



END-STAGE RENAL DISEASE NETWORKS

2nd Quarterly Virtual Council Meeting

SESSION 3 – OCTOBER 1, 2026

Housekeeping

- All lines have been muted.
- This session will be recorded and posted to our website along with a copy of the slides.
- Please put your questions in the chat and we will answer as many as time allows at the end of the presentation.

QUALITY INSIGHTS

ESRD Network Program

Renal Networks 2, 3, 4, 5, 10, 11, and 12

Transforming Kidney Care Across America

7

ESRD Networks

160k+

Dialysis Patients

2,500+

Dialysis Centers

ESRD CONDITIONS FOR COVERAGE

Regulatory Requirements & Network Participation

Under 42 CFR Part 494, all dialysis facilities must meet the ESRD Conditions for Coverage (CfC) to participate in the Medicare and Medicaid programs. These federal standards govern every aspect of care delivery.

MANDATORY NETWORK PARTICIPATION

Per 42 CFR §494.180(h), all ESRD facilities are required to participate with the ESRD Network in their geographic area.

What Participation Means:

- Respond to Network requests for data and information
- Cooperate with quality improvement initiatives and audits
- Submit required deliverables within specified timeframes
- Participate in training, education, and learning collaboratives

Key CfC Domains

Patient Rights

Informed consent, grievance process, QAPI involvement

Patient Assessment

Comprehensive interdisciplinary assessments

Care Planning

Individualized plans updated regularly

Adequacy of Dialysis

Clinical standards for treatment delivery

Water & Dialysate Quality

Safety standards for all dialysis water

YOUR NETWORK TEAM



Renee Bova-Collis

Patient Engagement Specialist



Heather Cecil

Outreach Coordinator



Alison Crittenden

Data Specialist



Yessi Cubillo

Patient Engagement Specialist,
Regional Emergency
Preparedness Coordinator



Natasha Grider

Patient Engagement Specialist



Karen Hricak

Data Specialist



Andrea Lewis

Quality Improvement Specialist



Amanda Morelli

Quality Improvement Specialist



Eleanor Nelson

Patient Engagement Specialist



Elizabeth Nuschke

Quality Improvement Specialist

ADMINISTRATIVE TEAM



Tricia Phulchand

Regional Data Manager



Meghan VanSlyke

Quality Improvement Specialist



Brandy Vinson

Executive Director

WHO TO CONTACT

Network Toll-Free: 844-238-1188

Department Staff	Responsibilities	Phone Ext
Program Director		
Brandy Vinson	ESRD QIP, 5-Star, MRB, Medicare Compare, Data Requests	2711
Patient Services		
Renee Bova-Collis, MSW, LCSW	Grievances, IVD/IVT, ESRD Conditions for Coverage, Patient Rights and Responsibilities	2705
Yessi Cubillo	Grievances, IVD/IVT, Patient Rights and Responsibilities, Patient and Family Engagement, Emergency Preparedness	2431
Natasha Grider, MSSW, LSW	Grievances, IVD/IVT, Patient Rights and Responsibilities	2831
Eleanor Nelson	Grievances, IVD/IVT, Patient Rights and Responsibilities	2706
Outreach Coordinator		
Heather Cecil	5-Diamond Patient Safety, Facility Personnel Changes, Network Membership	2712

WHO TO CONTACT

Network Toll-Free: 844-238-1188

Department Staff	Responsibilities	Phone Ext.
Data Services		
Karen Hricak	EQRS	2810
Tricia Phulchand, BSN, RN	EQRS	2422
Alison Crittenden	EQRS	2707
Quality Improvement		
Andrea Lewis, LMSW	Behavioral Health, Health Equity, ESRD QIP	2714
Amanda Morelli, MSN, RN, CNN	Vaccinations, Hospitalizations, Infection Prevention, ESRD Conditions for Coverage, ESRD QIP, 5-Star Ratings, NHSN, PARTNERED Program	2709
Elizabeth Nuschke, RD	Transplant, Home	2710
Meghan VanSlyke, RD	Vaccinations, Hospitalizations	2708

CONTACT INFORMATION

Quality Insights Renal Networks

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Henrico, VA 23242

Network Toll-Free: 844-238-1188

Patients Toll-Free: 844-238-1190

General Fax: 877-725-9998

Grievance & IVD Fax: 877-497-5065

Website: www.qualityinsights.org/esrd

Our Policies

- Grievance Policy
- EQRS Tickets
- Utilizing EQRS
- Personnel Updates
- Communication Practices
- Data Feedback

Grievance Policy Update

Email is not a secure method of communication. Please contact us by phone or fax to file a grievance. If you submit a grievance by email, Network staff will call you to discuss next steps and clarify any details as needed.

What the Network Can Do

- ✓ Investigate grievances filed by patients, family members, or patient representatives to help resolve issues at a dialysis facility or transplant center
- ✓ Mediate difficult situations between patients and facility staff
- ✓ Educate staff and patients about issues related to a grievance
- ✓ Assist patients in understanding their rights and responsibilities and advocate for the rights of all patients
- ✓ Provide individualized interventions and recommendations for rebuilding positive patient-provider relationships
- ✓ Help patients identify dialysis facilities through Care Compare and provide contact information for other units
- ✓ Provide general information on Medicare ESRD coverage
- ✓ Provide educational materials and resources about ESRD and treatment options

What the Network Cannot Do

- ✗ Force, direct, or require a facility, transplant center, or physician to accept a patient or change their treatment schedule
- ✗ Add a patient to the transplant list
- ✗ Close a dialysis facility
- ✗ Go on-site to investigate clinical procedures, witness staff-patient interactions, or review audio/visual material
- ✗ Interfere with facility surveys or override state/federal licensing and certification requirements
- ✗ Change or become involved in facility personnel policies, including facilitating the firing, disciplinary actions, transfer, or pay docking of staff
- ✗ Change a facility's policies
- ✗ Require or request that a specific staff member provide care
- ✗ Require or request that a facility conceal a patient's treatment, behavior, or involuntary discharge (IVD) history
- ✗ Verify Medicare coverage or issue Medicare cards, or provide expert guidance on Medicare reimbursement
- ✗ Recommend a lawyer, assist with a lawsuit, or otherwise assist in pursuing legal action
- ✗ Provide monetary compensation, pay bills, or arrange transportation for patients
- ✗ Resolve disputes involving payment, insurance claims, or billing determinations
- ✗ Request or change medical records
- ✗ Make medical decisions or determine an individual's treatment plan
- ✗ Release confidential patient, facility, or complaint information

Documentation

- ✓ Document the ongoing problem in the patient's medical record.
- ✓ Document the impact of behavior on other patients/staff.
- ✓ Document all steps taken to resolve the problem (including behavioral contracts and patient/staff meetings) and adherence to the facility policy regarding disruptive/abusive behavior.
- ✓ Document the patient's response to each step taken and the interdisciplinary team's reassessment of the situation and the plan of care aimed at addressing and resolving unacceptable behavior.

Who Should Document:

- ☐ Staff that witnessed or was involved in a disruptive situation with patient(s) - not a second hand version.
- ☐ Make sure floor staff are documenting ongoing issues.
- ☐ When possible, put a note in "real time" while it is fresh in your mind.

EQRS ASSISTANCE – Who to Contact and When

When to contact us	When to contact CCSQ Service Center
Editing submitted Forms CMS-2728 and CMS-2746 <u>except</u> Physician and Patient Signature sections.	Editing Physician and Patient Signature sections of submitted CMS-2728 Form.
Questions about admission and discharge reasons.	HARP Account Management
Issues admitting a patient.	Quality Incentive Program (QIP) questions
Updating failed transplant status to Non-functioning.	Trouble logging in to EQRS
Updating patient information page after a patient has been discharged.	
Two records exist for the same patient, and the records need to be merged.	

Quality Insights	CCSQ Service Center
Open a ticket: https://esrdqiaforms.qualityinsights.org/EQRSTicket	Monday - Friday 8 a.m - 8 p.m ET By Phone: 1-866-288-8912 By Email: gnetssupport-esrd@cms.hhs.gov Online: https://cmsqualitysupport.servicenowservices.com/ccsq_support_central

EQRS ASSISTANCE via Ticketing System

ESRD Quality Reporting System — Streamlined Support for Your Facility



***Once a ticket is opened there is no need to call or email – Our staff will reach out with any questions.
Please allow us 24 to 48 hours to respond***

What You Can Submit via EQRS Tickets:

- ✓ Data entry errors or corrections
- ✓ Admissions & Discharges
- ✓ Error Codes
- ✓ CMS Forms Submissions/Updates or Corrections to Submitted Forms
- ✓ Patient Data Management
- ✓ Technical Issues – Applying for Roles within EQRS

EQRS Updates

- Reports Dashboard Page Redesign
- Clinical Redesign
 - Removal of separate ESA section
 - Addition of Anemia Medication(s) with prescription date(s)

EQRS Manage Clinical Module

Anemia Management

* Hemoglobin (Hgb) ⓘ

g/DL

Date Collected

MM/DD/YYYY

☐ Not Applicable

* Ferritin ⓘ

ng/ml

Date Collected

MM/DD/YYYY

☐ Not Applicable

* Iron Saturation ⓘ

%

Date Collected

MM/DD/YYYY

☐ Not Applicable

* Reticulocyte Hemoglobin (CHR) ⓘ

pg

Date Collected

MM/DD/YYYY

☐ Not Applicable

* Active Anemia Medications

+ Add Anemia Medication

☐ Not Applicable

* Active Anemia Medications

☐ Not Applicable

* Anemia medication prescribed

Select one

Epoetin Alfa

Epoetin Beta

Darbepoetin Alfa

Vadadustat

Other

Date Prescribed

MM/DD/YYYY

✗ Remove

+ Add Anemia Medication

Iron

* Was intravenous (IV) iron administered?

☐ Yes ☐ No

Date Administered

MM/DD/YYYY

☐ Not Applicable

* Intravenous (IV) Iron

Select one

Iron Dextran (Dexferrum, Infed)

Sodium Ferric Gluconate (Ferrolecit)

Iron Sucrose (Venofer)

Other

☐ Not Applicable

* Intravenous (IV) Iron Dose

Select Unit

☐ Not Applicable

* Was oral (PO) iron prescribed?

☐ Yes ☐ No

Date Prescribed

MM/DD/YYYY

☐ Not Applicable

* Oral (PO) Iron

Select Unit

Ferrous Fumarate

Ferrous Sulfate

Ferrous Gluconate

Other

☐ Not Applicable

* Oral (PO) Iron Dose

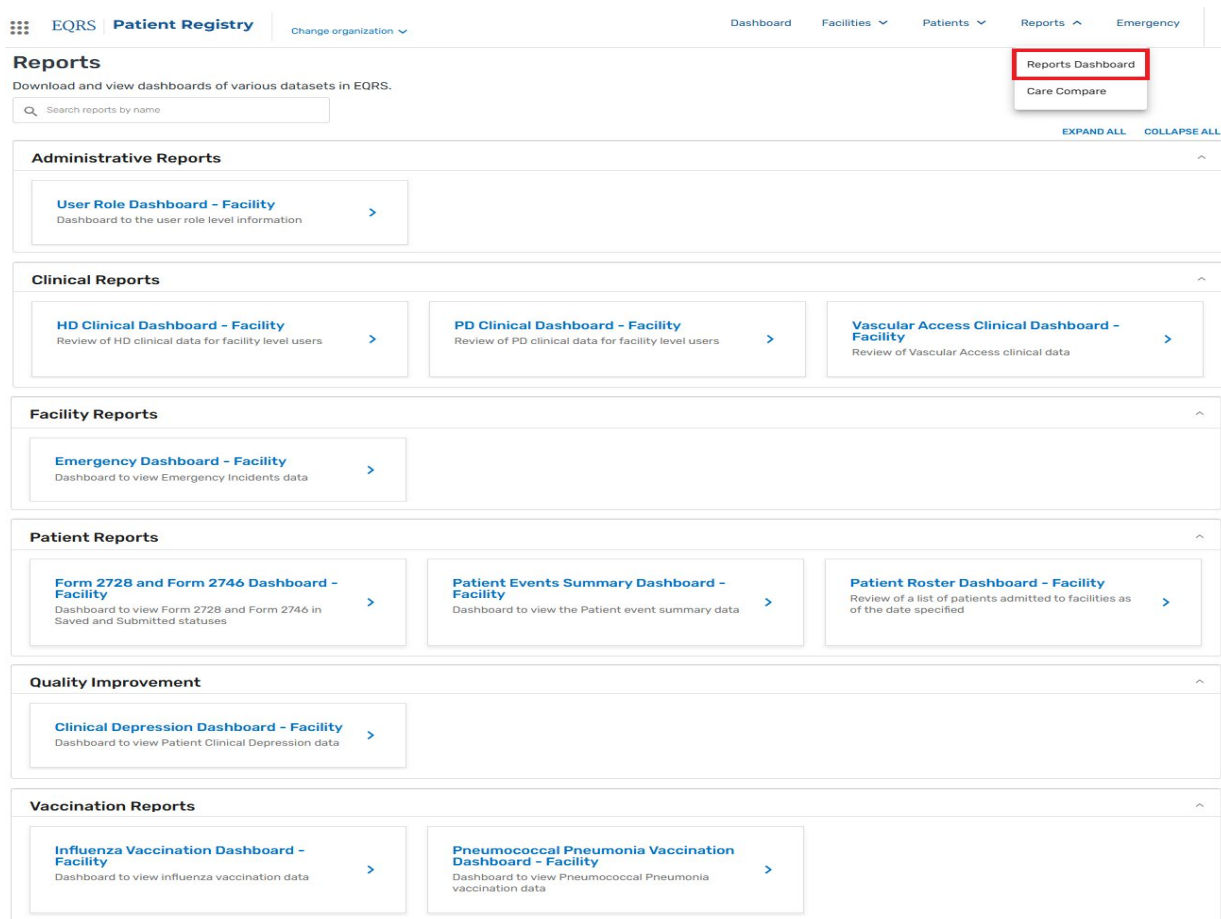
Select Unit

☐ Not Applicable

EQRS Dashboards – Dialysis Facilities

EQRS Dashboards:

- User Role
- HD, PD, and Vascular Access
- Emergency
- 2728/2746 forms, Patient Events and Patient Roster
- Clinical Depression
- Influenza and Pneumonia



The screenshot displays the 'EQRS Patient Registry' interface. At the top, there is a navigation bar with 'EQRS Patient Registry' and a 'Change organization' dropdown. On the right, a menu contains 'Dashboard', 'Facilities', 'Patients', 'Reports', and 'Emergency'. A dropdown menu for 'Reports' is open, showing 'Reports Dashboard' (highlighted with a red box) and 'Care Compare'. Below the navigation, the 'Reports' section is titled 'Download and view dashboards of various datasets in EQRS.' and includes a search bar labeled 'Search reports by name'. The reports are organized into several categories, each with a title and a list of dashboard options:

- Administrative Reports**
 - User Role Dashboard - Facility: Dashboard to the user role level information
- Clinical Reports**
 - HD Clinical Dashboard - Facility: Review of HD clinical data for facility level users
 - PD Clinical Dashboard - Facility: Review of PD clinical data for facility level users
 - Vascular Access Clinical Dashboard - Facility: Review of Vascular Access clinical data
- Facility Reports**
 - Emergency Dashboard - Facility: Dashboard to view Emergency Incidents data
- Patient Reports**
 - Form 2728 and Form 2746 Dashboard - Facility: Dashboard to view Form 2728 and Form 2746 in Saved and Submitted statuses
 - Patient Events Summary Dashboard - Facility: Dashboard to view the Patient event summary data
 - Patient Roster Dashboard - Facility: Review of a list of patients admitted to facilities as of the date specified
- Quality Improvement**
 - Clinical Depression Dashboard - Facility: Dashboard to view Patient Clinical Depression data
- Vaccination Reports**
 - Influenza Vaccination Dashboard - Facility: Dashboard to view influenza vaccination data
 - Pneumococcal Pneumonia Vaccination Dashboard - Facility: Dashboard to view Pneumococcal Pneumonia vaccination data

At the top right of the reports section, there are links for 'EXPAND ALL' and 'COLLAPSE ALL'.

EQRS Resources Page

Resources

Browse a curated collection of helpful resources for your ESRD needs.

EQRS Resources

[Emergency Module User Guide for EQRS](#) 

Updated: 5/01/2025

[EQRS Dialysis Facility Editor Quick Start Guide](#) 

Updated: 09/02/2026

[Guidance for Managing Uncommon EQRS Admission and Discharge Scenarios](#) 

Updated: 12/30/2025

[EQRS Patient Registry Data Management Guidelines](#) 

Updated: 04/07/2026

[Admission in Support of Transplant FAQs](#) 

Updated: 04/30/2026

[EQRS Vaccination Data Submission Requirements and Frequently Asked Questions \(FAQ\)](#) 

Updated: 10/01/2024

[EQRS Peritoneal Dialysis Infection Data Submission Guidelines](#) 

Updated: 03/18/2026

[Clinical Depression Screening Module Guide](#) 

Created: 06/12/2026

[Clinical Module User Guide for EQRS](#) 

Created: 08/12/2026

[Dialysis Facility Data Review and Submission Requirements](#) 

Created: 05/06/2026

CY 2026 EQRS Data Submission Deadlines

2026 EQRS Submission Schedule for: EQRS Clinical Data All Deadlines are at 11:59 p.m. Pacific Time (PT)	
Reporting Month	Data Submission Deadline
January 2026	March 31, 2026
February 2026	April 30, 2026
March 2026	June 1, 2026
April 2026	June 30, 2026
May 2026	August 3, 2026
June 2026	August 31, 2026
July 2026	September 30, 2026
August 2026	November 2, 2026
September 2026	November 30, 2026
October 2026	December 31, 2026
November 2026	February 1, 2027
December 2026	March 1, 2027

2026 EQRS Submission Schedule for: Clinical Depression Screening and Follow-Up Assessments	
Assessment Period	Data Submission Deadline
January 2026 – December 2026	March 1, 2027, at 11:59 PM PT

2026 EQRS Submission Schedule for: ICH CAHPS Facility Attestation	
Attestation Period	Submission Deadline
January 2026 – December 2026	March 1, 2027, at 11:59 PM PT

Dialysis facilities must submit EQRS data by each applicable deadline. Missing these deadlines puts your facility at risk for an ESRD Quality Incentive Program (QIP) payment reduction.

CY 2026 NHSN Data Submission Deadlines

NHSN Data Submission Deadlines for 2026 ESRD QIP Data (Bloodstream Infections in Hemodialysis Patients and COVID-19 Vaccination Coverage Among HCP) All Deadlines are at 11:59 p.m. Pacific Time (PT)		
Quarter	2026 Reporting Months	Data Submission Deadline
1	January–March	June 30, 2026
2	April–June	September 30, 2026
3	July–September	December 31, 2026
4	October–December	March 31, 2027

Dialysis facilities must submit NHSN data by each applicable deadline. Missing these deadlines puts your facility at risk for an ESRD Quality Incentive Program (QIP) payment reduction.

Change of Ownership (CHOW) without change in CCN

- Notify us as soon as possible.
 - Send a notification, via email, on company letterhead stating the CHOW and anticipated date of acquisition
 - Send CHOW notifications to our Executive Director, Brandy Vinson at bvinson@qualityinsights.org or to me, Tricia Phulchand at tphulchand@qualityinsights.org
- Apply for access to the facility in EQRS
- Begin entering clinical data in EQRS by clinical closure deadline
- Obtain access to that facility for NHSN reporting
- Complete timely NHSN reporting

Reporting Peritonitis Infections

- Reporting required by CMS in EQRS
- Document peritoneal dialysis infections in the infection module
- Follow the EQRS Peritoneal Dialysis Infection Data Submission Guidelines

Personnel Update

- Quarterly Deliverable
 - Sent to Facility Administrator and Medical Director
 - Updates Network database, not EQRS
 - 90.3% submitted timely
- Interim Personnel Updates
 - Online form now available



Communication Practices

	Facility Administrator	Medical Director	Regional Leadership	Vice Presidents	Social Workers	Project Lead	Data Contact
General Announcements	X	X					
Late Notices	X	X	X	X		X	
Project Enrollment Notifications	X	X					
Quarterly Personnel Updates	X	X					
Annual Network Membership	X	X					
Network Deliverables	X	X					
Project Deliverables						X	
Facility Quality Reports	X	X			X		
Data Reminders							X

- Please request that your IT departments mark our emails a “safe” @qualityinsights.org

Performance Dashboard

- Method to track performance
- Notification sent to Facility Administrator, Medical Director, and Social Worker
 - <https://esrdportal.qualityinsights.org/>
 - ESRD Portal One-time passcode
- Updated monthly
- Discuss in QAPI and document
 - Can be printed





The Patient Mentoring Program Is Now Live

Now Available to Every Dialysis Facility

- Live across ESRD Networks 2, 3, 4, 5, 10, 11, and 12, serving 20+ states and territories.
- Connects patients to mentors who have lived experience with dialysis, transplant, home modalities, and treatment transitions.
- Matches mentors and mentees by shared experiences, language, and personal goals.

NEW: Caregivers/Family members are also welcomed to connect with our mentors and to become mentors!

Getting Started Is Simple

Explore and Connect with a Mentor

- Get to know our Mentors by exploring their profiles and watching their introduction videos organized by topic of interest.
- We also have additional mentors available (not listed on the website) and can connect mentees with the person who best fits their needs.
- When ready to connect with a mentor, simply complete the [Online Application](#)

Become a Mentor

- Offer positive role modeling to new patients and patients in need of support.
- Share experiences and information on treatment options.
- Help patients understand the benefits of being involved in their care.
- Encourage positive communication with the healthcare team.

MENTORING PROGRAM — ENGLISH / SPANISH FLYER

What Facilities Can Do Today

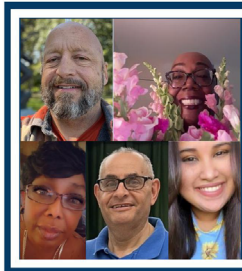
- ✓ Share the English/Spanish program flyer with patients and post it in common areas.
- ✓ Identify at least one mentor candidate per dialysis or transplant center.
- ✓ Encourage interested patients and caregivers to learn more about the program.
- ✓ Point patients & caregivers to the Mentor/Mentee [online Application](#) to get connected!

[Help Us Spread the Word!](#)



END-STAGE RENAL DISEASE NETWORKS

PATIENT MENTORING PROGRAM



ARE YOU INTERESTED IN...

CONNECTING WITH A PATIENT MENTOR

- Enjoy the benefits of having social support from patients like yourself.
- Learn about treatment options from patients with real life experience.
- Set personal goals and talk about them with a patient mentor.
- Obtain useful resources and support to strengthen your partnership with the healthcare team.

BEING A PATIENT MENTOR

- Offer positive role modeling to new patients and patients in need of support.
- Share your experiences and information on treatment options.
- Help patients understand the benefits of being involved in their care.
- Encourage positive communication with the healthcare team.

To be a patient mentor in this program, you must have been a renal patient on dialysis and/or transplanted for at least one year and are willing to complete at least four online Patient Mentoring courses.

Application



HOW CAN I PARTICIPATE IN THIS PROGRAM?

- Let your facility social worker, nurse, manager, other facility staff or Network contact know that you are interested.
- Complete, or ask a staff for assistance in completing the Patient Mentor/Mentee Application online.
- Set aside time to connect with a patient mentor / mentee in person, by phone or virtually.

Program Details



Yessi Cubillo (ESRD Network Contact)
ycubillo@qualityinsights.org
(844) 238.1188 ext. 2431

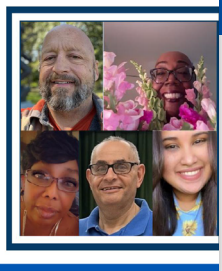
Patient Toll-Free Line:
(844) 238-1188

Website:
qualityinsights.org/esrd



END-STAGE RENAL DISEASE NETWORKS

PROGRAMA DE MENTORIA ENTRE PACIENTES



ESTÁ INTERESADO EN...

CONECTAR CON UN MENTOR DE PACIENTES

- Disfrute de los beneficios de contar con el apoyo social de pacientes como usted.
- Aprenda sobre opciones de tratamiento por pacientes con experiencia propia.
- Establezca metas personales y hable sobre ellas con un mentor de pacientes.
- Obtenga recursos y apoyo para fortalecer su colaboración con el equipo de atención médica.

SER UN MENTOR DE PACIENTES

- Sea ejemplo positivo para pacientes nuevos y pacientes que necesiten apoyo.
- Comparta sus experiencias e información sobre las opciones de tratamiento.
- Ayude a pacientes a comprender los beneficios de participar en su cuidado.
- Fomente comunicación positiva con el equipo de atención médica.

Para ser un mentor de pacientes en este programa, debe haber sido un paciente renal en diálisis y/o trasplantado al menos un año y estar dispuesto a completar al menos cuatro cursos en línea de Mentoría para Pacientes.

Aplicación	¿CÓMO PUEDO PARTICIPAR EN ESTE PROGRAMA?	Detalles del Programa
	1. Comparta su interés con trabajo social, enfermera, gerente u otro personal de su centro y/o el contacto del Network. 2. Complete, o pídale ayuda al personal para completar en línea la Aplicación de Mentoría entre Pacientes. 3. Reserve tiempo para conectar con un paciente en persona, por teléfono o virtualmente.	

Yessi Cubillo (Contacto del ESRD Network)
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Learn more:

qualityinsights.org/esrd/patient-mentoring-program

REPORTING EMERGENCIES

Emergencies must be reported to the Network within 24 hours of occurrence. Timely reporting enables coordinated response and protects patient safety.

Reportable Emergency Events

Natural Disasters

Floods, hurricanes, tornadoes, ice storms, or any weather event disrupting operations

Facility Closure or Evacuation

Planned or emergency facility closure requiring patient relocation

Water or Power Outages

Utility disruptions affecting dialysis treatment delivery

Mass Casualty Events

Any event resulting in multiple patient injuries or deaths at or related to your facility

Patient Safety Incidents

Adverse events with significant patient harm, care delays, or equipment failures

Infectious Disease Outbreaks

Any suspected or confirmed outbreak at your facility, including bloodborne pathogen events

Staff Emergencies

Events significantly affecting your ability to deliver care, including critical staffing shortages

Cyber or Data Breach

Any incident compromising patient data or critical operational systems

REPORT EMERGENCY CLOSURE / EVENT

To report an emergency, use the [REPORT EMERGENCY CLOSURE/EVENT](#) button on our website's [home screen](#).

CMS FOUR KEY PRIORITIES

1 Empowering Patient Choice

Ensure every patient receives comprehensive education about all treatment options and support their decisions about home dialysis, in-center dialysis, or transplantation based on their personal life goals and values.

2 Improving Care Coordination

Reduce emergency room visits and hospitalizations through proactive care management and systematic communication between providers, transforming reactive emergency care into planned interventions.

3 Promoting Whole Health

Address the complete well-being of kidney patients — physical health, mental health support, nutrition awareness, and vocational rehabilitation to help patients maintain meaningful engagement in their communities.

4 Enhancing Data Interoperability

Provide technical assistance to 100% of facilities for data management, enabling real-time insights that drive quality improvement while reducing administrative burden.

Empower Patient and Family Choice



Achieve a 1% increase in the rate of ESRD home dialysis-eligible patients per 100 patient-years who start in or switch to home dialysis treatment within the measurement year. .



Achieve a 2% increase in the percentage of ESRD transplant patients who accept kidney transplant offers with Kidney Donor Profile Index (KDPI) scores $\geq 60\%$ in the measurement year..

Rate of Patients Switch to or Start Home Dialysis Per 100 Patient Years

NW	Baseline			Remeasurement			Goal
	(May 1, 2025 – April 30, 2026)			(May 1, 2026 – August 31, 2026)			(April 30, 2027)
	Num	Den	Rate	Num	Den	Rate	Rate
2	1,347	23,954	5.62	320	6,191	5.17	5.68
3	1,101	16,963	6.49	297	5,704	5.21	6.56
4	1,449	15,037	9.64	417	5,026	8.3	9.73
5	2,031	21,723	9.35	533	7,332	7.27	9.44
10	1,404	14,332	9.8	404	4,881	8.26	9.89
11	2,324	21,890	10.62	620	7,365	8.42	10.72
12	1,582	12,064	13.11	459	4,080	11.25	13.24

*Percent of ESRD patients offered a referral to a kidney transplant center.” – data will be collected after the base period



Atlantis Healthcare Puerto Rico & Gunderson Lutheran Renal Dialysis

- Ileana Perez Feliciano and Atlantis Healthcare Puerto Rico – timely communication and engagement
- Bridget Pfaff and Gunderson Lutheran Renal Dialysis – timely communication and commitment to partnership

Kudos!!!

Improve Care Coordination



Achieve a 2% decrease in the rate of ESRD patients per 100 patient-years who have an outpatient emergency department (ED) visit with a diagnosis listed under the Primary Diagnosis Categories.



Achieve a 2% decrease in the rate of ESRD patients per 100 patient-years who have are hospitalized with a diagnosis listed under the Primary Diagnosis Categories.

Inpatient Admissions Per 100 Patient Years							
NW	Baseline			Remeasurement			Goal
	(May 1, 2025 – April 30, 2026)			(May 1, 2026 – August 31, 2026)			(April 30, 2027)
	Num	Den	Rate	Num	Den	Rate	Rate
2	1,947	2,740	71.04	291	273	106.43	69.62
3	907	1,451	62.49	115	149	76.84	61.24
4	1,090	1,747	62.38	185	180	102.26	61.13
5	1,784	2,875	62.04	276	286	96.42	60.90
10	1,368	1,976	69.23	184	195	93.86	67.84
11	1,736	2,674	64.92	228	270	84.44	62.62
12	1,108	1,769	62.63	140	173	80.81	61.38
ED Visits Per 100 Patient Years							
NW	Baseline			Remeasurement			Goal
	(May 1, 2025 – April 30, 2026)			(May 1, 2026 – August 31, 2026)			(April 30, 2027)
	Num	Den	Rate	Num	Den	Rate	Rate
2	252	2,753	9.15	24	275	8.72	8.97
3	109	1,455	7.49	12	151	7.92	7.34
4	180	1,750	10.28	9	181	4.96	10.08
5	388	2,879	13.47	36	287	12.5	13.20
10	266	1,980	13.43	21	196	10.71	13.16
11	422	2,677	15.76	42	271	15.5	15.45
12	207	1,771	11.68	19	174	10.87	11.45

Under Review

Sanford Dialysis Fargo, North Dakota

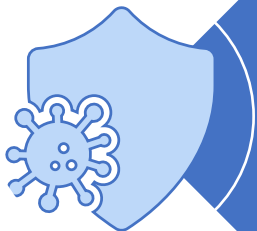
- Jannelle Stevens, exceptional commitment to quality improvement
- Integrating ED checklist within facility's EMS
- Innovative solutions

Kudos!!!

Promote Whole Health



Achieve a 3% increase in the percentage of pneumococcal pneumonia vaccine-eligible ESRD patients who receive the vaccine.



Ensure at least 85% of influenza vaccine-eligible ESRD patients receive the vaccine.

Pneumococcal Pneumonia Vaccinations

NW	Baseline			Remeasurement			Goal
	(May 1, 2025 – April 30, 2026)			(May 1, 2026 – August 31, 2026)			(April 30, 2027)
	Num	Den	Rate	Num	Den	Rate	Rate
2	15,041	25,794	58.31%	15,649	26,759	60.48%	60.06%
3	13,960	18,703	74.64%	14,544	19,180	78.11%	76.88%
4	11,976	17,280	69.31%	13,220	17,783	76.07%	71.38%
5	17,910	25,814	69.41%	18,884	26,709	71.98%	71.49%
10	10,593	17,818	59.45%	11,619	18,394	64.63%	61.23%
11	17,202	26,533	65.1%	18,962	27,128	71.55%	67.05%
12	10,485	15,205	68.96%	11,250	15,651	73.54%	71.03%

Influenza Vaccinations

NW	Baseline		Remeasurement		Goal
	(May 1, 2025 – April 30, 2026)		(May 1, 2026 – August 31, 2026)		(April 30, 2027)
2	75.93%		.03%		85%
3	85.75%		.03%		85%
4	84.48%		.03%		85%
5	81.25%		.04%		85%
10	78.12%		.04%		85%
11	76.75%		.02%		85%
12	80.85%		.02%		85%

Promote Whole Health



Depression Screening & Follow-Up

NW	Depression Screening Remeasurement (May 1, 2026 – August 31, 2026)			Depression Follow-Up Plan Documented Remeasurement (May 1, 2026 – August 31, 2026)			Goal (April 30, 2027)
	Num	Den	Percent	Num	Den	Percent	Percent
2	20,831	27,677	75.26%	1,078	1,137	94.81%	95%
3	17,206	19,865	86.61%	364	373	97.59%	95%
4	16,524	18,932	87.28%	572	591	96.79%	95%
5	24,393	27,793	87.77%	993	1,028	96.6%	95%
10	16,870	19,470	86.65%	910	917	99.24%	95%
11	23,200	27,777	83.52%	1,121	1,138	98.51%	95%
12	13,950	16,330	85.43%	581	594	97.81%	95%



Achieve 95% depression screening rate for all eligible patients



95% documented depression screening follow-up rate for patients who screen positive

PARTNERED PROGRAM

Preparing and Aligning Renal Teams with Network Expectations, Resources, and Education for Directors

- 3-part educational series for dialysis facility staff and leadership
- Registration is required and voluntary - capped at 50 participants per session
- For Q4, each month offers a complete series
- Open to anyone involved in QI, data entry/validation, grievances, IVDs, patient engagement, or QIP
- No need to attend parts consecutively

Q4 2026 SERIES SCHEDULE



50

max seats per session

Part 1

- An orientation to the Network's role, CMS Conditions for Coverage, and the fundamentals of quality reporting (EQRS, NHSN, QIP, DFR, Star Ratings, and ICH CAHPS)

Part 2

- An overview of how Network-led quality improvement projects are structured, and the Root Cause Analysis (RCA) and Plan-Do-Study-Act (PDSA) methodology
- How to access data systems like EQRS and NHSN, including live demonstrations of the EQRS dashboards and Network dashboards.

Part 3

- An overview of patient engagement strategies and how facility leaders manage grievances and involuntary discharges (IVDs)
- An overview of patient engagement strategies and how facility leaders manage grievances and involuntary discharges (IVDs)
- Includes patient engagement programs such as the IMPACT Coalition and Patient Mentoring

STAY CONNECTED WITH THE NETWORK

Electronic Newsletter

Sign Up Today

Our e-newsletter delivers the latest quality improvement updates, regulatory changes, educational resources, and Network news directly to your inbox. Facilities are encouraged to register all clinical and administrative staff.

Visit our website to subscribe.

Quarterly Personnel Updates

Keep Us Informed

Please notify the Network of any changes to key facility contacts — Medical Directors, Facility Administrators, Social Workers, Data Contacts, and Dietitians. Accurate contact information ensures you receive critical communications.

Contact us directly with changes.

Quarterly Virtual Council Meetings

Stay Engaged

Join our quarterly virtual council meetings designed for facility staff, patient advocates, and stakeholders. These sessions feature Network updates, quality improvement discussions, peer learning, and Q&A with Network leadership.

Meeting invitations sent to registered facility contacts each quarter

Staying connected means better outcomes for your patients — the Network is your partner in quality.

QUALITY INSIGHTS

Your Partner in Kidney Care Excellence

Renal Networks 2, 3, 4, 5, 10, 11, and 12

Questions? Connect with your Network Team

www.qualityinsights.org/esrd | [EQRS Ticket System](#) | Quarterly Virtual Meetings