

# Facility Information Change Form

Please use this form to notify ESRD Network 16 of personnel and/or facility changes.



ESRD ALLIANCE | NETWORK 16

Facility Name:		CCN #:
NPI#:	Phone#	Fax #:
General Facility E-mail		

Medical Director Name:	Credentials:	UPIN/NPI:
Medical Director Phone #:	Medical Director Email Address:	
Medical Director Office Address	City	State Zip Code

Job Title	Name and Degree / Credentials	Phone & Ext	Email Address
Facility Administrator			
Head Nurse/Nurse Manager			
Data CoblWH			
Social Worker			
Dietitian			
Home Coordinator			
Master Account Holder			

1. Emergency/Disaster Contact	Office Phone & Ext:	Cell Phone (Required):	E-mail Address
2. Emergency/Disaster Contact	Office Phone & Ext:	Cell Phone (Required):	E-mail Address

\*The following changes **MUST** be reported to CMS. Attach a copy of CMS's acknowledgement/approval letter if updating information below)

*Change of physical address			Phone #
Address	City	State	Zip Code
■ Mailing Address (Check box if same as physical address)			Fax #
Address	City	State	Zip Code
*Facility/Provider Legal Name			
*Facility/Provider Doing Business As Name			
*Ownership			
*Licensed Stations / Isolation Stations			
*New Services (e.g. HD, CAPD, PD, CCPD, etc.)			
Shifts / Days / Times			

I certify that the above changes have been updated in CROWNWeb.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be signed by the Facility Administrator or Clinic Manager.

Fax form back to the Network at 206-923-0716

**Instructions/Clarification on personnel roles for facilities:**

- **Facility Administrator:** This role includes assisting the Network in identifying the ongoing needs of the renal community, and making recommendations to the Network on programs, activities and approaches to identified needs and issues.
  - Key person responsible for assuring their facility is participating with Network-directed goals and activities as required by the federal Conditions for Coverage (dialysis facilities) and Conditions for Participation (transplant centers) regulations.
  - Responsible for receiving bulletins from the Network via subscription to the ESRD Bulletins Blog\*, email, and/or fax, and disseminating them to relevant facility staff.
  - If a facility is out of compliance with Network activities, the Facility Administrator will be the recipient of Network communications regarding this situation.
  - Casts the facility vote for the Network Board of Directors elections.
- **Facility Disaster Contact and Disaster Contact Back-up:** The person(s) whom the network will call during a disaster. Each facility needs one primary and one backup contact including cell phone numbers and email addresses.
- **Facility Head Nurse/Nurse Manager:** Nurse that oversees the dialysis unit.
- **Facility Data Contact(s):** Main contact for the Network for completion of and questions regarding CROWNWeb data activities including the 2728 and 2746 form, the PART, CROWNWeb clinical data and the Annual Facility Survey.
  - Will typically have the CROWNWeb role of “Facility Editor”. At minimum, facility must have one (1) **Facility Data Contact** with QARM/CROWNWeb role of Facility Editor with scope for your facility. Instructions to sign up located [HERE](#).
  - Receives CROWNWeb clean-up emails from the Network
- **Facility Master Account Holder:** Oversees creation of accounts and user permissions for [www.dialysisdata.org](http://www.dialysisdata.org) . (You must also update on [www.dialysisdata.org](http://www.dialysisdata.org))
- **Facility Dietitian:** Primary Dietitian for the dialysis unit
- **Facility Social Worker:** Primary Social Worker for the dialysis unit
- **Home Coordinator:** Main contact for the Network regarding Network projects and data for home modalities. (Optional: Add/Update CROWNWeb personnel role of **Facility Home Dialysis Coordinator**)
- **Facility Medical Director:** Medical Director for the dialysis unit

**Additional Notes:**

- For all items in **BLUE**, you must also update CROWNWeb personnel.
- The Facility Personnel Update form **MUST** be signed by the Facility Administrator or Nurse Manager for changes to be made when adding or removing staff members. It does not need to be signed for updating information on staff already reported to the Network (e.g. last name or e-mail change)
- When replacing a prior staff member, please keep in mind other roles the staff may have had including “Master Account Holder” for Dialysis Facility Reports access, CROWNWeb Security Official, and/or NHSN Administrator.



**Other Key Roles for a Facility:**

- **QIP System:** Each facility should also have at minimum one staff member with access to the QIP system with a QARM role of facility viewer and/or Point of Contact (Limited to 1 POC per facility – check with your corporate office before selecting this role). More information located here: <http://mycrownweb.org/education/eidmqarm-training/>

- **ESRD Bulletins Blog Designee:** If a facility administrator does not want to sign up and distribute the ESRD Bulletins Blog, they can have a designee sign up instead. However, beyond this any interested staff can sign up for the blog.

Sign up for our ESRD Network blog posts at <https://nwrnbulletins.wordpress.com/> - Click on the “Follow” button in the lower right-hand corner.

- **NHSN Administrator:** Each facility should have at minimum one user with the NHSN Administrator role. Sign up here: <https://nhsn.cdc.gov/RegistrationForm/index>
- **CROWNWeb Security Official:** Person responsible for approval of account requests for QIP, CROWNWeb and other CMS QARM systems. Minimum 1 per facility, recommended 2.
- **Do NOT e-mail patient information (SSN, Name, DOB) to the Network. Any e-mails received by the Network with patient information must be reported to CMS.**

