ESRD Facility Report

User Guide V.4

Quality Insights
Renal Network 5

NETWORK EXPECTATIONS

It is the expectation of the Network that a representative from each facility do the following:

1. Review facility progress towards Network goals by logging into the Network ESRD Facility Report at least **once a month** and
    a. Review progress on all of the goals.
    b. Discuss facility progress towards Network goals during QAPI meetings. Identify modifiable barriers and discuss actions plans, document in QAPI meeting minutes.
2. Provide feedback via the link accessible on the Feedback tab of the report at least **quarterly**.

The Network is able to track your access to the ESRD Facility Report and will be monitoring this to ensure your cooperation and participation.
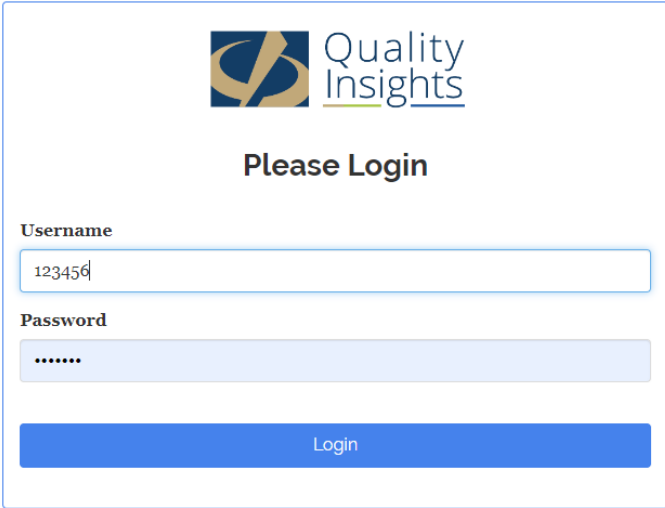
ACCESSING THE REPORT

Reports are updated monthly and can be accessed here:
https://esrdreportsnw5.qualityinsights.org

The Network will notify the facility administrator, medical director, and social worker by email when the reports have been refreshed. If you have an additional facility representative you would like the notification be sent to, please let the Network know. The email will include the username and password as a reminder. Usernames and passwords are unique to each facility and do not change. The login page is pictured in Figure 1.

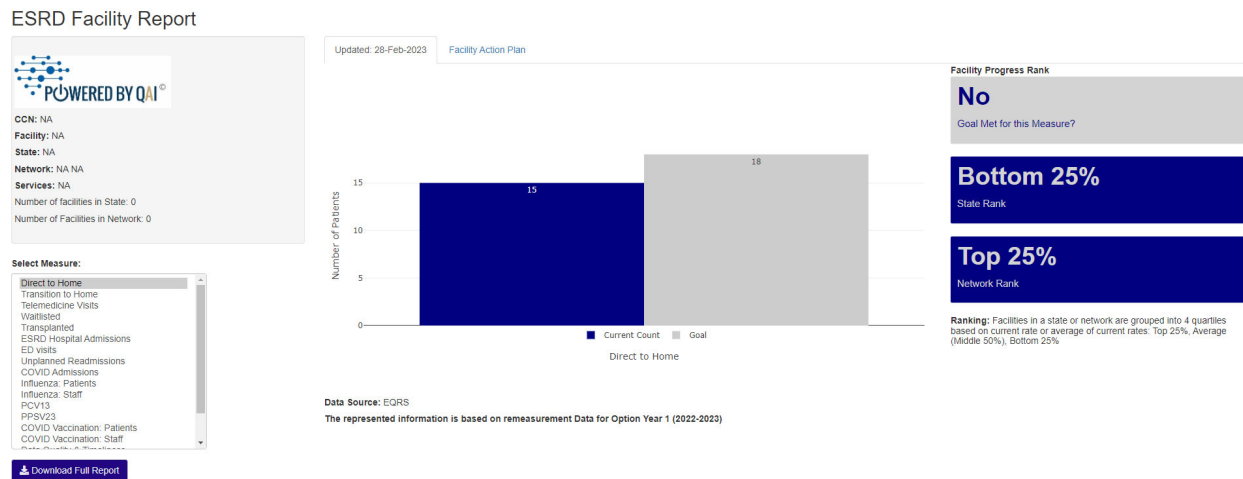**Figure 1: ESRD Facility Report Login Page**

LANDING PAGE SPECIFICATIONS

The ESRD Facility Report landing page is illustrated in Figure 2. The landing page also provides the facility's progress on the Direct to Home measure, as identified by the menu in the lower left corner of Figure 2.

Figure 2: Landing Page and Direct to Home

A summary of facility details are provided in the upper left corner of the report and is pictured in Figure 3.

- The CCN is the facility's Medicare Provider Number and the most important number to the Network.
- "Services" are the services provided by the facility as reported in EQRS. If this data field is not correct, please contact the Network. This is formation is considered when assigning goals.
- Number of facilities in the state and Network provide insight to the Facility Progress Rank which is pictured in Figure 4.
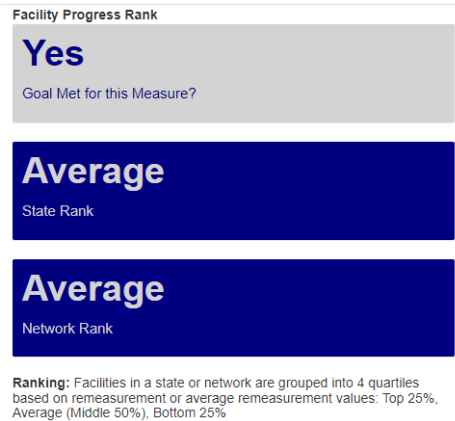
Figure 3: Summary of Facility Details

ESRD Facility Report

CCN: 999999
Facility: Unnamed Dialysis Facility
State: MD
Network: 5 (DC, MD, VA, & WV)
Services: Multi-Service
Number of facilities in State: 171
Number of Facilities in Network: 448

The Facility Progress Rank section indicates goal achievement and identifies how the facility compares to other facilities in their state and to the entire Network for the specific measure.

To establish the ranks, the Network sorts facilities into 4 quartiles based on remeasurement or average remeasurement values. Top performers are in the upper 25%, Average performers are in the middle 50%, and Bottom performers are in the lower 25%. Top performer does not mean the facility has met the goal or that work towards goal achievement should stop, top performers may be contacted by the Network to gain best demonstrated practices.

Figure 4: Facility Progress Rank

Facility Progress Rank

Yes
Goal Met for this Measure?

Average
State Rank

Average
Network Rank

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

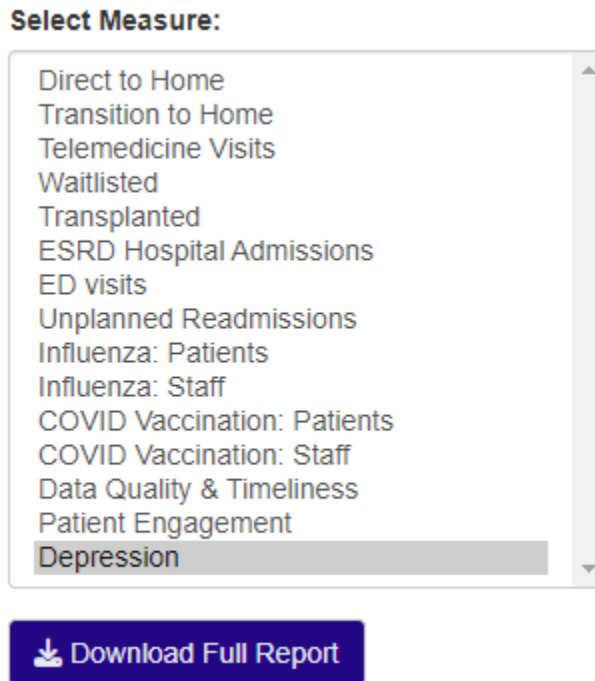## MEASURE SPECIFICATIONS

Select a measure from the "Select Measure" Menu, pictured in Figure 5. When a measure is selected, a bar graph will appear. The blue bar indicates the facility's progress toward the goal while the grey bar indicates the goal. An example is provided in Figure 6.

Figure 5: Select Measure Menu

Select Measure:

Direct to Home
Transition to Home
Telemedicine Visits
Waitlisted
Transplanted
ESRD Hospital Admissions
ED visits
Unplanned Readmissions
Influenza: Patients
Influenza: Staff
COVID Vaccination: Patients
COVID Vaccination: Staff
Data Quality & Timeliness
Patient Engagement
Depression

⬇ Download Full Report

Details about each measure is provided below in the order in which they appear in the "Select Measure" menu.

Figure 6: Measure Bar Graph

Updated: 31-Jul-22 | Facility Action Plan

Number of Patients

■ This Facility □ Goal

Waitlisted

Data Source: Data provided by ESRD NCC; data extracted from EQRS.

Direct to Home

- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to achieve an increase in the number of ESRD patients that start dialysis utilizing a home modality. (Referred to as incident starts by the Network staff)

- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024. (Only incident home starts during this time period will count towards this goal.)
- Goal is established based off performance during the previous performance period, May 1, 2022 – April 30, 2023. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is EQRS which is provided to the Network by the ESRD National Coordinating Center (NCC).
- This measure is applicable to only facilities that offer home dialysis, regardless if you are enrolled in a Network project or not.

Transition to Home
- Aids CMS achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to achieve an increase in the number of ESRD patients transitioning from in-center dialysis to a home modality.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024. (Only transitions to home during this time period will count towards this goal.)
- Goal is established based off performance during the previous performance period, May 1, 2022 – April 30, 2023. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is EQRS which is provided to the Network by the ESRD NCC.
- Home-only facilities are excluded from this measure. This measure is applicable to all other facilities, regardless if you are enrolled in a Network project or not.

Telemedicine Visits
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to achieve an increase in the number of rural ESRD patients using telemedicine to access a home modality.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024. (Only telemedicine visits during this time period will count towards this goal.)
- Goal is established based off performance during the previous performance period, May 1, 2022 – April 30, 2023. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is EQRS and Medicare Claims which is provided to the Network by the ESRD NCC.

- Applicable only to facilities that offer home modalities and have patients who reside in rural areas (as identified by patient's home address), regardless if you are enrolled in a Network project or not.

Waitlisted
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to achieve an increase in the number of ESRD patients added to the kidney transplant waitlist.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024. (Only patients added to the kidney transplant waitlist during this time period will count towards this goal.)
- Goal is established based off performance during the previous performance period, May 1, 2022 – April 30, 2023. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is EQRS which is provided to the Network by the ESRD NCC.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Transplanted
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to achieve an increase in the number of ESRD patients receiving a kidney transplant.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024. (Only kidney transplants that occur during this time period will count towards this goal.)
- Goal is established based off performance during the previous performance period, May 1, 2022 – April 30, 2023. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is EQRS which is provided to the Network by the ESRD NCC.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

ESRD Hospital Admissions
- Aids CMS to achieve their strategic goal to improve and maintain the health of ESRD patients.
- Goal is to achieve a decrease in hospital admissions.
  - Note here that the grey bar represents a threshold and the facility should aim to remain BELOW this threshold. The blue bar should remain lower than the grey bar, indicating that lower hospitalizations are better for this measure.

- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024. (Only hospital admissions for the priority diagnosis categories found here that occur during this time period will impact this measure.)
- Goal is established based off performance during the baseline period, May 1, 2022 – April 30, 2023. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is Medicare Claims which is provided to the Network by the ESRD NCC.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

ED Visits
- Aids CMS to achieve their strategic goal to improve and maintain the health of ESRD patients.
- Goal is to achieve a decrease in outpatient emergency department visits.
    - Note here that the grey bar represents a threshold and the facility should aim to remain BELOW this threshold. The blue bar should remain lower than the grey bar, indicating that lower ED visits are better for this measure.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024. (Only ED visits for the priority diagnosis categories found here that occur during this time period will impact this measure.)
- Goal is established based off performance during the baseline period of May 1, 2022 – April 30, 2023. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is Medicare Claims which is provided to the Network by the ESRD NCC.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Unplanned Readmissions
- Aids CMS to achieve their strategic goal to improve and maintain the health of ESRD patients.
- Goal is to achieve a decrease in hospital 30-day unplanned readmissions.
    - Note here that the grey bar represents a threshold and the facility should aim to remain BELOW this threshold. The blue bar should remain lower than the grey bar, indicating that lower readmissions are better for this measure.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024. (Only 30-day unplanned readmissions for the priority diagnosis categories found here that occur during this time period will impact this measure.)

- Goal is established based off performance during the baseline period of May 1, 2022 – April 30, 2023. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is Medicare Claims which is provided to the Network by the ESRD NCC.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Influenza: Patients
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to ensure 90% of patients receive an influenza vaccination.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024.
- Data source is EQRS which is provided to the Network by the ESRD NCC.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Influenza: Staff
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to ensure 90% of staff receive an influenza vaccination.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024.
- Data source is Healthcare Personnel (HCP) module in NHSN.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

COVID Vaccination: Patients
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to ensure that at a minimum 80% of dialysis patients are fully vaccinated for COVID-19. Additional details can be viewed by clicking the "Download Full Report" button as seen in Figure 5. CDC guidance will be used to define "fully vaccinated." Fully vaccinated or "up-to-date" for COVID-19 is currently defined as having received the Bivalent booster.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024.
- Data source is NHSN.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

COVID Vaccination: Staff

- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to ensure that at a minimum 95% of dialysis facility staff are fully vaccinated for COVID-19. Additional details can be viewed by clicking the "Download Full Report" button as seen in Figure 5. CDC guidance will be used to define "fully vaccinated." Fully vaccinated or "up-to-date" for COVID-19 is currently defined as having received the Bivalent booster.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024.
- Data source is the Healthcare Personnel (HCP) module in NHSN.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Data Quality & Timeliness: Form 2728

- Aids in CMS's initiative to improve the data quality of the patient registry in EQRS.
- Goal is to ensure that 85% of CMS-2728 forms are submitted into EQRS within 45 days.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024.
- Data source is EQRS which is provided to the Network by the ESRD NCC.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Data Quality & Timeliness: Form 2746

- Aids in CMS's initiative to improve the data quality of the patient registry in EQRS.
- Goal is to ensure that 85% of CMS-2746 forms are submitted into EQRS within 14 days of the date of death.
- Goal needs to be achieved by April 30, 2024.
- Current performance period is May 1, 2023 – April 30, 2024.
- Data source is EQRS which is provided to the Network by the ESRD NCC.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Patient Engagement: QAPI Meeting

- Aids CMS to achieve their strategic goal to improve patient and family engagement at the facility level.
- Goal is to increase the number of facilities that successfully integrate patients and families into QAPI meetings.
- Goal needs to be achieved by April 30, 2024. Goal achievement is indicated by "Implemented at Facility."

- Current performance period is May 1, 2023 – April 30, 2024.
- Data source facilities self-report this data monthly utilizing a link on the Network website.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Patient Engagement: Life Plan
- Aids CMS to achieve their strategic goal to improve patient and family engagement at the facility level.
- Goal is to increase the number of facilities that successfully assist patients to develop a life plan (identifying patient values, preferences and priorities), from which the dialysis facility develops the dialysis plan of care that includes at least one patient self-directed goal.
- Goal needs to be achieved by April 30, 2024. Goal achievement is indicated by "Implemented at Facility."
- Current performance period is May 1, 2023 – April 30, 2024.
- Data source facilities self-report this data directly to Renee Bova-Collis at rbovacollis@qualityinsights.org. DO NOT EMAIL PATIENT IDENTIFYING INFORMATION.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Patient Engagement: Peer Mentoring
- Aids CMS to achieve their strategic goal to improve patient and family engagement at the facility level.
- Goal is to increase the number of facilities that successfully develop and support a peer mentoring program.
- Goal needs to be achieved by April 30, 2024. Goal achievement is indicated by "Implemented at Facility."
- Current performance period is May 1, 2023 – April 30, 2024.
- Data source, facilities self-report this data by faxing (804-320-5918) a Mentor/Mentee application form.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.

Depression
- Aids in CMS' initiative to improve behavioral health outcomes.
- Goal is to increase the percentage of patients receiving treatment by a mental health professional after having been screened positively for depression.

- The Network is not assigning individual facility goals for this measure, however all patients with a positive depression screening should be provided assistance with seeking help.
- Current performance period is May 1, 2023 – April 30, 2024.

- Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is EQRS and Medicare claims which are provided to the Network by the ESRD NCC.
- This measure is applicable to every facility in the Network, regardless if you are enrolled in a Network project or not.