, compared to a Network wide average of 0.46. The goal of each facility in the 20% cohort of the QIA is to achieve a 20% or greater relative reduction in their Pooled Mean Rate (PMR) at re-measurement (January to June 2019) compared to their 2018 BSI rates. As of June, the data shows 100% of the BSI QIA facilities are on target to meet their 20% RI goal, and PMR of 0.54 for the group.

The BSI QIA’s four main project components are:

- Coalition
  - Focused Education
  - Online resources

- CDC Core Interventions

- NHSN Monthly Audits
  - Four monthly
  - Annual Training

- Patient Engagement
  - Network Calendar
  - Nationally Recognized Events
  - Facility Plan

- NCC HAI LAN & HIE
  - Bi-monthly meetings
  - Assist 20% Join
Patient engagement at all levels is highly emphasized in each of the monthly project activities. Facilities are encouraged to display the CDC’s “Days Since Last Bloodstream Infection” poster in a place that is visible to their patients, to raise awareness of their efforts to decrease BSIs. They are also encouraged to create an “Infection Prevention Station” to provide resources and educate their patients about different infection control topics each month. To further engagement, facilities have the option to participate in nationally recognized events, promote their facility’s patient engagement plan, or utilize the Network’s patient created calendar of important health topics. The monthly topics are available as flyers in both English and Spanish and can be found on the Network’s website. In addition, the BSI QIA facilities are participating in bimonthly national learning and action network calls to share best practices, learn how to reduce BSIs, and learn about proven methods for bloodstream infection prevention.

Successes reported by the QIA facilities include improved hand washing by patients without being asked, significant catheter reduction among their patients, and reduced missed treatments. Less antibiotic usage related to access issues and increased understanding by patients of how washing their access can help prevent infections have also been positive outcomes. Staff is becoming more active in holding each other accountable for following infection control measures and empowering patients do the same, patients seem more willing to ask questions if they don’t know the facility’s policies, and many facilities are reporting zero BSIs for three months. The BSI QIA facilities have also joined the Centers for Disease Control and Prevention’s Making Dialysis Safer for Patients Coalition this year and are working hard to engage more patients in their facilities to become facility patient representatives. The QIA facilities are also learning about the national Health Information Exchange (HIE), in addition to local regional HIEs, and how facilities can improve communications with other health providers to provide better and safer health care for their patients.

To learn more about the BSI QIA initiative, or if you would like more information on the resources used in this year’s BSI QIA, you can find them on our project page at www.esrdnetwork.org/infection-detection.
In 2019, Network 14 continues to work with facilities to increase kidney transplant wait list rates in Texas. This project includes 207 facilities with a cumulative average monthly transplant wait list rate of 0.79% according to UNOS data. The baseline for this project was obtained based on a 60 month trend of data to estimate the average monthly placement rate of patients on the wait list for each facility. The goal of this project in 2019 is to increase the rate of patients placed on the wait list by at least 2 percentage points.

The project launched in January 2019 by sending notifications to all facilities enrolled in this initiative. Interventions initiated with an introduction webinar hosted by the Network followed by facilities completing a required root cause analysis (RCA), tracking of the 6 steps leading to transplant wait listing, review of project progress and barriers during QAPI/QA meetings, monthly reports to the Network via Survey Monkey, participation in the national NCC Transplant Learning and Action Network (LAN) calls, sustainability plans, and a robust patient engagement component and monthly activities.

As a result of these interventions, the most relevant barriers identified as the cause for lower wait list rates have included: erroneous perception that a patient is not a good candidate; lack of staff training regarding transplant; lack of motivation due to fear, anger, guilt, and body image; unstable housing; missed appointments and lack of follow-up; compromised eligibility due to severe non-compliance and finances; distance and transportation issues; ineffective teaching; and the national shortage of organs as a disincentive.

Rooted on these findings, facilities were able to implement interventions tailored to address their specific issues including: patient engagement activities, patient discussion groups, better utilization of educational materials, lobby days in collaboration with local transplant programs, utilization of the Network-developed Patient Engagement Calendar, and recruitment and involvement of facility patient representatives (FPRs) and transplant champions.
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As illustrated in the chart below, it was estimated that the cohort of focus facilities needed to add a total QIA Target Value of 907 patients from baseline to the wait list by the end of September 2019 to meet the goal (green line). The chart represents results based on the number of patients added to the wait list as of May 2019 (red line).

Even though the project has not met the desired outcomes to date, the Network is deeply thankful for the diligent work these facilities and patients have set forth in order to improve the transplant wait list process. As demonstrated through the project as of May, at a total of 432 patients have already been added to the wait list. This successful collaboration between patients, providers, and stakeholders will continue to improve transplant wait list rates for our ESRD population in Texas.

For more information on this project and to obtain transplant resources please visit our transplant improvement section here.
In 2019, Network 14 launched a new Population Health Focused Project Improve Dialysis Care Coordination with a Focus on Reducing Hospital Utilization to improve the transition of care between settings and reduce the number of overall hospitalizations with a focus on ESRD related hospitalizations. The project includes 10% or 72 facilities in the Network. All 72 facilities in the project are from one organization Fresenius as they were able to provide the necessary information to determine ESRD related hospitalizations. The baseline for this project was obtained based on a 7 month trend of data to determine the average monthly hospitalization rate of patients overall as well as ESRD related hospitalizations by determined by diagnosis codes by facility. The goal of this project in 2019 is to decrease the rate of overall patient hospitalizations by at least 2 percentage points and decrease the ESRD related hospitalizations by 10%.

The 2019 Focus on Reducing Hospitalization project launched in February 2019 and will run through September 2019. Facilities were notified via a notification email that detailed the project selection and objectives. The 72 focus facilities are required to complete all interventions included in this quality improvement activity (QIA). Interventions within this project include the root cause analysis (RCA), include a facility patient representative (FPR), participation on the National Coordinating Center Learning and Action Network (NCC LAN), monthly survey reporting, implementation of Network and NCC interventions, and sustainability. Each phase, or intervention set, also includes webinars hosted by the Network. Monthly review of project progress during the QAPI/QA meeting is required. All facilities are required to track and report their hospitalizations monthly to the Network.

The top root causes identified by the project facilities for the high rate of hospitalizations included patient non compliance with treatment, lack of follow up with appointments, lack of designated staff to discuss and follow up on hospitalizations, time constraints to be able to effectively provide education, and lack of family support.
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The Network analyzes the data each month to determine the top diagnosis reasons for hospitalizations. Based on the analysis the Network distributes interventions and educational materials to the project facilities to implement and tailor to the needs of each patient and clinic. The Network focused on interventions for patients that reside in nursing homes to ensure proper transition of care between the dialysis facility and nursing homes.

![Mar 2019 Top 12 Diagnosis](chart1.png)

While the goals of the project have not yet been met and facilities continue to struggle decreasing the rate of hospitalizations, the Network is hopeful that with continued focus and education we will see improvements over the next several months.

![ESRD Related Hospitalizations](chart2.png)
In 2019, ESRD Network of Texas (Network 14) launched a home modality improvement project in December 2018 with 206 facilities based on 60 months home therapy rates provided by the National Coordinating Center (NCC) via CROWNWeb patient data. ESRD Network 14 reviewed facilities in Texas with the greatest opportunity for improvement as well as facilities that successfully increased their home therapy rates. Center for Medicare & Medicaid Services (CMS) required ESRD Networks to select 30% of the service area to participate in the 2019 Home Quality Improvement Activity (QIA) project. This included both in-center and home.

ESRD Network of Texas included home therapies with higher percentage rates to partner with other facilities in an effort to provide aid in improving rates of less successful facilities. In reverence to the 2018 feedback received from facilities Network 14 only selected Fresenius Medical Center facilities to participate in the home modality project. Through this approach efforts were made to decrease the number of projects each facility had to complete. As mandated by CMS, the goal for 2019 is to increase the number of patients starting a home therapy program by at least 2% points from the natural trend from the baseline (2.52%) by the end of September. CMS’ goal for the nation is to reach an 16% increase by 2023. ESRD Network of Texas has 206 dialysis facilities participating on the home therapy project. Network 14 oversampled by 4 facilities to ensure viability of the project throughout this contract year.

Facilities were notified via email they were selected to participate in the 2018 Home Modality QIA project. Network 14 worked with the Medical Review Board (MRB) and the Patient Advisory Committee (PAC) during face-to-face meetings, workgroup phone calls, and emails to develop the new CMS home therapy campaign. Based on feedback gathered from both workgroups, the following interventions were selected as the major components for the Home Modality QIA:

- **Root Cause Analysis** - Project facilities completed a root cause analysis to identify the most common patient, facility, and organizational factors that cause lack of patients beginning a home therapy program.
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- **Project Webinars** - Project webinars are designed to educate facilities on the next steps in the project.

- **Patient Engagement component** – Project facilities were required to engage patients monthly by utilizing an FPR, the Network-developed Patient Engagement Calendar, or their internal facility home therapy educational tools.

- **Advanced Renal Education Program (AREP)** - Network 14 partnered with Advanced Renal Education Program (AREP) on a series of Home Webinars which included CEU opportunities for attendees.

- **Attendance and participation in National Coordinating Center (NCC) Home QIA Learning and Action Network (LAN) calls** - The Network invited all project facilities to each Home QIA LAN call via multiple email notices and reminders. Following the LAN calls, the Network asked facilities to identify any resources or best practices via their monthly patient engagement survey.

The goal is to increase home rates by at least 2 percentage points from the natural trend or by at least 974 patients. As seen below, by April 2019, while the 2% point goal had not been met, ESRD Network of Texas is successfully increasing the number of patients transitioning into a home therapy program.

![Home Dialysis Monthly Cumulative](image)
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Figure 1: Target number is calculated from baseline plus 2 percentage point improvement in the natural trend of patients using a home modality of the Network in 30% of facilities in the Network service area.

Figure 2: Home therapy has an 8.59% increase within six months based on the patient total number of patient growth. Home modality increased by 11.08% from the total number of dialysis patients reported in 2018. Within six months from this data collection there is a .17% increase. This analysis reflects 196 patients transitioned to a home therapy program from the 2018 reported year total of 5,782 patients resulting in an overall growth percentage of 3.39%.

<table>
<thead>
<tr>
<th>Figure 2</th>
<th>Dec 2018 - Jun 2019</th>
<th>% Total Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Growth</td>
<td>196</td>
<td>8.59%</td>
</tr>
<tr>
<td>Transplant Growth</td>
<td>1311</td>
<td>57.42%</td>
</tr>
<tr>
<td>In-Center Growth</td>
<td>776</td>
<td>33.99%</td>
</tr>
<tr>
<td>Total Growth</td>
<td>2283</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Growth</td>
<td>11.08%</td>
<td>11.25%</td>
<td>0.17%</td>
</tr>
<tr>
<td>Transplant Growth</td>
<td>24.65%</td>
<td>25.69%</td>
<td>1.05%</td>
</tr>
<tr>
<td>In-Center Growth</td>
<td>67.00%</td>
<td>65.95%</td>
<td>-1.05%</td>
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<tr>
<td>Dialysis Growth</td>
<td></td>
<td>1.86%</td>
<td></td>
</tr>
<tr>
<td>Total Growth</td>
<td></td>
<td>3.30%</td>
<td></td>
</tr>
</tbody>
</table>

% Growth

| Home Modality | 3.39% |
| Transplant | 7.68% |
Patient Engagement is a key component of successful clinical outcomes. The ESRD Network of Texas has partnered with facilities to increase patient engagement on the facility. Facilities are asked to regularly recruit patients and family members to become Facility Patient Representatives (FPRs) and track FPR assignment by entering the information in CrownWEB. Facilities are encouraged to have one FPR per shift.

The Network has created a facility training FPR toolkit and R.A.D.A.R. guide facilities are encouraged to use in recruiting and maintaining a FPR. To access an FPR and RADAR toolkit visit http://www.esrdnetwork.org/patients-families/patient-representatives

Facility Patient Representative

The Network strives to ensure interventions that foster patient and family involvement in the areas of promoting better health for the ESRD population; BSI, transplant, home dialysis and hospital readmission are properly implemented at the facility level. The Network has outlined specific goals to aide in this process.

Developing Patient- And Family-Centered Peer Support Programs

The Network’s peer support group goal is to establish Patient Council Support Groups in 10% of Project Facilities by October 1, 2019. Based on feedback provide by facility staff members, two of the largest barriers related to the establishment of peer support groups are time constraints for patients and staff members and lack of patient interest. To address barriers related to developing and maintaining support groups, encourages facilities to host lobby days. In efforts to foster peer support, Facilities are encouraged to include FPR assistance with lobby days. The Network aides these facilities and FPRs in gathering information and material.
Patient Participation in Plan of Care Meetings

The Plan of Care goal is 10% of project facilities will increase the development of policies and procedures related to patient and family participation in patient care Plan of Care meetings at the facility level by October 1, 2019. In handling grievances and facility concern cases, the Network encourages patients and facility staff members to complete Plan of Care Meeting and Patient Care Conferences as an intervention. This intervention has yielded positive outcomes for both patients and facilities.

Patient Participation in QAPI and/or Governing Body Meetings

The Network QAPI participation goal is to reach 20% of projected facilities to include patient participation in QAPI and/or Governing Body by September 30, 2018. QIAs are requiring facilities to invite patients to attend QAPI meetings. Attendance will be tracked throughout the course of the project (i.e., during monthly reports facilities are asked if patients attended any of their QAPI/QA meetings). The Network has identified dialysis facilities that successfully incorporated patients into the QAPI process. The Network provides technical assistance related to including patients in the QAPI process to facilities.

Baseline Data

The Baseline data for the Network’s 2019 patient and family engagement goals is listed below:

- 61/522 facilities or 12% have facility patient support groups,
- 179/522 facilities or 34% reported they meet with patients one-on-one for their POC
- 73/522 facilities or 14% invite patients to a QAPI meetings

Patient engagement is beyond a monthly or annual interaction with patients; it is building and strengthening relationships between staff and patients. Patient and Family Engagement has a significant impact on patient alignment with treatment goals and supports optimal clinical outcomes. Facility interactions have a tremendous impact on the overall health and wellbeing of patients, family members and caregivers. Patient engagement focuses on using these interactions to teach, mentor, advocate, listen, and support patients, family members and caregivers. Network 14 will continue ongoing efforts to ensure facilities are providing patient engagement opportunities for all patients.

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Patient, Family and Caregiver Engagement (continued)
The ESRD Network of Texas, Inc. (ESRD Network 14) Patient Advisory Committee (PAC) is made up of patients and caregivers representing Network 14’s patient population demographics. PAC members are from different geographical areas of the state, different modalities, represents both rural and urban locations as well as gender, race and ethnicity. This year’s PAC has been very busy working on ESRD Network 14 Quality Improvement projects, patient educational resources, representing Texas on National Learning and Action committees, and attending CMS and NKF meetings.

Some of the achievements are:

- Our PAC Chair member provided the opening speech during the CMS Quality Net meeting in Baltimore, MD in January 2019
- One member worked with the NKF in Austin, TX to administrator Free Health Screenings
- Several members attended Kidney Day at the Capital and spoke with their State Representative on kidney disease and the costs for patients/families. They asked their representatives to vote for House Bill 1225
- Created patient educational resources on bed bugs
- Assisted with development of ESRD Network 14 mentoring program
- Created patient wallet size information card for important hospital and doctor contact information
- Two members attended the signing of the Presidential Executive Orders concerning dialysis and kidney transplantation in Washington, DC.
- Recruitment of new PAC members
- Attending QAPI meetings at their facility
- Created a check list for patients who are interested in switching to Home/PD modality
Continued from page 15

- One member is on the Texas Renal Coalition
- Patient conducted ribbon cutting during the grand opening of their new facility
- Several members are active with their local National Kidney Foundation office as well as the Texas Kidney Foundation
- Hosting or assisting facility staff with lobby days at their clinics
  - QAPI
  - Hand hygiene
  - National Kidney month
  - World Kidney day
  - Patient and staff NCC interactive educational materials
  - Patients Helping Patients

Recruitment for new PAC members will begin in the fall. If you have a patient you feel who would enjoy working with other patients as a patient subject experts, please share this article with them and let them know of the upcoming recruitment. To learn more about the Network 14 PAC visit our website (Link) PAC activities section.
The 2019 NHSN Internal Validation Toolkit and the Guidance for Facility Data Quality Checks developed by the National Healthcare Safety Network (NHSN) are now available on NHSN's webpage at [https://www.cdc.gov/nhsn/validation/index.html](https://www.cdc.gov/nhsn/validation/index.html). The NHSN Patient Safety Data Quality Check Guidance and Toolkit is purposed to assist facilities in conducting data quality checks of reported Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) following Abdominal Hysterectomy (HYST) and Colon (COLO) procedures, Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia and Clostridium difficile infection (CDI) LabID events. It can be found here.

The NHSN June Newsletter can be found here: [https://www.cdc.gov/nhsn/newsletters/index.html](https://www.cdc.gov/nhsn/newsletters/index.html)

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**CMS QIP NHSN Calendar Year 2019 Reporting Requirements for Dialysis Event Data:**

- **Q2 2019 data due 09/30/2019**  
  **(Q2 = April 2019 - June 2019)**

- **Q3 2019 data due 12/31/2019**  
  **(Q3 = July 2019 - September 2019)**

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Please ensure that at least one individual at your facility can access NHSN via their Secure Access Management Services (SAMS) account and has been assigned appropriate user rights in NHSN to enter and view your facility's data. To guarantee that your data is accurately entered into NHSN, verify that: 1) your monthly reporting plans are complete; 2) you've entered appropriate summary and event data or checked the appropriate no events boxes; and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit their website and navigate to the appropriate section(s) for your facility type: [https://www.cdc.gov/nhsn/cms/index.html](https://www.cdc.gov/nhsn/cms/index.html).

For questions, please contact the NHSN Helpdesk: NHSN@cdc.gov. It is staffed Mondays thru Fridays, 7 am ET – 5 pm ET, excluding Federal Holidays.
# ESRD Network of Texas, Inc.
## Medical Review Board Recommendations
### Goals for Clinical and Safety Performance Measures/Quality Indicators
#### Calendar Year 2018/Payment Year 2020

ESRD Network of Texas endorses CMS Quality Incentive Program goals in lieu of setting additional Network-specific goals.

*Denotes new measure for Calendar Year 2018

*On these measures, a lower rate indicates better performance

QIP Benchmark: 90<sup>th</sup> percentile of performance rates nationally during CY 2016

<table>
<thead>
<tr>
<th><strong>Clinical Performance Measures</strong></th>
<th><strong>Goals</strong></th>
<th><strong>Source</strong></th>
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<tbody>
<tr>
<td>Kt/V Dialysis Adequacy (comprehensive)</td>
<td>98.56%</td>
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<tr>
<td>Hypercalcemia&lt;sup&gt;*&lt;/sup&gt;</td>
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<td>Vascular Access – Arteriovenous Fistula (AVF)</td>
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<td>Vascular Access – Catheter ≥ 90 days&lt;sup&gt;*&lt;/sup&gt;</td>
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<td>Standardized Readmission Ratio (SRR)&lt;sup&gt;*&lt;/sup&gt;</td>
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<td>Standardized Hospitalization Ratio (SHR)&lt;sup&gt;**&lt;/sup&gt;</td>
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<td>ICH CAHPS – Nephrologists’ Communication and Caring</td>
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<td>ICH CAHPS – Overall Rating of the Dialysis Facility</td>
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<td>Facility is “As Expected” or “Better than Expected”</td>
<td>Dialysis Facility Report</td>
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</table>
The ESRD Network of Texas (Network 14) works closely with Centers for Medicare & Medicaid Services (CMS) to resolve grievances. The Network investigates grievances related to the quality of dialysis and transplant services and care provided to Medicare patients or in Medicare certified facilities. The Patient Services Department is continually working to improve the patient experience of care, facilitate positive provider interactions, and reduce grievances. Although patients provide the initial notification of a grievance, the Network contacts providers to offer resolution guidance and technical assistance related to reported grievances.

What is a Grievance?

Medicare defines grievance as a written or oral communication from an ESRD patient, and/or an individual representing an ESRD patient, and/or another party alleging that a Medicare-covered ESRD service did not meet recognized standards of safety or civility, or professionally recognized clinical standards of care. Grievances are filed with the Network by phone, fax, or postal mail. Although, it is strongly discouraged, grievances are sometimes filed via email. In filing a grievance, a patient may remain anonymous to the facility. The Network will not release a patient’s name to the facility without the patient’s permission.

What is the Network’s Role in Handling Grievances?

The Patient Services Department handles questions related to the quality and safety of care received by patients and any questions regarding grievances process. The Network’s role in resolving grievances, depending upon the situation, is to act as: Investigator, Facilitator, Advocate, Educator, Coordinator and/or Referral Agent.

How the Network Assists in Resolving Grievances?

When the Network is contacted regarding a concern, it will attempt to resolve the issue in one of the following ways:

- Assist patients who wish to address the issue on his/her own by helping to organize his/her thoughts about a situation and by providing information regarding their rights and responsibilities;
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With permission from the patient, the Network may contact the facility directly to gather information and attempt to resolve the matter. More serious issues may be referred to the Network’s Medical Review Board (MRB) for review. Life-threatening situations will be referred to the appropriate State Survey Agency for immediate action. If the grievance involves a concern that falls under another agency’s or organization’s authority, the Network will refer the grievance in accordance with CMS established Guidelines.

In efforts to resolve grievances, the Network participates with patient Care Conferences both in-person and via teleconference. The Network completes regular grievance focused audits to identify prevalent areas of concerns. The Network also staff provides technical assistance to facilities related to grievance resolution, patient engagement and alignment with treatment goals, behavior management, resource referrals and Access to Care concerns. Please feel free to contact us if you have any related questions or concerns.

Involuntary Discharges and Access to Care Concerns

Facility Staff members often contact the Network with questions and concerns related to Involuntary Discharges. An involuntary discharge should be the option of last resort and should begin only if all efforts to resolve the problem have failed and the issues and interventions to address them have been properly documented.

In cases of immediate severe threat to the health and safety of others, the facility may use an abbreviated IVD procedure. Per the Conditions for Coverage Interpretive Guidance, “An ‘immediate severe threat’ is considered to be a threat of physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this would be considered an ‘immediate severe threat.’ An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat.

IVDs should be completed in accordance with Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC).
The Conditions for Coverage (§ 494.180 (f)) recognize involuntary discharge for the following reasons:

- The patient or payer no longer reimburses the facility for the ordered services
- The facility ceases to operate;
- The transfer is necessary for the patient’s welfare because the facility can no longer meet the patient’s documented medical needs; or
- The facility has reassessed the patient and determined that the patient’s 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.

IVDs should be completed in accordance with Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC). 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).

To provide direction to dialysis facility professionals on how to complete Involuntary Discharge (IVD) Paperwork, the Network developed an IVD Process Webinar. This resource is posted on the Network’s website: http://www.esrdnetwork.org/sites/default/files/IVD%20webinar-8%2024.pdf.

Additional Involuntary Discharge Resources related to the IVD Process, Conditions for Coverage, DSHS Incident Form, and CROWNWeb Admit Discharge Reasons are also posted on the Network’s website: http://www.esrdnetwork.org/social-worker-tools-resources.

We appreciate all you do for patients and families. Please feel free to contact the Patient Services Department with any questions or concerns.
Please share the following information with the person(s) who is responsible in your facility for collecting patient addresses and data entry into CROWNWeb as well as your facility’s internal database.

CMS is notified when a new ESRD patient’s CMS 2728 is entered into CROWNWeb. This notification prompts CMS to send information to the patient’s home using data entered into CROWNWeb. When the address is rejected and returned to CMS as undeliverable, the Network and the patient’s facility are required by CMS to obtain corrected information and update CROWNWeb.

When entering a patient’s address into CROWNWeb, it is important that you meet the United States Postal Service requirements. The USPS defines a complete address “as one that has all the address elements necessary to allow an exact match with the current Postal Service ZIP+4 and City State files to obtain the finest level of ZIP+4 and delivery point codes for the delivery address.”

A standardized address is one that is fully spelled out, or abbreviated by using the Postal Service standard abbreviations (for more information go to usps.org). See example below.

```
ABC Movers
1500 Anywhere Street, Ste 150
Lessons, TX  78432-0129
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Each time you enter a patient into CW, take a few extra seconds to make sure the patient’s contact information is correct. By doing so, you will reduce the number of notices you receive from the Network!

1. Determine if the mailing address (where the patient receives mail) is the same as the physical address. Enter the information in both address sections of CW. **Do not leave either section blank!**
2. Does the address include an apartment number, trailer number, or lot number? Be sure to include the number AND "APT," "Trailer," or "Lot" in front of the number.
3. Is the street name spelled correctly? Is the address a rural route or county road? **Be sure to spell these words out, do not use abbreviations.**
4. Is the name of the city correct? Is it spelled correctly?
5. Is the zip code correct? If possible, add the 4-digit extension number.
6. Is there appropriate spacing in the address?

Encourage patients to notify you as soon as possible when their contact information changes. Be sure to update the patient’s attestation page in CROWNWeb with their new address and phone number.
# ESRD Network 14 Staff Contacts

Do NOT Email Patient-specific Information. Fax Only.

<table>
<thead>
<tr>
<th>CROWNWeb</th>
<th>Patient Engagement and Patient Services</th>
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| **Robert Bain** *(NW8, NW14)* P: 601-813-0742  
Email: rbain@nw14.esrd.net | **Grievances/IVDs/IVTs** |
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**Infection Detection (BSI QIA)**

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**Hospitalization Referrals QIA**

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**Transplantation QIA and Long Term Catheter (LTC)**

| ESRD of Texas Network 14 at:  
www.esrdnetwork.org |
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