Quarterly Virtual Council Meeting

October 29, 2025 – Session 2

Quality Insights Renal Network 5

1

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.

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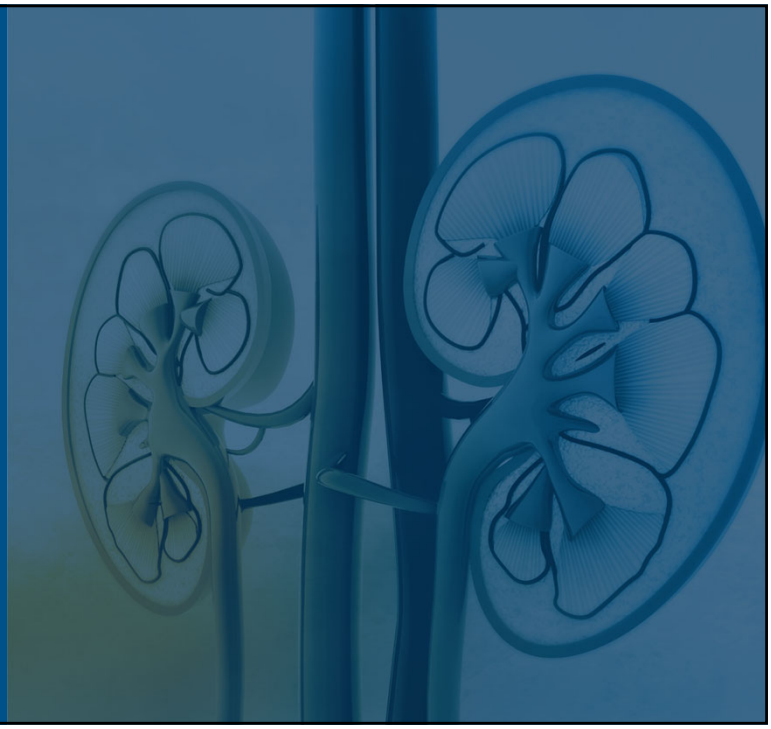
2

ESRD Network 5



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3

Overview of Network 5

- Quality Insights Renal Network 5 (QIRN5)
  - Formerly Mid-Atlantic Renal Coalition (MARC)
- District of Columbia, Maryland, Virginia, West Virginia
- 27,851 Dialysis Patients (17% home dialysis patients)
- 20,590 Transplant Recipients

State	Dialysis Facilities	Transplant Centers
Washington, DC	21 (5%)	4 (29%)
Maryland	168 (38%)	2 (14%)
Virginia	207 (47%)	6 (43%)
West Virginia	41 (9%)	2 (14%)
Total	**438**	**14**

Data Source: Facility Reports_NW5_20250331 Provided by ESRD NCC

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4

Types of Providers

Provider	Number of Facilities	Percent of Network
Innovation Renal Care (ARA)	10	2%
DaVita	195	45%
Fresenius Medical Care	162	37%
Independents	54	12%
USRC	17	4%
Total	**438**	**100%**

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5

Network Orientation for New Dialysis Leadership

- Multi-part virtual training sessions
- Designed for new dialysis facility leaders, or those who want a refresher
- Training will cover:
  - Who the Network is and how we support facilities through quality improvement projects.
  - Your role vs. the Network's role – understanding where responsibilities overlap and where they differ.
  - Clearing up confusion around metrics – what's organizational, what's QIP, and what's Network-driven.
  - Reporting expectations – what's required from your facility, when it's due, and where to report it.
  - Readiness and accountability – covering compliance basics, survey readiness, and ways to promote a safe, high-quality environment for patients and staff.
  - Supporting patients and families – handling grievances, supporting peer mentoring, and promoting patient-centered care.

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6

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 **ESRD network designated for its geographic area**, in **fulfilling the terms of the Network's current statement of work**. **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

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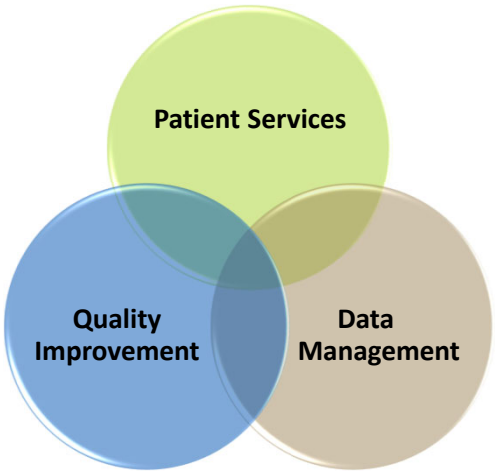
7

Statement of Work



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8

Network Goals

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9

Home

- BMA Crystal Spring
- FMC Mercer County
- DaVita Harford Road
- DaVita Front Royal

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10

Home Best Practices

1. Provide consistent education to ICHD staff regarding home modalities.
2. Hold regular meetings with nephrologist and/or nephrology office to discuss patients approaching the need for dialysis.
3. Provide education and hold conversations with patients 1:1 whenever possible.

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11

Sepsis Awareness and Prevention Best Practices

- Physician engagement.
- Infection prevention leadership.
- Patient and facility engagement.

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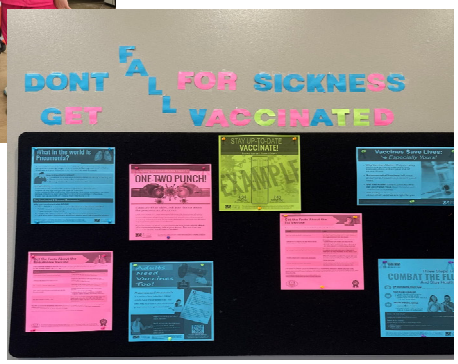
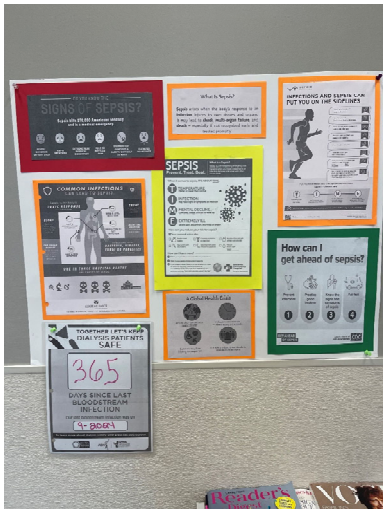
12

DaVita Lexington





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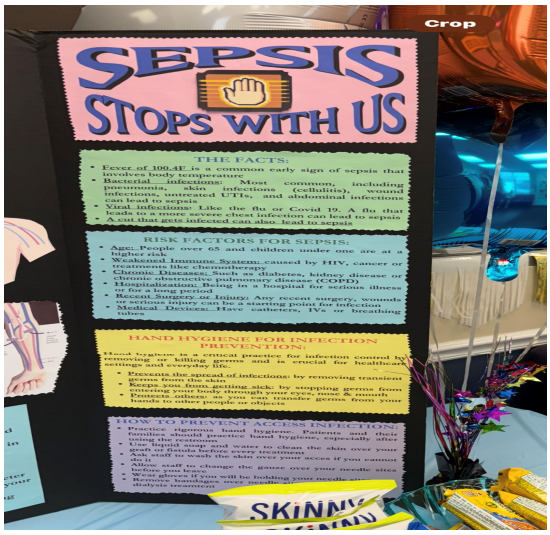
13

Prince Frederick



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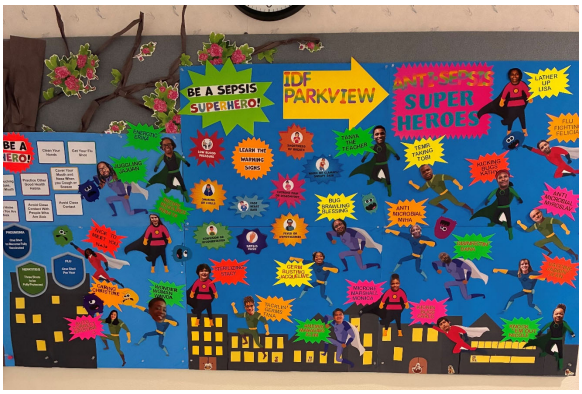
14

West End Dialysis and IDF Parkview



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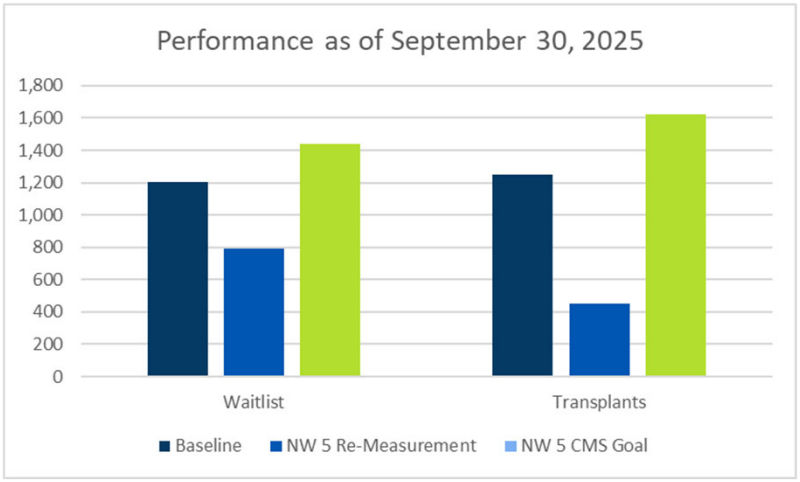
15

Transplant



16

Transplant

- Southampton Dialysis Center
- DaVita Renal Care of Lanham
- FMC of Charles Town
- Alexandria Kidney Center
- RAI Mercury Blvd – Hampton
- DaVita Kidney Home Center PD
- USRC Fairfax

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17

Transplant Best Practices

1. Act as a case manager.
2. Continue to monitor patients' status even after they are added to the waitlist.
3. Learn about medically complicated kidneys and delayed graft function.

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18

Transplant Educational Series

- Bridging Dialysis to Transplant: Education for Facility Staff
  - 12/10/2025, Psychosocial Considerations in Kidney Transplantation
  - 1/14/2026, Understanding Kidney Transplant Lising and Allocation
  - 2/11/2026, Living Donation
  - 3/18/2026, Evolving Landscape of Transplant
  - 4/15/2026, Nutrition for Dialysis Patients Before and After Kidney Transplant

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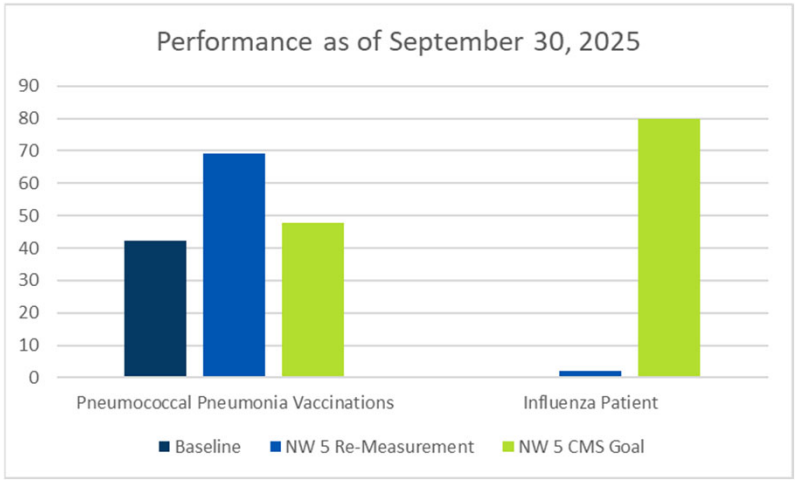
19

Vaccinations



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20

Vaccinations

- IDF Chestnut Square
- Holly Cross Hospital
- Holly Cross Dialysis – Woodmore
- IDF – Parkview
- Fresenius Medical Care Norfolk
- South Laburnum Dialysis
- FMC – Greater Baltimore
- FMC – North Salisbury
- USRC Colonial Heights
- IDF – Arundel Center
- USRC Petersburg
- BMA Charleston

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21

Vaccination Best Practices

- Leverage state vaccination systems and EQRS.
- Motivate through personalized education.
- Bundle efforts.

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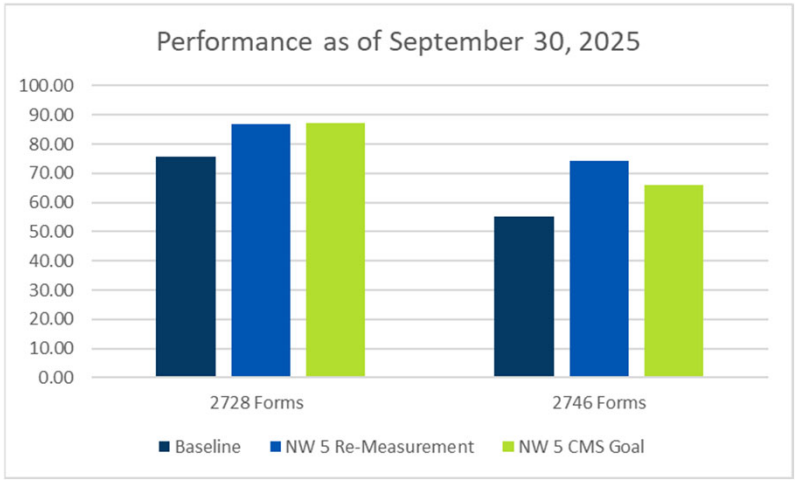
22

Data Quality



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23

Data Quality

- DaVita Garrisonville
- Legacy Dialysis of Leesburg

IMPROVEMENT

- Carrol County Dialysis
- DaVita Harbor Park Dialysis
- IDF – Garrett Dialysis Center
- BMA – Farmville
- Artificial Kidney Center – Suffolk
- Somatus Dialysis Mount Vernon
- UVA Orange Dialysis
- UVA Amherst Dialysis
- USRC – Fairfax
- USRC - Petersburg

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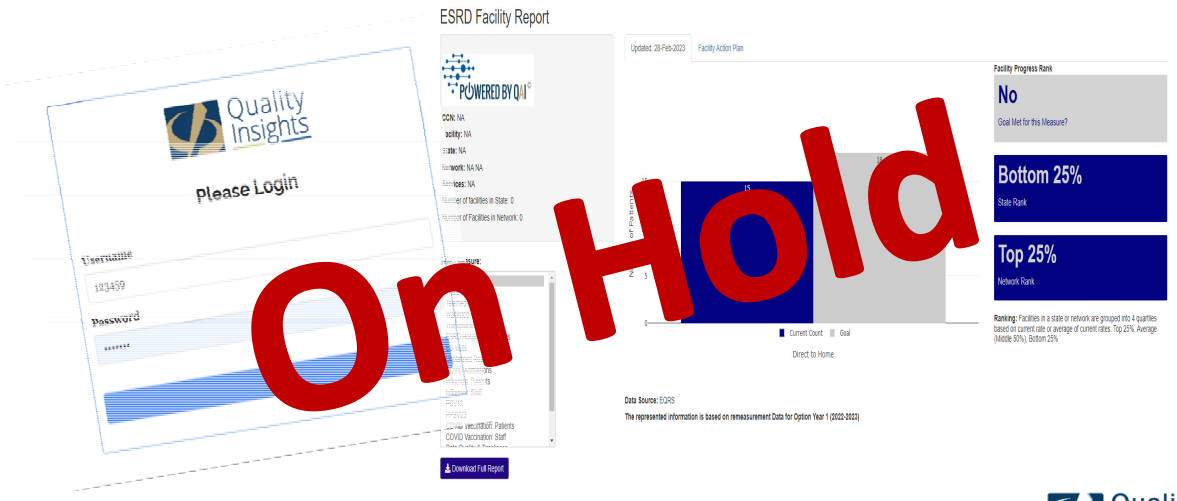
24

ESRD Facility Report



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25

Supporting Patients

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26

HIPPA

- Health Insurance Portability and Accountability Act
- 1996 Law
  - Safeguard Protected Health Information (PHI) from unauthorized disclosure
  - Provide individuals with rights over their health records
  - Establish standards for healthcare transactions and electronic billing
- **DO NOT EMAIL PHI TO THE NETWORK**
  - Two factor authentication is required
  - Ex: Personally, Identifiable Information (PII) becomes PHI when you include a patient's name in an email that also includes your provider information
- Violations are reported to CMS

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27

Failure to Place

- Common Reasons We Hear
  - > 30-days absence, non-adherence
  - Behavior
  - Mental health (substance abuse, unhoused)
  - Medical need
  - Non-payment
  - Physician refusal/termination
- Before you decline readmission, check with the Network
- Acceptable reasons for declining readmission
  - Sanctioned IVD from your clinic
  - Documented medical need (e.g. trachea)- you have a responsibility to help place the patient

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28

Questions?

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29