2024 Virtual Council Meeting
May 1, 2024 – April 30, 2025 Performance Period

Quarter 2, September 23, 2024 – Session 1

Quality Insights
Renal Network 5

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.
- Please complete the brief evaluation at the end of the presentation to help us improve future meetings.

Quality Insights

Objectives

- Provide update on Network goals
- Celebrate improvements
  - Facility Recognition
- Network Expectations
- Key Takeaways
- Q&A

Quality Insights

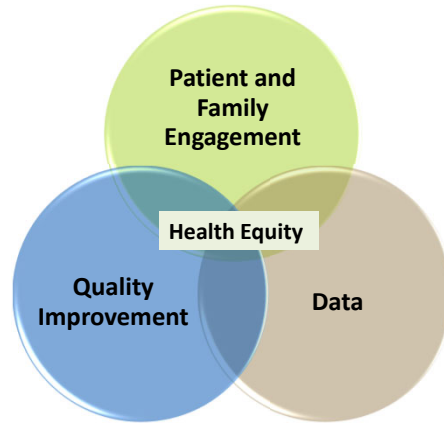# ESRD Conditions for Coverage

(i) Standard: Relationship with ESRD network.

The governing body receives and acts upon recommendations from the ESRD network. The dialysis facility must cooperate with the **1. ESRD network designated for its geographic area**, in **2. fulfilling the terms of the Network's current statement of work**. **3. Each facility must participate in ESRD network activities and pursue network goals.**

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494?toc=1

Quality Insights

Statement of Work

Patient and Family Engagement

Health Equity

Quality Improvement

Data

Statement of Work

- 12 month performance periods called option periods (OP)
- Performance periods run May 1 – April 30
- Current performance period is May 1, 2024 – April 30, 2025, also know as OP3
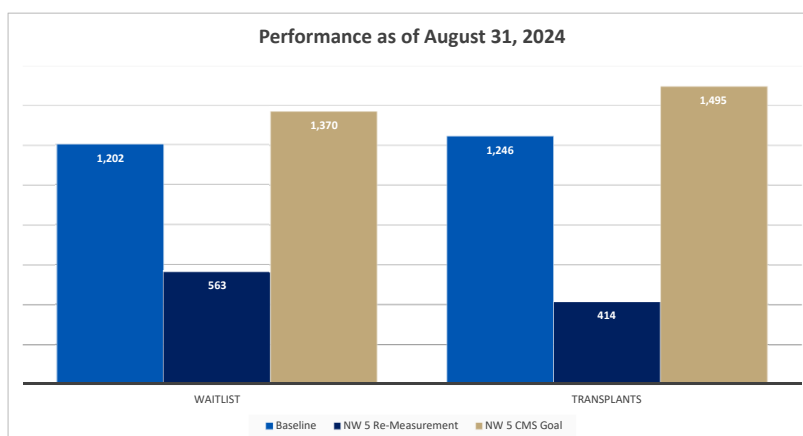
Home Modalities

- Achieve a 15% increase in the number of incident ESRD patients using a home modality for dialysis.
  - Incident patients are defined as patients within the first 90 days
- Achieve an 8% increase in the number of prevalent ESRD patients moving to a home modality for dialysis.
- Facility specific goals will be assigned soon

Quality Insights

Transplant

Performance as of August 31, 2024

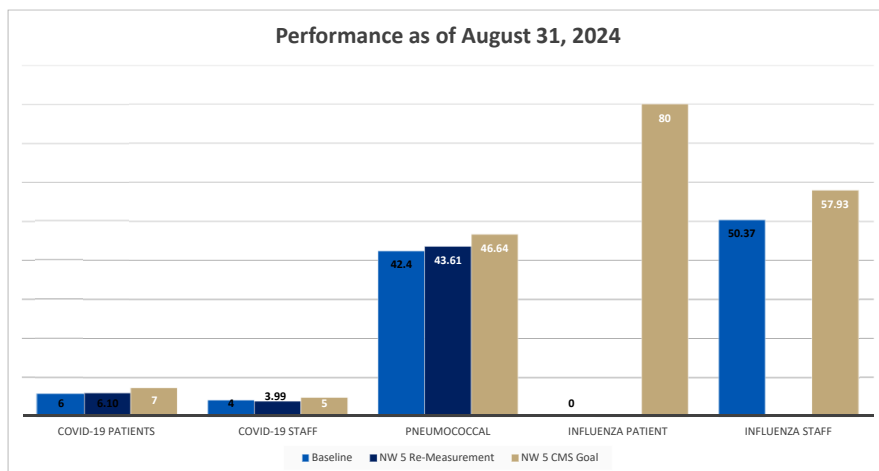|	Baseline	NW 5 Re-Measurement	NW 5 CMS Goal
WAITLIST	1,202	563	1,370
TRANSPLANTS	1,246	414	1,495

Quality Insights
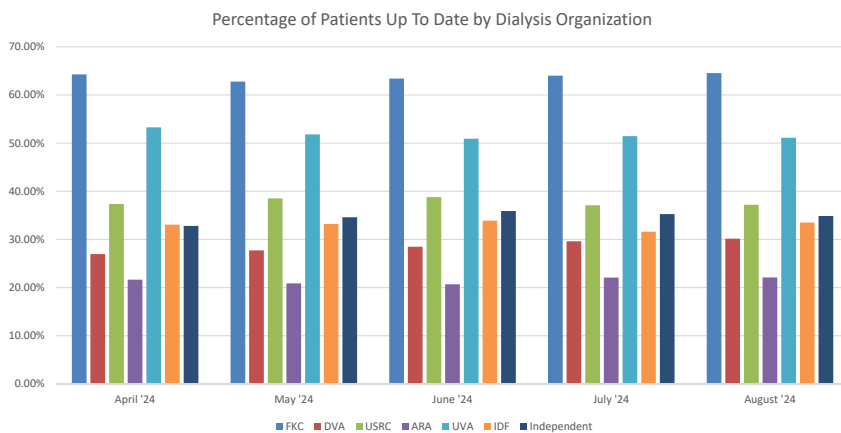
Transplant

- Additions to Waitlist
  - DaVita Annandale
  - RAI Chesapeake Ave.
  - DaVita Tidewater Home
- Transplants Received
  - FMC Prince William County
  - Renal Care Group – Martinsville
  - DaVita Petersburg

Vaccinations

Performance as of August 31, 2024

	COVID-19 PATIENTS	COVID-19 STAFF	PNEUMOCOCCAL	INFLUENZA PATIENT	INFLUENZA STAFF
Baseline	6	4	42.4	0	50.37
NW 5 Re-Measurement	6.10	3.99	43.61		
NW 5 CMS Goal	7	5	46.64	80	57.93

Pneumococcal Pneumonia

Percentage of Patients Up To Date by Dialysis Organization

Legend: FKC, DVA, USRC, ARA, UVA, IDF, Independent

Vaccination Resources

- Two EQRS Dashboards
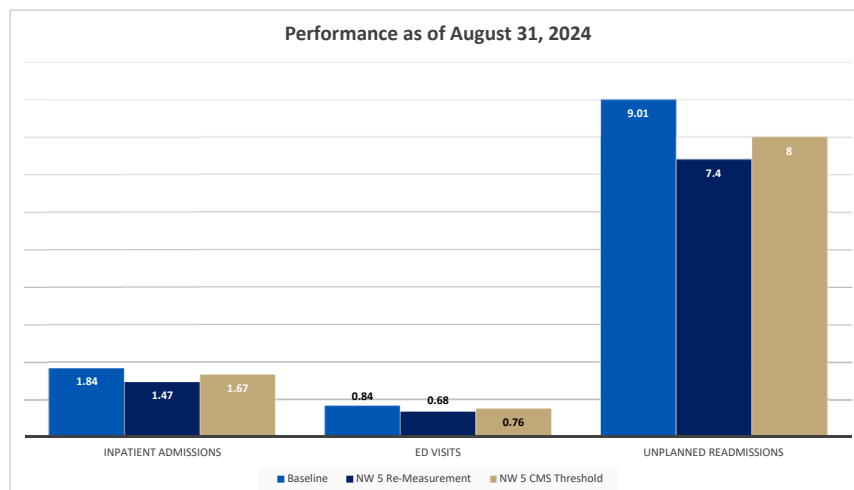 - Pneumococcal
  - Influenza

Vaccinations

- RAI - THIMBLE SHOALS-NEWPORT NEWS
- BMA - NORTH ROANOKE
- BMA - ROANOKE-SALEM DIALYSIS
- DaVita Hopkins Road Dialysis
- FMC - PRINCE GEORGES COUNTY DIALYSIS
- DaVita Puddledock Dialysis
- DaVita Hyattsville Dialysis
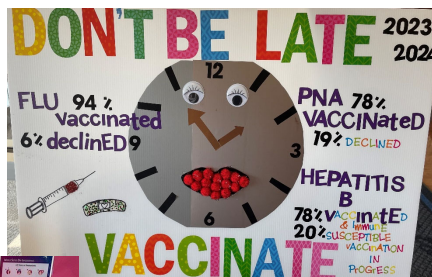- DaVita Kidney Care of Laurel

KUDOS

Quality Insights

Hospitalizations

Performance as of August 31, 2024

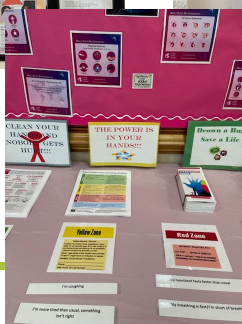|	Baseline	NW 5 Re-Measurement	NW 5 CMS Threshold
INPATIENT ADMISSIONS	1.84	1.47	1.67
ED VISITS	0.84	0.68	0.76
UNPLANNED READMISSIONS	9.01	7.4	8

Quality Insights

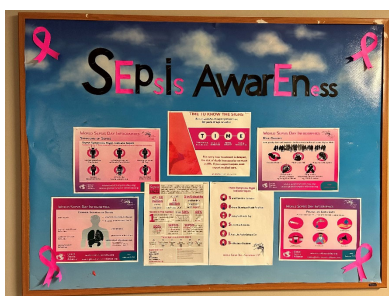# Sepsis Campaign

DaVita Covington

FMC Middle River

UVA – Amherst

Sepsis Campaign

DaVita Greater Charleston

World Sepsis Day – Wear Pink!

FMC Denbigh Home

IRC Capitol Dialysis

World Sepsis Day – Wear Pink!

UVA - Amherst

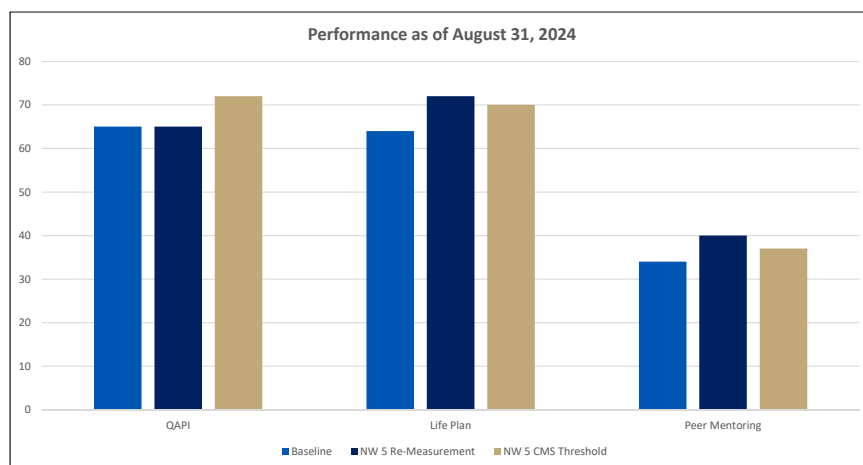# Lattes for Learning – Sepsis Quiz

- Week 1: Jennine Scott from UVA Amherst Dialysis
- Week 2: Victoria Kerr from UPMC Western Maryland Dialysis
- Week 3: Corrie Jones from FMC Tappahannock

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Patient and Family Engagement

Performance as of August 31, 2024

Legend: Baseline, NW 5 Re-Measurement, NW 5 CMS Threshold

Categories: QAPI, Life Plan, Peer Mentoring
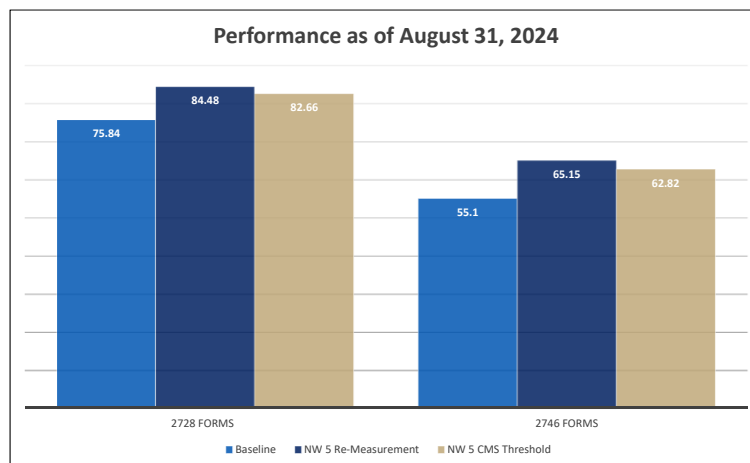
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Patient and Family Engagement

- FKC Alleghany
- FKC Elkton
- UVA Augusta
- UVA Amherst
- UVA Staunton
- FKC J Robert Prichard

- DaVita Bertha Sirk
- DaVita Falls Road
- DaVita Forest Landing
- FKC Middle River
- Renalis Capitol Region
- DaVita Staunton
- FKC Louisa
- FKC South Richmond
- FKC Halifax
- UVA Orange
- UVA Page
- UVA Culpeper

Great Job!

Quality Insights

Data Quality

Performance as of August 31, 2024

	2728 FORMS	2746 FORMS
Baseline	75.84	55.1
NW 5 Re-Measurement	84.48	65.15
NW 5 CMS Threshold	82.66	62.82

Legend: ■ Baseline ■ NW 5 Re-Measurement ■ NW 5 CMS Threshold
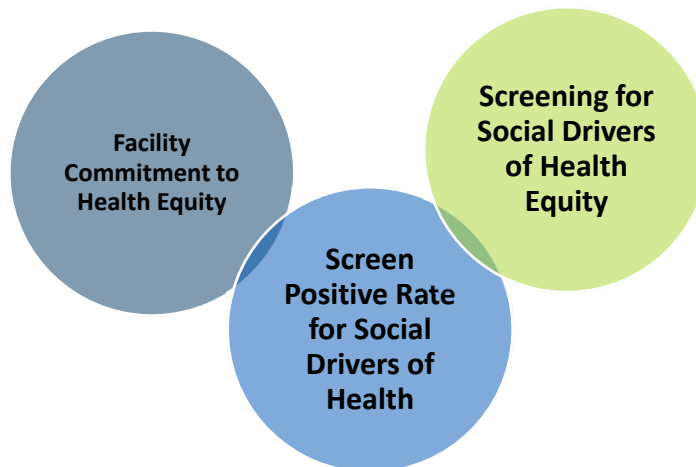
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Data Quality

- DaVita Puddledock Dialysis
- FOREST PARK DIALYSIS CENTER
- BMA - FARMVILLE
- DaVita Frederick Dialysis
- BMA - ROANOKE-SALEM DIALYSIS
- DaVita Cambridge Dialysis Center
- ARA - MECHANICSVILLE DIALYSIS
- FRESENIUS MEDICAL CARE FIRST COLONIAL
- DaVita Harford Road Dialysis Center
- UVA ZION CROSSROADS DIALYSIS
- DaVita Amelia Dialysis
- ARTIFICIAL KIDNEY CENTER - SUFFOLK
- UVA ORANGE DIALYSIS
- DEERS HEAD CENTER
- IDF - CALVERT CENTER
- IDF - CHESTNUT SQUARE DIALYSIS CTR

Quality Insights

ESRD QIP Health Equity Measures

Facility Commitment to Health Equity

Screen Positive Rate for Social Drivers of Health

Screening for Social Drivers of Health Equity

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Commitment to Health Equity

- Attest a commitment by clicking "yes" in EQRS
- Must be completed by February 28, 2025

1. Equity is a strategic priority	2. Data collection on health related social needs	3. Data analysis
	4. Quality Improvement	5. Leadership Engagement

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Health Equity Resources

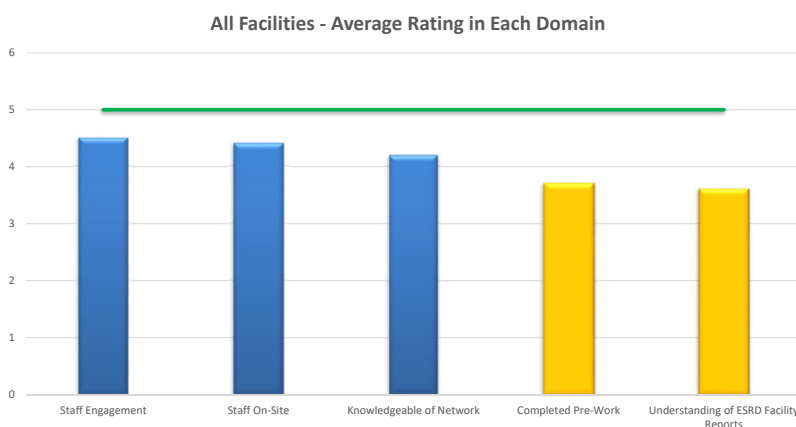- QIP Fact Sheet
- 30-Minute presentation

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OP3 Site Visits

- Required to visit 25% of facilities in the Network region, N=113 (all have been identified, https://8095482.fs1.hubspotusercontent-na1.net/hubfs/8095482/ESRD/QIRN5/Site%20Visits%20for%20Website.pdf)
- Prioritized by zip code, disadvantaged communities
- Facilities will be notified prior to visit
- IDT members should be in attendance

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Network Assessment of Site Visits

All Facilities - Average Rating in Each Domain

ESRD Facility Report

- https://esrdreportsnw5.qualityinsights.org/
- Each facility has a unique Username and Password
- Usernames and passwords remain the same and will be distributed via email to Facility Administrators, Social Workers, and Medical Directors every month
- Needs to be accessed monthly
  - Will be monitored

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ESRD Facility Report - FAQs

Where can I find the facility username and password?

- Your username is your facility CCN (6-digit Medicare certification number). Usernames and passwords are emailed to facility administrators/clinic managers, social workers, and medical directors each month when the data is updated. The login and password for a facility will not change from month to month, and it can be shared with those you feel would benefit from the information, such a regional managers and clinical specialists.

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ESRD Facility Report - FAQs

Where does the data for each measure come from?

– Network data is provided by the ESRD National Coordinating Center (NCC), the data contractor for CMS. Data is collected via multiple databases including EQRS, NHSN, UNOS, and Medicare Part B Claims. Under each measure in the ESRD facility report, the source of the data is displayed.

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Updated: 2024-07-31   Feedback

Data Source: Fee-for-Service Medicare Claims.

The represented information is based on remeasurement Data for Option Year 3 (May 1, 2024- April 30, 2025)

Based on current data tell us about your hospitalizations.

Tips for Improvement:

• Closely monitor missed treatments and how they contribute to hospitalizations

• Utilize incentives or games to keep patients engaged and attending treatment

ESRD Facility Report - FAQs

Why does the hospitalization data not match our internal hospitalization data?

- Network hospitalization measures only include hospitalizations for a diagnosis with these ICD-10 codes, selected by CMS. Any patient admitted with these diagnosis codes will appear on our datasets. Patients not admitted with these codes will not appear. In addition, the data only pulls claims for Medicare Part B patients. The codes are pulled from Medicare claims only and are not affected by any organizational documentation.

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ESRD Facility Report - FAQs

Why does my data appear inaccurate?

- There may be a few reasons your data appears inaccurate. There is at least a 30-day lag on most data received by CMS, sometimes longer for transplant data. Data attribution is also dependent on timely submission of information into the appropriate databases by the facilities. Additionally, the measurement period for CMS runs from May-April, and not a traditional calendar year, therefore discrepancies in the data could be due to the timeframe difference. For example, a patient added to the transplant waitlist in March 2024 would be attributed to the prior measurement year's performance.

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ESRD Facility Report - FAQs

Can you separate home vs. in-center data?

– Unfortunately, the Network is unable to separate home and in-center patient data because all of the patients fall under one facility CCN with Medicare. At this time the NCC does not provide us with data that distinguishes between the two.

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ESRD Facility Report - FAQs

Can you provide patient details in the ESRD Facility Report?

– At this time we are unable to provide patient level detail in the facility report due to security concerns. The system is not secure and there is a risk for data breach. If you want patient level detail, please reach out the point of contact for each measure (listed in the report) and they can send patient detail using a secure transfer (fax or Managed File Transfer).

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ESRD Facility Report - FAQs

What does "Project Year" mean?

– "Project Year" refers to the Network's 12 month contract year. This runs from May 1st of one year through April 30th of the next. Project year does NOT align with a calendar year.

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ESRD Facility Report - FAQs

• https://www.qualityinsights.org/qirn5/ongoing-projects
• Don't hesitate to contact Network staff for help

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Network Expectations

- Engage
  - Respond to inquiries and request for information
  - Take action
  - Sign up and read electronic newsletter, e-Lerts
- Notify the Network of major events
  - Facility emergencies/closures
  - Leadership/staff changes
- Inform patients of available Network resources
  - Grievance resolution
  - Educational materials
  - Patient & Family Advisory Committee
- Pursue Network Goals
  - Participate in Network Quality Improvement Activities (QIAs)
  - Engage in Network facilitated technical assistance
  - Monthly, monitor progress utilizing the ESRD Facility Report, discuss and document in QAPI meetings

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Key Takeaways

- **All** facilities are required to be working towards **ALL** goals
- Individual projects may focus on a few specific goals, but this does not disqualify a facility from making progress on the others
- Engage with the Network – the CfC require it!

Quality Insights

Quality Insights
Renal Network 5

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Thank you!

Any Questions?