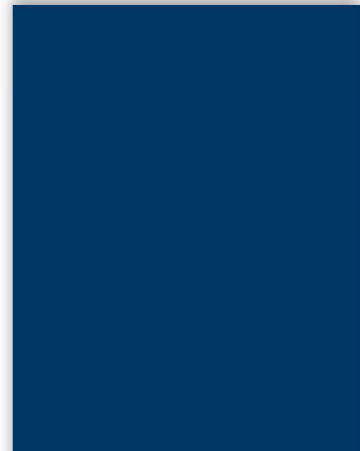




2024 Virtual Council Meeting

May 1, 2024 – April 30, 2025 Performance Period

Quarter 1, June 10, 2024 – Session 1



Housekeeping

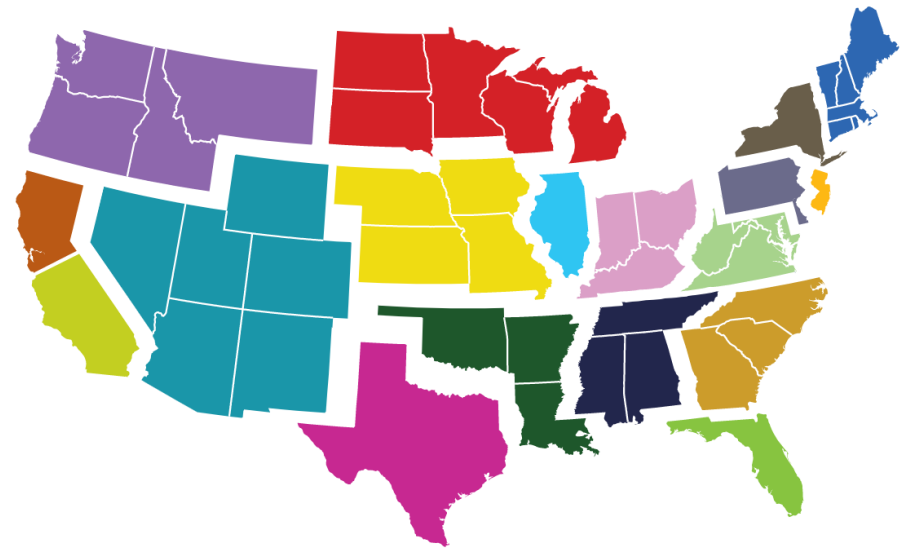
- All lines have been muted.
- This session will be recorded and posted to our website along with a copy of the slides.
- Please put your questions in the chat and we will answer as many as time allows at the end of the presentation.
- Please complete the brief evaluation at the end of the presentation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

Objectives

- Introduce Network purpose, geography, and staff
- Describe current statement of work
- Celebrate Option Period 2 (OP2) outcomes
 - Recognize top performers
- Define opportunities for collaboration and expectations
- Provide an example of a Community Asset Profile

Network Purpose

- ESRD Networks are dedicated to assisting dialysis facilities and kidney transplant centers in their efforts to provide quality care for people with ESRD
- 18 ESRD Networks contracted by CMS under the ESRD Program established as part of the Social Security Administration in 1972, to help assure that people with ESRD receive proper care



Conditions for Coverage

- CMS established regulations that in order for facilities to be certified under the Medicare program, the CfC must be followed.
 - “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.” *42 CFR 494.180(i)*
- Partner with State Survey Agency to ensure CfC are met.

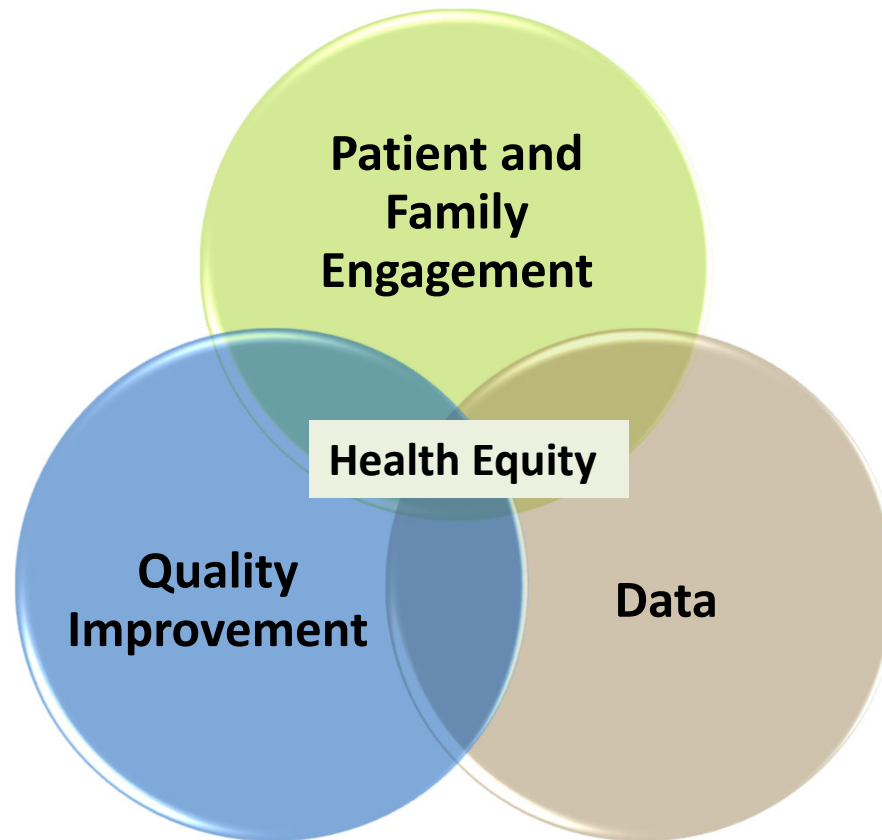
Overview of ESRD Network 5



- Quality Insights Renal Network 5 (QIRN5)
 - Formerly Mid-Atlantic Renal Coalition (MARC)
 - AKA “The Network” or “Network 5”
- District of Columbia, Maryland, Virginia, West Virginia
- 27,628 Dialysis Patients (16% home dialysis patients)
- 18,046 Transplant Recipients

State	Medicare Dialysis Facilities	Medicare Transplant Centers
	443	13
<i>DC</i>	23 (5%)	3 (24%)
<i>MD</i>	170 (39%)	2 (15%)
<i>VA</i>	209 (47%)	6 (46%)
<i>WV</i>	41 (9%)	2 (15%)

Statement of Work



Quality Improvement Specialists



Katelynn Booth, MSN, RN, CPHQ



Amanda Morelli, MSN, RN

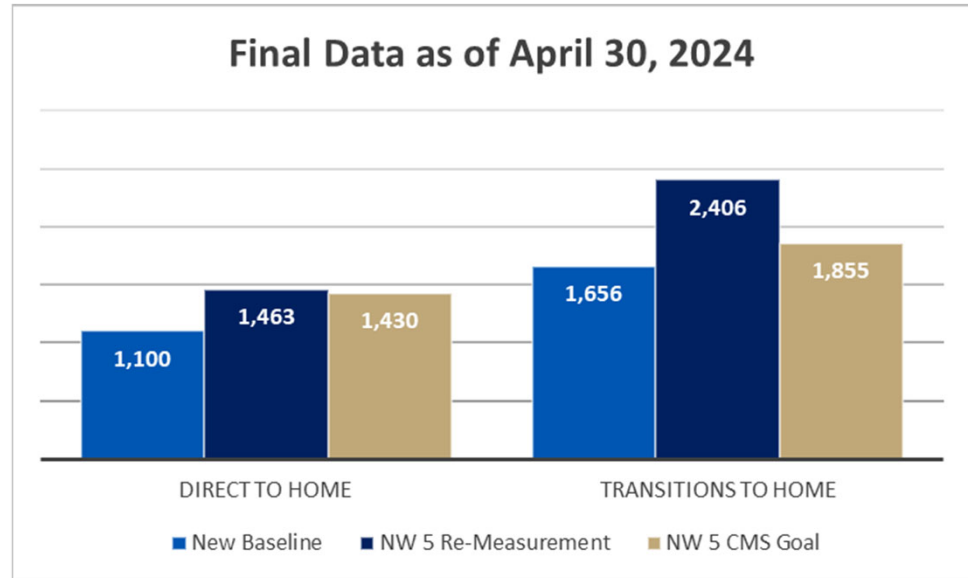


Elizabeth Nuschke, RD

Home Modalities – OP2



- DVA Kidney Home Center
- FMC River Hills
- DVA Renal Care of Lanham
- DVA Hioaks



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.

Home Modalities – Key Take-A-Ways

- Definition Change
 - ICHD only facilities were not previously assigned a direct to home goal, but they MAY be assigned this type of goal going forward
 - In center staff (particularly PCT's) need more education and positive exposure to home modalities
 - The pool of patients eligible to be considered for a transition to home is smaller
- Unity between ICHD unit and Home Unit
- Contact Person: Elizabeth Nuschke, RD

Upcoming Educational Webinar

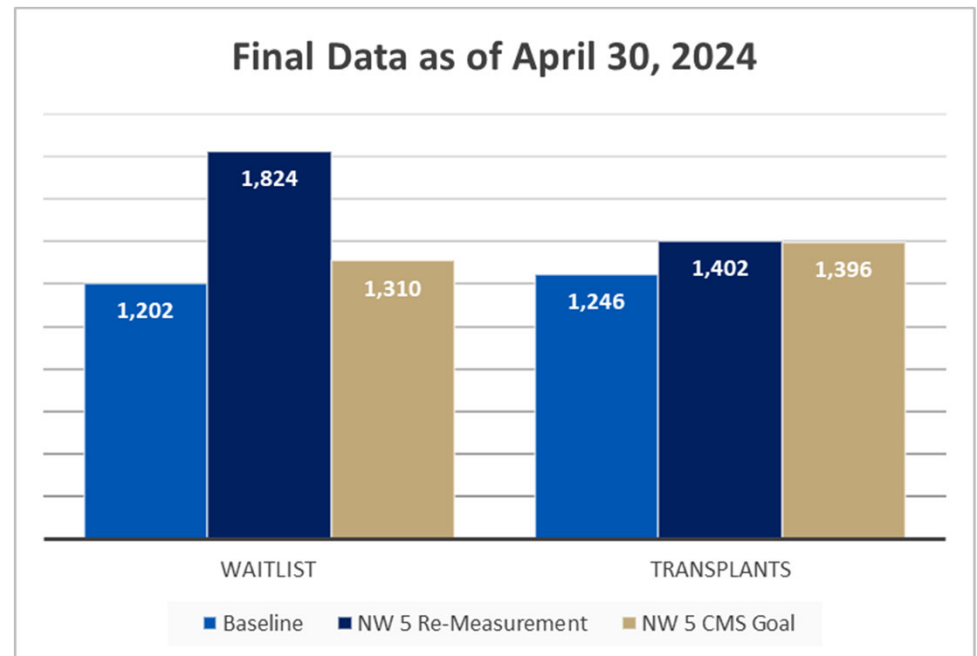
Growing Home Modalities Through a Group Training Approach

July 24, 2024 at 12:00 noon

Registration Coming Soon!!!

Transplant – OP2

- Richmond Community
- FMC Towson
- Kanawha County
- BMA Crystal Spring



Transplant

- Achieve a 14% increase in the number of patients added to a kidney transplant waiting list.
- Achieve a 20% increase in the number of patients receiving a kidney transplant.

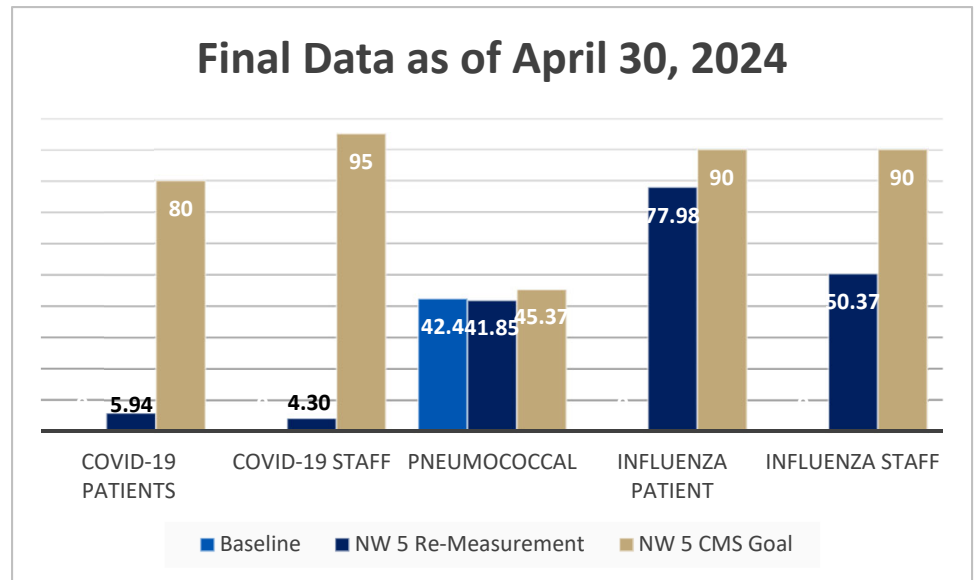
Transplant – Key Take-A-Ways

- Living Donation
- Keeping Patients Active on the Waitlist
- Readiness
- Contact Person: Elizabeth Nuschke, RD

Vaccinations – OP2



- UVA Culpeper
- FKC Fairmount Heights
- Advance Dialysis – Rockville
- USRC Rockville
- FMC Anne Arundel
- DaVita West Virginia
- Renal Carepartners of Reston



Vaccinations

- Achieve a 25% increase in the rate of dialysis patients that are considered up-to-date for COVID-19, including boosters, as determined by the CDC and/or CMS.
- Achieve a 15% increase in the rate of dialysis facility staff that are considered up-to-date for COVID-19, including boosters, as determined by the CDC and/or CMS.
- Ensure at least 80% of dialysis patients receive an influenza vaccination.
- Achieve a 15% increase in the rate of dialysis facility staff receive an influenza vaccination.
- Achieve a 10% increase in the rate of dialysis patients that are fully vaccinated for pneumococcal pneumonia.

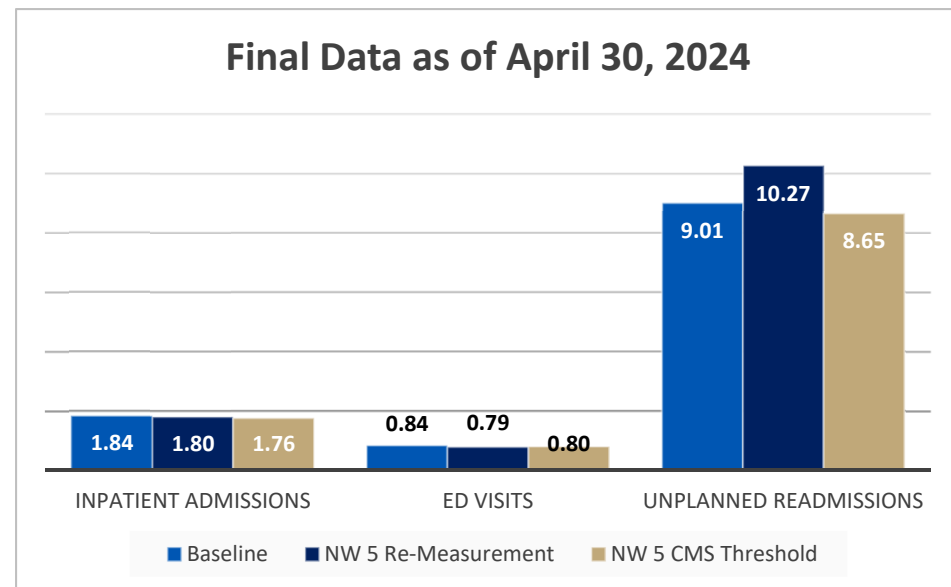
Vaccination – Key Take-A-Ways

- Only looking at UTD for COVID vaccinations
 - The current definition of UTD is having the 2023-2024 COVID vaccination. For those over 65 and immunocompromised, they need to have 2 of the 2023-2024 COVID vaccinations. This definition is likely to change in the fall with an updated vaccination.
- Only looking at UTD status for Pneumococcal vaccinations
 - UTD for pneumococcal is based off of historical patient vaccination data. More than likely, patients will need the PCV15 or PCV20 in order to be considered UTD or fully vaccinated. The Network can help you determine needs if you are unsure.
- Vaccination Dashboards in EQRS
 - Flu and Pneumococcal
- Contact Person: Amanda Morelli, MSN, RN

Hospitalizations – OP2



- Fredericksburg
Dialysis
- Midtown Norfolk
- FKC Nashua Court
- FMC Denbigh
- USRC Falls Church



Hospitalizations

- Achieve a 9% decrease in hospital admissions.
- Achieve a 9% decrease in hospital 30-day unplanned readmissions.
- Achieve a 9% decrease in outpatient emergency department visits.

Only hospitalizations found on priority diagnosis list. [Available on website.](#)

Hospitalizations – Key Take-A-Ways

- Priority diagnosis codes selected by CMS
 - [Priority List](#)
- Provide feedback when viewing ESRD Facility Report

Data Source: Fee-for-Service Medicare Claims.
The represented information is based on remeasurement Data for Option Year 2 (May 1, 2023- April 30, 2024)

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
- Identify trends in admissions (i.e. is there an uptick in infections that can be attributed to infection control practices)
- Use visual aids for patients who struggle with fluid adherence
- If you have a high percentage of nursing home residents, re-evaluate communication practices between dialysis staff and NH staff ([SNF/Dialysis Handoff Tool](#))

- Contact Person: Katelynn Booth, MSN,RN, CPHQ

Patient Engagement Specialists



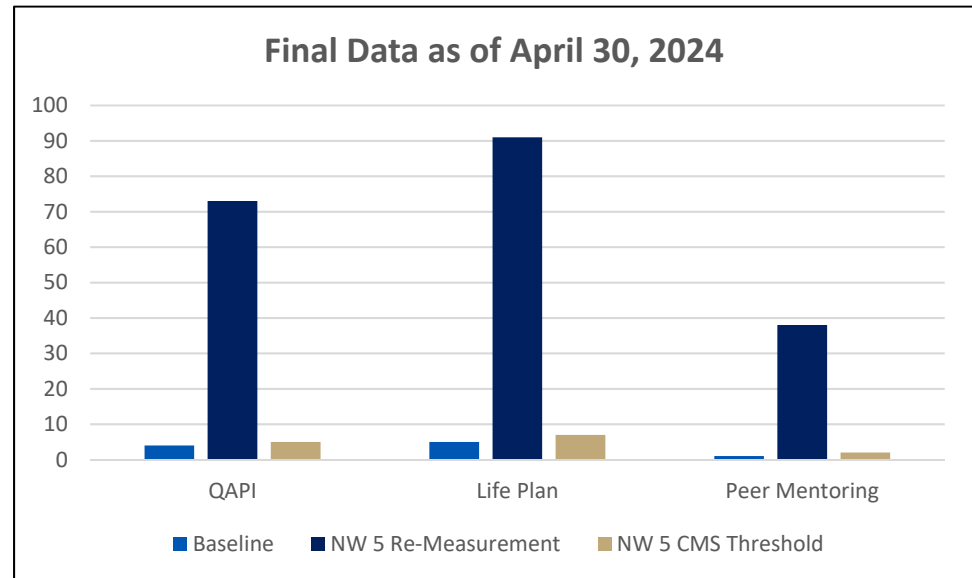
Renée Bova-Collis, MSW, LCSW



Phyllis Haas, LMSW

Patient and Family Engagement – OP2

- 212573 FKC Elkton
- 493512 UVA Amherst
- 512532 J Robert Pritchard ICH



Patient and Family Engagement

- Achieve a 10% increase in the number of facilities that successfully integrate patients and families into QAPI meetings.
- Achieve a 10% increase in the number of facilities that successfully assist patients to develop a life plan, from which the dialysis facility develops the dialysis plan of care.
- Achieve a 5% increase in the number of facilities that have an active Patient-Patient Support Program.

Patient and Family Engagement – Key Take-A-Ways

- Now goals, all facilities must pursue all three measures
- Resources and information about how to get credit are found on our website under Ongoing Projects tab in Patient and Family Engagement drop down.
- Contact Person: Renée Bova-Collis
rbovacollis@qualityinsights.org

Patient Experience of Care

- The Network will keep communications open between patients and dialysis facility staff on issues, problems, or grievances.
- Ensure problems are resolved as quickly as possible.
- Refer to an appropriate agency when needed.
- Display the Network grievance poster in an area easily viewed by all patients. Include state survey's contact information and internal grievance process.
- Contact Person: Phyllis Haas, LMSW

Patient Access to Care

- Notify the Network prior to initiating an IVD
 - Actively consult with the Network regarding difficult patient situations, including adherence and disruptive behaviors prior to any situation escalating to the consideration of an IVD.
- Adhere to the Conditions for Coverage
- Complete and submit IVD Packet
 - <https://8095482.fs1.hubspotusercontent-na1.net/hubfs/8095482/ESRD/QIRN5/Involuntary%20Transfers/IVDPacketFinal11012021.pdf>
 - Within 2 weeks prior to discharge, 48 hours of immediate severe threats
- Contact Person: Phyllis Haas, LMSW

Data Specialist

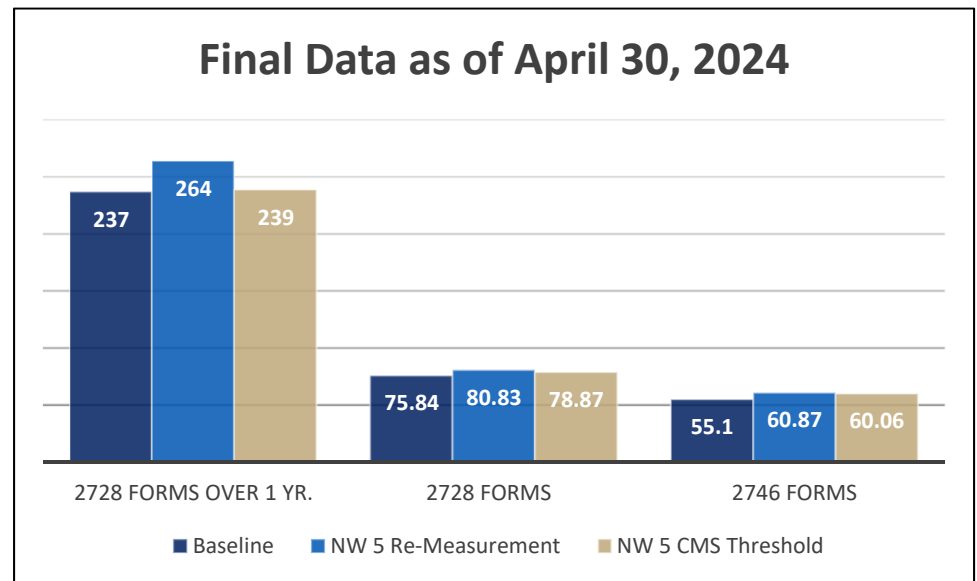


Alison Crittenden

Data Quality – OP2



- Concerto
- Advanced Dialysis Center – Rockville
- DaVita Landover
- DaVita Bertha Sirk
- USRC Old Alexandria
- South Laburnum



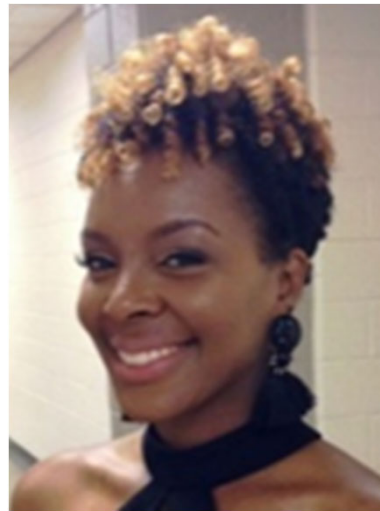
Data Quality

- Achieve a 9% increase in the rate of initial CMS-2728 forms submitted from dialysis facilities within 45 days.
- Achieve a 14% increase in the rate of CMS-2746 forms submitted from dialysis facilities within 14 days of the date of death.

Data Quality – Key Take-A-Ways

- Identify at least two staff members who have access to EQRS.
- Monitor EQRS dashboard daily for missing forms, forms that are due soon and forms that are past due
- Call the Network Data Department right away if you need assistance admitting patients or completing forms in EQRS.
- Hit SUBMIT! Saved forms are not considered submitted.
- Contact Person: Allison Crittenden

Health Equity Specialist



Andrea Moore, LMSW

Topic Lead	Andrea Moore, LMSW
Topic	Health Equity, Health-related Social Needs
Network Responsibilities	<ul style="list-style-type: none"> • Develop and deploy interventions and activities aimed at reducing identified health disparities • Assist facilities with embedding Culturally and Linguistically Appropriate Services (CLAS) into the delivery of care • Maintain and spread training resources that promote health literacy, health equity, and the consistent development of health literate materials • Expand partnerships with community-based organizations to identify health-related social need among the dialysis population and co-develop strategies to meet needs <ul style="list-style-type: none"> • Develop & disseminate Community Asset Profiles (CAPs) • Health equity TA
Facility Responsibilities	<ul style="list-style-type: none"> • Implement appropriate CLAS Standards <ul style="list-style-type: none"> • Engage with 2 video-based microlearns • Utilize the CLAS Implementation Action Plan to assess current efforts towards National CLAS Standards and for the implementation of Standards • Attest to Facility's Commitment to Health Equity (CY 2024) • Screen for Health-related Social Needs (CY 2025)

City of Richmond & Henrico County Community Assets Profile

Below is a list of state and community-based assets within/near Henrico County. While not comprehensive, this can serve as a guide for making linkages aimed at addressing some of the social and structural drivers that are contributing factors to poor health outcomes of some of your patient population living in/near Henrico County.

This is a "living, breathing" document that can be modified and expounded upon. To help you learn more about local resources start by accessing [Find Help](#), [Virginia Navigator](#), [Help1RVA](#), and [2-1-1 Virginia](#).

QUICK FACTS:

According to 2022 data, there is one mental health provider per 281 people in Henrico County, compared to one per 281 neighboring [Richmond](#). The US average is 340 people per provider, 450 people.



The [Walk Score](#) in Henrico County is 65, which is only somewhat walkable with a car.

The [Walk Score](#) in the city of Richmond is 75, which means that most errands do not require a car as an option.

Access the 2023 Community Health Needs Assessment for Greater Richmond [HERE](#) (See Pages 34 – 36).

View the Healthy Food Access interactive map [HERE](#).

- Food/Nutrition
- Shelter/Housing
- Health
- Transportation
- Training/Education/Literacy
- Employment/Income

City of Richmond & Henrico County Community Assets Profile

Food/Nutrition	Shelter/Housing	Health	Transportation	Training/Education Literacy	Employment/Income
Shalom Farms -Mobile Market -Weekly Pop-Up Farm Stands Check HERE for the Mobile Market Schedule	Lenjoy -Residential Services -Independent Living -Activities of Daily Living	American Kidney Fund -Assistance with Health Insurance Premiums (HIPP)	American Kidney Fund Safety Net Program -Grants for Eligible Persons in Need of Assistance with Transportation, OTC Medicines, and Co-Pays	ESL Conversation Café -Must Be 16+ -Libbie Mill Area Library	Southside Community Development & Housing Corporation -Employment & Career Counseling -Income Support -Digital Literacy Training
Community, Food, Connections St. Thomas Episcopal Church Food Pantry -Distribution Every Thursday 2P – 5P -Drive Through or Walk Up -Bring Feed More Care and a Valid Form of ID (Not Required)	Holistic Service Navigation -Housing, Rent, Utility Assistance -Food -Employment Assistance	Health Brigade -Mental Health -Primary Care -Substance Use Treatment 804.358.6343	Senior Connections Transportation Locator	Virginia Adult Learning Resource Center	Virginia Career Works
Meals on Wheels Greater Richmond 804.673.5035	Homelessness Connection Line - 804.972.0813 -Access to Resources and Shelter Alternatives	VCU School of Dentistry -Teledentistry -General Dentistry -Implants, Crowns, & Bridges -Root Canals -Emergency Care 804.828.9190	Pulse, Bus Rapid Transit (BRT)	Henrico County Library	Neighborhood Resource Center Works -Career and Personal Financial Services -One-on-One Employment, Financial, and Benefits Coaching -Group Meetings

Health Equity - Tips

- Become familiar with the Network's [Health Equity Hub](#) for relevant trainings (FREE CEs), tools and resources, and health-equity related data - <https://www.qualityinsights.org/qirn5/health-equity>
- To learn more about what makes materials health literate review: [Developing Health Literate Materials: A How-to Guide](#)
- Assess your facility's "commitment to health equity":
 - What is your facility's current process for identifying populations experiencing health disparities/disparate health outcomes? How often does *all* of your staff engage in training related to health equity, cultural competency, and/or health-related social needs?
 - Does your facility currently collect patient demographic information to include self-reported race and ethnicity and preferred language?
 - Does your facility currently collect patient information for *all* of the following at least annually:
 - Transportation needs
 - Housing stability
 - Food security
 - Utility difficulties
 - Interpersonal safety
 - Beginning 2025, will your facility be prepared to screen for and document in EQRs the health-related social needs for all eligible patients?
- Utilize the Community Assets Profile (CAP) to help make connections and linkages to resources and services that meet HRSN

Opportunities for Collaboration

- Quarterly Virtual Council Meetings
 - All are invited
 - Share data, updates, best practices
- Engage in Quality Improvement Activities
 - Cohorts, high opportunity, high priority
 - Focus on patient & family engagement, health equity
- On-site Technical Assistance
 - 25% of facilities will receive on-site technical assistance from Network staff
- Participate in Coalitions
 - High performers, share best practices, offer solutions

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

OP3 Site Visits

- Required to visit 25% of facilities in the Network region, N=113 (all have been identified)
- Prioritized by zip code, disadvantaged communities
- Facilities will be notified prior to visit
- IDT members should be in attendance

CCN	Facility Name
092518	Davita K Street
092519	DaVita Brentwood Dialysis
092527	RAI - Chillum-Washington
092529	RAI POTOMAC DIALYSIS
212501	BMA - CAMP SPRINGS
212522	DaVita Downtown Dialysis Center
212523	DaVita White Square
212528	DaVita Catonsville Dialysis
212538	DaVita Kidney Care of Laurel
212541	BMA-LAPLATA
212542	Davita Mercy
212551	DaVita Greenspring Dialysis Center
212552	DaVita Renal Care of Lanham
212556	DaVita Harbor Park Dialysis
212603	FMC OF PORTER DIALYSIS - ROSEDALE
212609	FMC OF PORTER DIALYSIS - DUNDALK
212611	FMC - PRINCE GEORGES COUNTY DIALYSIS
212616	DaVita Dundalk
212621	DaVita Rivertowne Dialysis
212627	FMC - ROBINWOOD
212636	DaVita Pikesville Dialysis
212639	DaVita Cambridge Dialysis Center
212650	DaVita Aberdeen Dialysis
212653	DaVita Seton
212664	FMC - NORTH SALISBURY
212675	DaVita PG County South Dialysis
212676	FMC - MIDDLE RIVER
212683	DaVita Coral Hills Dialysis
212686	US RENAL CARE NEW CAROLLTON DIALYSIS
212687	CONCERTO MARYLAND, LLC
212691	DaVita Eastern Boulevard Dialysis
212693	FMC - LEXINGTON PARK DIALYSIS
212694	NxStage Greenbelt
212699	DaVita Glenarden Dialysis
212700	Fresenius Medical Care Franklin Square Home
212704	FMC - Brightseat
212706	DaVita Briggs Chaney Dialysis
212708	Fresenius Kidney Care Fleet Street
212709	Fresenius Kidney Care Broadway Street

CCN	Facility Name
212710	DaVita Greenbelt Home Training (PD Only)
212712	Fresenius Kidney Care Merritt Blvd Of Dundalk
212716	Fresenius Kidney Care Nashua Court
212721	DaVita Union Memorial
212724	DaVita Laurel Lakes Dialysis
212740	Dialyze Direct MD, LLC
212745	Fresenius Kidney Care Fairmount Heights
212750	DaVita Hyattsville Dialysis
492511	DaVita Puddledock Dialysis
492513	BMA - ROANOKE-SALEM DIALYSIS
492516	RENAL CARE GROUP - SOUTH BOSTON
492530	ARTIFICIAL KIDNEY CENTER - SUFFOLK
492533	BMA - MOUNTAIN EMPIRE
492536	Tapphannock Dialysis Center
492543	DaVita Culpeper Dialysis
492548	BMA - NORTH ROANOKE
492552	RAI - THIMBLE SHOALS-NEWPORT NEWS
492556	DaVita Hioaks Dialysis
492563	DVA Hopewell
492567	KEMPSVILLE DIALYSIS CENTER
492570	BMA - CRYSTAL SPRING
492574	DaVita Newport News Dialysis Center
492576	SOUTHAMPTON DIALYSIS CENTER
492583	DaVita Amelia Dialysis
492592	RAI - AIRLINE-PORTSMOUTH 7253
492594	DVA - Petersburg
492595	FMC - MONTGOMERY
492617	DVA Peninsula
492618	DaVita Greater Portsmouth Dialysis
492619	DaVita Radford Dialysis
492622	USRC - Warsaw
492635	NOVA Dialysis Annandale
492636	DaVita Charlottesville North Dialysis
492646	RAI - Medical Drive - Gloucester
492656	FMC - BLAIRS DIALYSIS
492660	DaVita Jefferson Avenue Dialysis
492662	LIBERTY DIALYSIS - SOUTH HILL, LLC
492663	DaVita Forest Hill Avenue Dialysis
492664	Raceway Dialysis Center

CCN	Facility Name
492665	DaVita Little Creek Dialysis
492666	US Renal Care Colonial Heights Dialysis
492667	DaVita Lynchburg Home Training PD
492678	DaVita Hampton Roads Home Training
492680	FRESENIUS MEDICAL CARE DENBIGH
492682	FRESENIUS KIDNEY CARE KEMPSVILLE HOME
492684	US RENAL CARE PETERSBURG DIALYSIS
492688	DaVita Soco Dialysis
492694	FMC SHENANDOAH VALLEY
492695	DaVita Nansemond Dialysis
492699	FRESENIUS KIDNEY CARE RIVER ROAD
492703	DaVita Langley Dialysis
492706	Port Warwick
492710	DaVita Laburnum Dialysis
492712	DaVita Hopkins Road Dialysis
492726	DaVita Chatham Dialysis
492727	FRESENIUS KIDNEY CARE SOUTH ROANOKE
492730	Somatus Dialysis of Mount Vernon
492738	Davita Dan River
492739	DaVita Onancock Dialysis
492741	DaVita Southern Tide
492742	Dialyze Direct Va
492743	DaVita Seven Hills Dialysis
492745	Fresenius Kidney Care Richmond Manchester
493516	UVA Staunton Dialysis
512503	BMA Charleston
512505	BMA BECKLEY
512506	BMA - MORGANTOWN
512508	FMC ELKINS
512514	DaVita New Martinsville Dialysis
512520	Davita Greater Charleston
512522	DaVita Renal Center of Moorefield
512533	FMC Kanawha County
512537	DaVita Renal Center of Keyser
512549	Fresenius Medical Care Braxton County



Network Monitoring

- Facility engagement
 - Communication
 - Responsiveness
 - Timeliness
 - Effort
- Facility performance
 - Goal achievement
 - Progress towards goal achievement

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



Please Login

Username

123459

Password

.....

Login

ESRD Facility Report

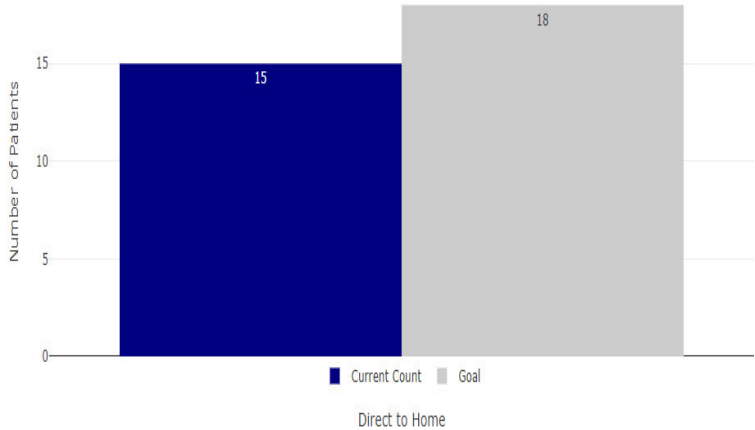


CCN: NA
Facility: NA
State: NA
Network: NA/NA
Services: NA
 Number of facilities in State: 0
 Number of Facilities in Network: 0

- Select Measure:
- Direct to Home
 - Transition to Home
 - Telemedicine Visits
 - Waitlisted
 - Transplanted
 - ESRD Hospital Admissions
 - ED visits
 - Unplanned Readmissions
 - COVID Admissions
 - Influenza: Patients
 - Influenza: Staff
 - PCV13
 - PPSV23
 - COVID Vaccination: Patients
 - COVID Vaccination: Staff
 - Data Quality & Timeliness

[Download Full Report](#)

Updated: 28-Feb-2023 Facility Action Plan



Data Source: EQRS
 The represented information is based on remeasurement Data for Option Year 1 (2022-2023)

Facility Progress Rank

No
 Goal Met for this Measure?

Bottom 25%
 State Rank

Top 25%
 Network Rank

Ranking: Facilities in a state or network are grouped into 4 quartiles based on current rate or average of current rates: Top 25%, Average (Middle 50%), Bottom 25%

Consequences

- Performance Improvement Plans
 - Including oversight by CMS and State Survey Agency
- Referral to State Survey Agency
 - Failure to adhere to Conditions for Coverage
- Recommend Sanctions
 - Identify facilities that have consistently failed to cooperate with Network goals

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!

Outreach Coordinator



Heather Cecil

Next Steps

Complete the 2024-2025 Network Membership Agreement:

- Available via email June 12, 2024

Access ESRD Facility Report:

- Facility specific data, updated monthly
 - Username and passwords will be distributed to FA, SW, MD monthly
 - <https://esrdreportsnw5.qualityinsights.org/>

Register for e-lets

- Electronic newsletter distributed twice a month
 - *Educational opportunities*
 - *Resources to help reach Network Goals*
 - <https://www.qualityinsights.org/qirn5/about/elerts>

Include “What is the Network” in new staff orientation

- Video available on website
 - <https://www.youtube.com/watch?v=M-TdR-QJCwo>



Quality
Insights

Renal Network 5

P.O. Box 29274

Henrico, VA 23242

Phone: 804-320-0004 Fax: 804-320-5918

Website: www.qualityinsights.org/qirn5

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Renée Bova-Collis	rbovacollis@qualityinsights.org	2705
Heather Cecil	hcecil@qualityinsights.org	2712
Alison Crittenden	acrittenden@qualityinsights.org	2707
Phyllis Haas	phaas@qualityinsights.org	2704
Andrea Moore	amoore#@qualityinsights.org	2714
Amanda Morelli	amorelli@qualityinsights.org	2709
Elizabeth Nuschke	enuschke@qualityinsights.org	2710
Brandy Vinson	bvinson@qualityinsights.org	2711

Thank you!

