

ESRD Network 16

Northwest Renal Network

January 9, 2017

Katrina Russell, RN, CNN – NW16 Board Chair

John Stivelman, MD – NW16 Medical Review Board Chair

Stephanie Hutchinson, MBA - Executive Director

Barbara Dommert-Breckler, RN, BSN, CNN - Quality Improvement Director

Lisa Hall, MSSW, LICSW - Patient Services Director

Leah Skrien - Information Management Director

Purpose

- To familiarize attendees with the new Statement of Work for the ESRD Networks, and promote **partnership** with facilities to improve the quality of care for people who require dialysis or transplantation as a life-sustaining treatment



Contract Overview

- 5 year Contract – Now in 2nd Year (OY1)
- 8 Quality Improvement Activities
- Increased focus on Patient Engagement
- Collaboration with Stakeholders
- HealthInsight ESRD Alliance – Networks 16 and 18



HealthInsight (Prime Contractor)

HealthInsight is a private, nonprofit, community-based organization **dedicated to improving health and health care**, composed of locally governed organizations in four western states: Nevada, New Mexico, Oregon and Utah. HealthInsight also has operations in Seattle, Washington, and Glendale, California, supporting End-Stage Renal Disease Networks in the Western United States. As such, it is able to draw upon the unique social and cultural elements of each region, as well as quality improvement expertise that has been developed over four decades.

Programs of HealthInsight include: Medicare QIN/QIO, CMMI Admissions and Transitions Optimization Program, Medicaid External Quality Review Organization, Hospital Improvement and Innovation Network, IHS grant and ESRD Networks 16 and 18 to name a few.



HealthInsight, con't.

Network 16 participates on the corporate board of HealthInsight bringing ESRD voice to the table

ESRD is integrated into overall direction of the organization including programs focusing on palliative care, hospitalization reduction, health information exchange, vaccination and diabetes



Network Governance

Board of Directors

Chair – Katrina Russell, RN, CNN

Purpose: To set policy and direction for the Network and retain oversight responsibility.

- Responsible for the performance of the Network in meeting requirements of the CMS contract
- Provides financial oversight
- Reviews the Annual Report prior to submission to CMS
- Approves contract modification requests
- Reviews and approves any recommendations from the MRB for sanctions



Medical Review Board

Chair: John Stivelman, MD

Advisory panel to the Network on the care and appropriate placement of dialysis patients** and oversight of Network CMS contracted activities***, per statutory requirements (1881© of the Social Security Act)*

Composed of at least two patient representatives as well as representatives of the professional disciplines engaged in ESRD Care.

Provide input to the National Forum of ESRD Networks' Medical Advisory Committee

Engage in other activities in the Network to improve ESRD care. (Water Manual)

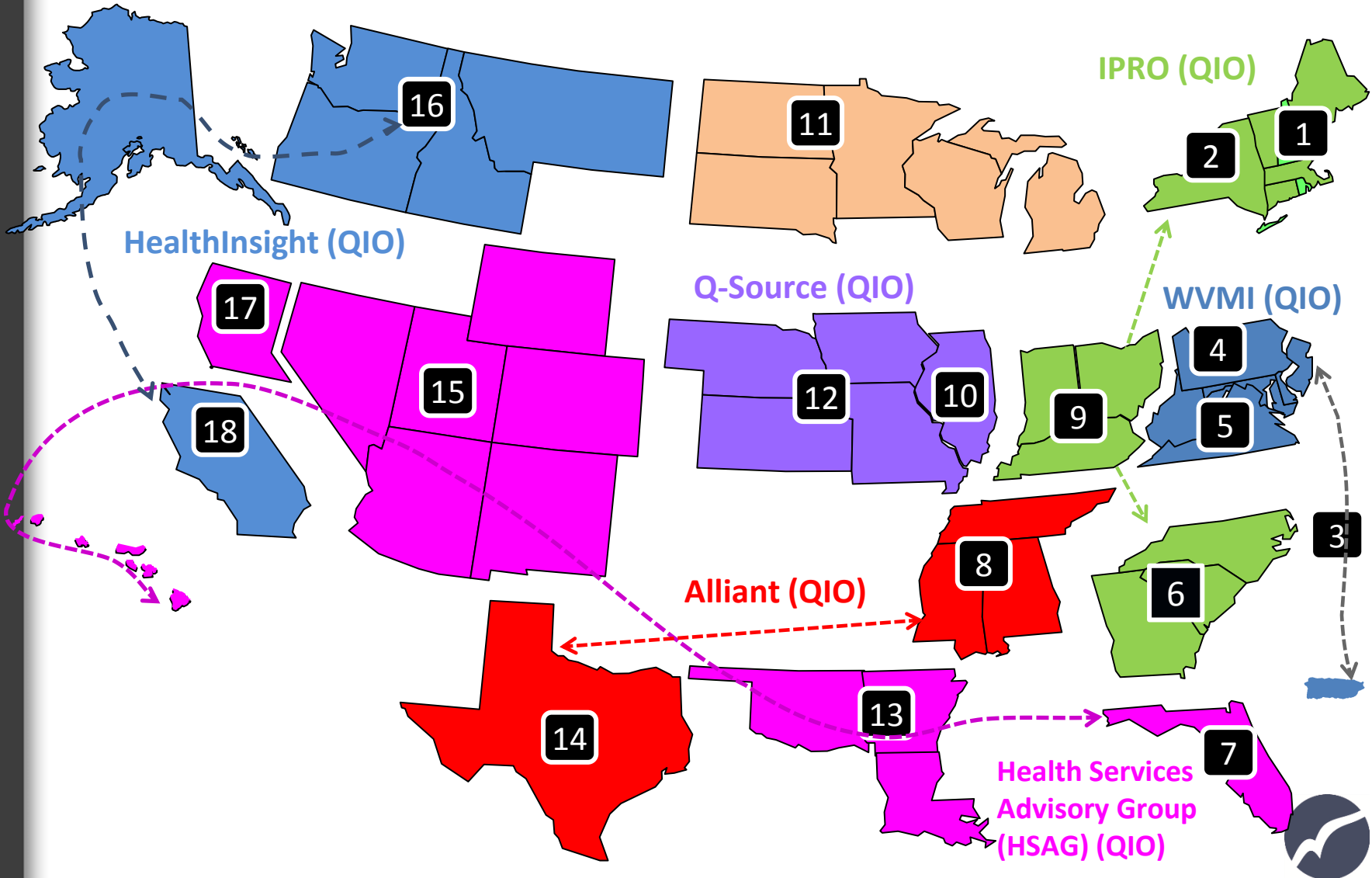
/**/ Examples of each charge to the MRB (not inclusive):**

** Addresses specific quality issues at facilities relating to delivery of dialysis care, or issues which arise in relation to routine data collections at specific facilities over time (e.g: % catheters, Hbs, delivered kt/V, or facility-specific quality improvement projects)*

***Addresses specific issues relating to grievances felt appropriate by Patient Services Director to be addressed by MRB, those brought directly to the attention of the MRB by Network facilities, and involuntary discharges (also in conjunction with Patient Services Director)*

****Participates in structuring and oversight of various quality projects in which the Network takes part, per its contract(s) with CMS.*

The 18 ESRD Network Contracts



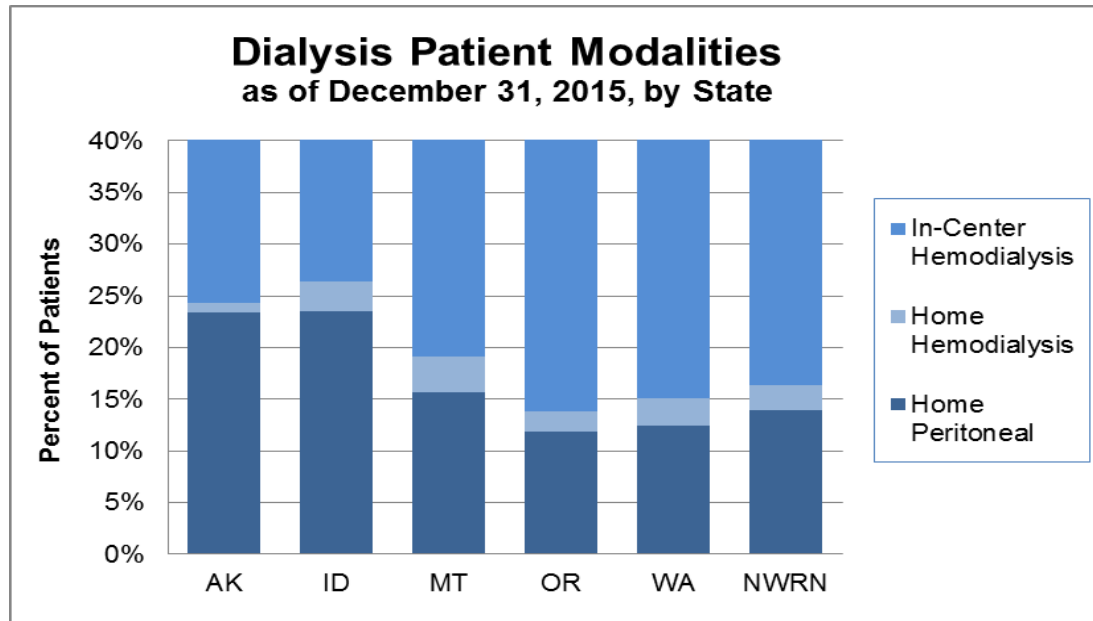
Network 16 Totals

	2014	2015	Growth Rate
Dialysis Facilities	197	206	5%
Transplant Centers	8	8	0%
Hemodialysis Patients	13,267	13,800	4%

Dialysis and Transplant Center data from NCC Gap Report
Hemodialysis Patients data from CROWNWeb Annual Report Data Table 2



Network 16 Demographics



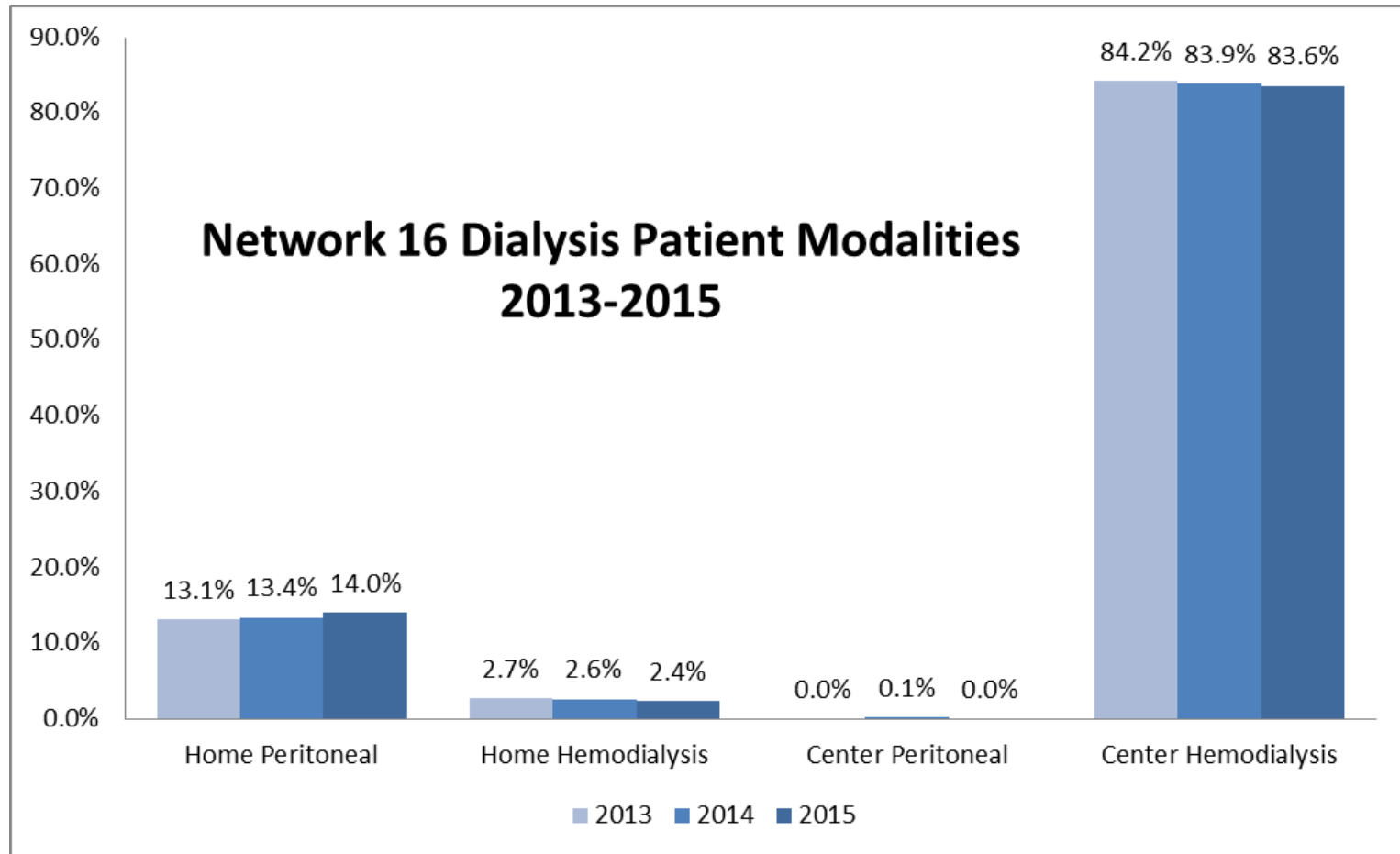
	AK	ID	MT	OR	WA	Total
Home Peritoneal	120 23.4%	320 23.5%	125 15.7%	508 11.9%	851 12.4%	1,924 14.0%
Home Hemodialysis	5 1.0%	38 2.8%	27 3.4%	81 1.9%	182 2.7%	333 2.4%
Center Peritoneal	0 0%	0 0.0%	0 0.0%	0 0.0%	3 0.0%	3 0.0%
Center Hemodialysis	388 75.6%	1,001 73.7%	643 80.9%	3,670 86.2%	5,827 84.9%	11,529 83.6%
Total	513 100%	1,359 100%	795 100%	4,259 100%	6,863 100%	13,789 100%

Source: 2015 Annual Report

Note: Washington and Network totals exclude one patient with modality of "other."



Network 16 Demographics

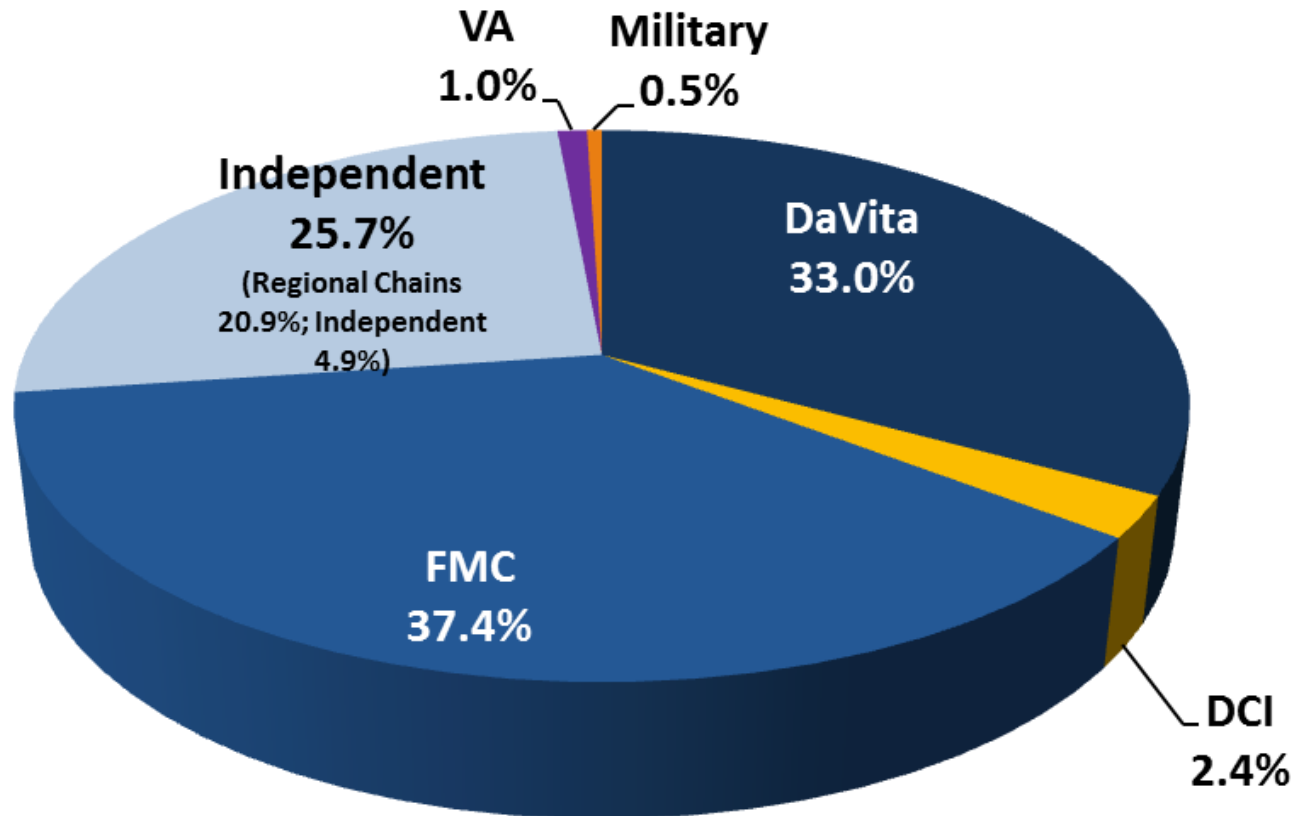


Data from 2015 Annual Report



Network 16 Demographics

Network 16 Facilities by Ownership (%) 2015

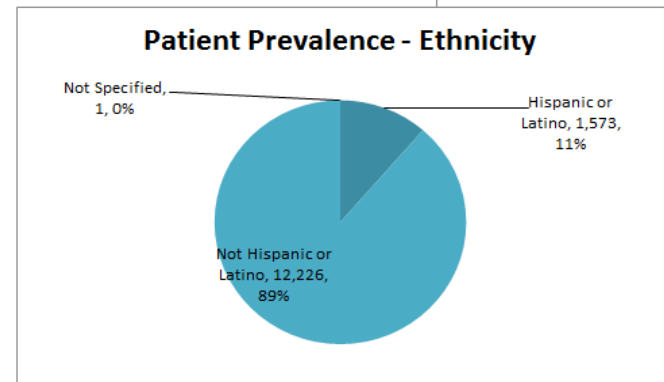
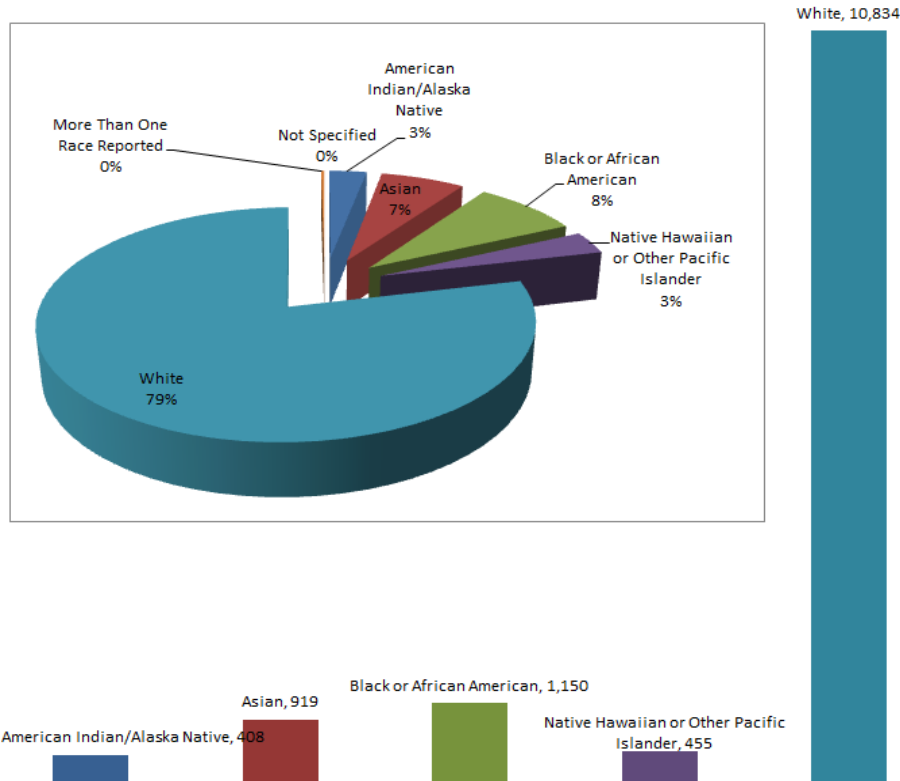


Data Source: 2015 Annual Report



Network 16 Demographics

Patient Prevalence - Race



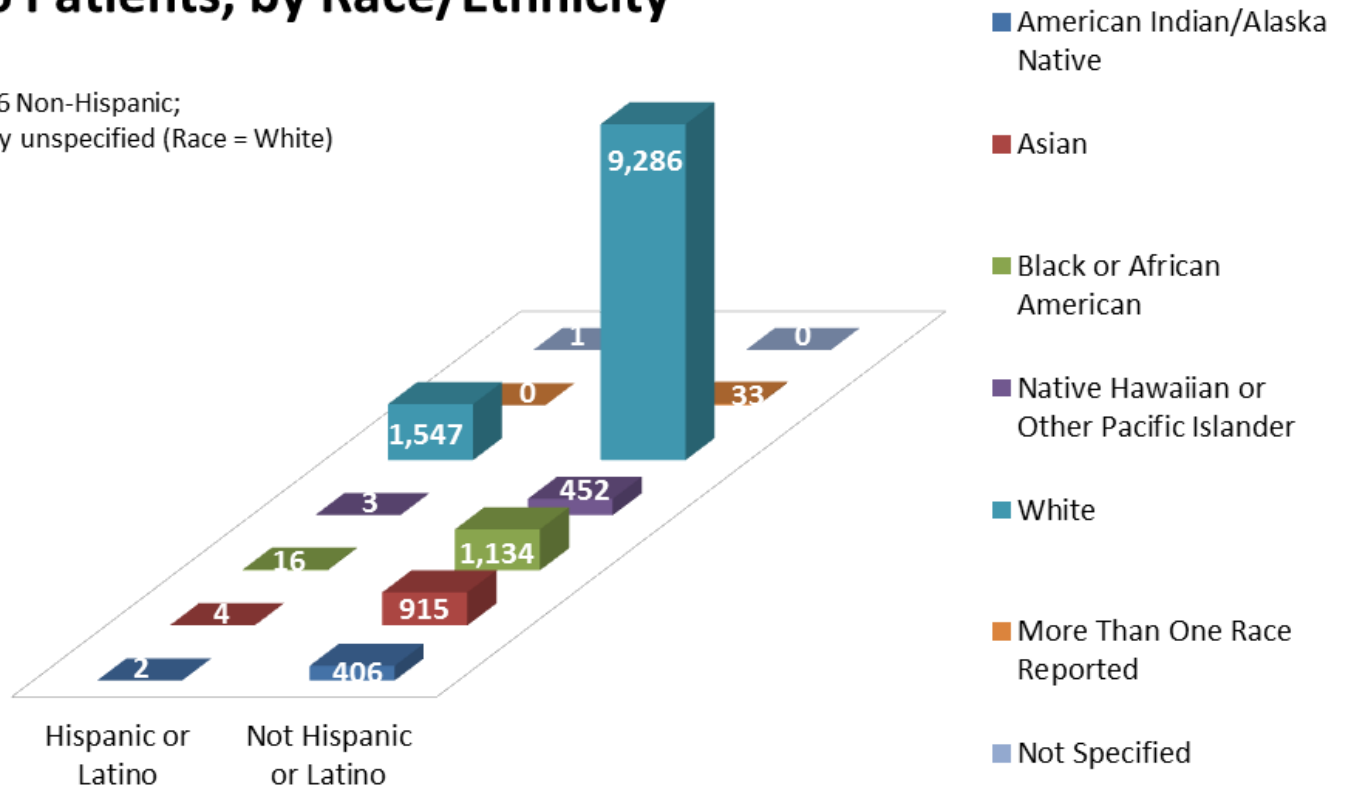
Data from 2015 Annual Report



Network 16 Demographics

Network 16 Patients, by Race/Ethnicity

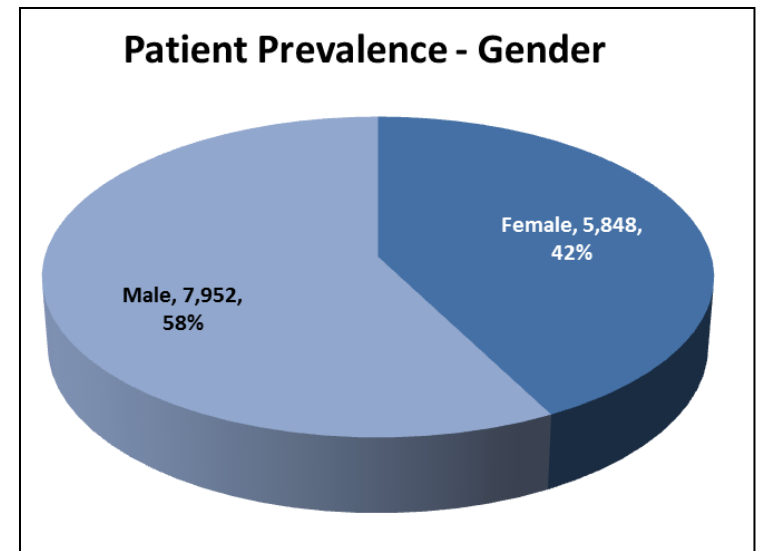
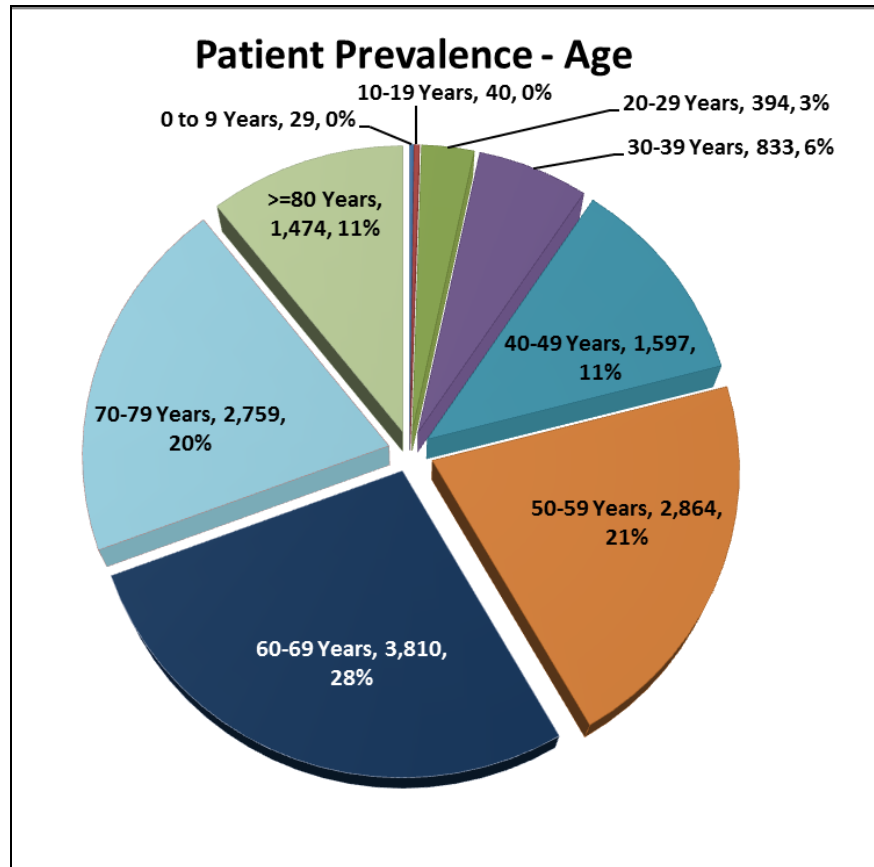
13,800 Patients:
 1,573 Hispanic; 12,226 Non-Hispanic;
 1 patient with Ethnicity unspecified (Race = White)



Data from 2015 Annual Report



Network 16 Demographics

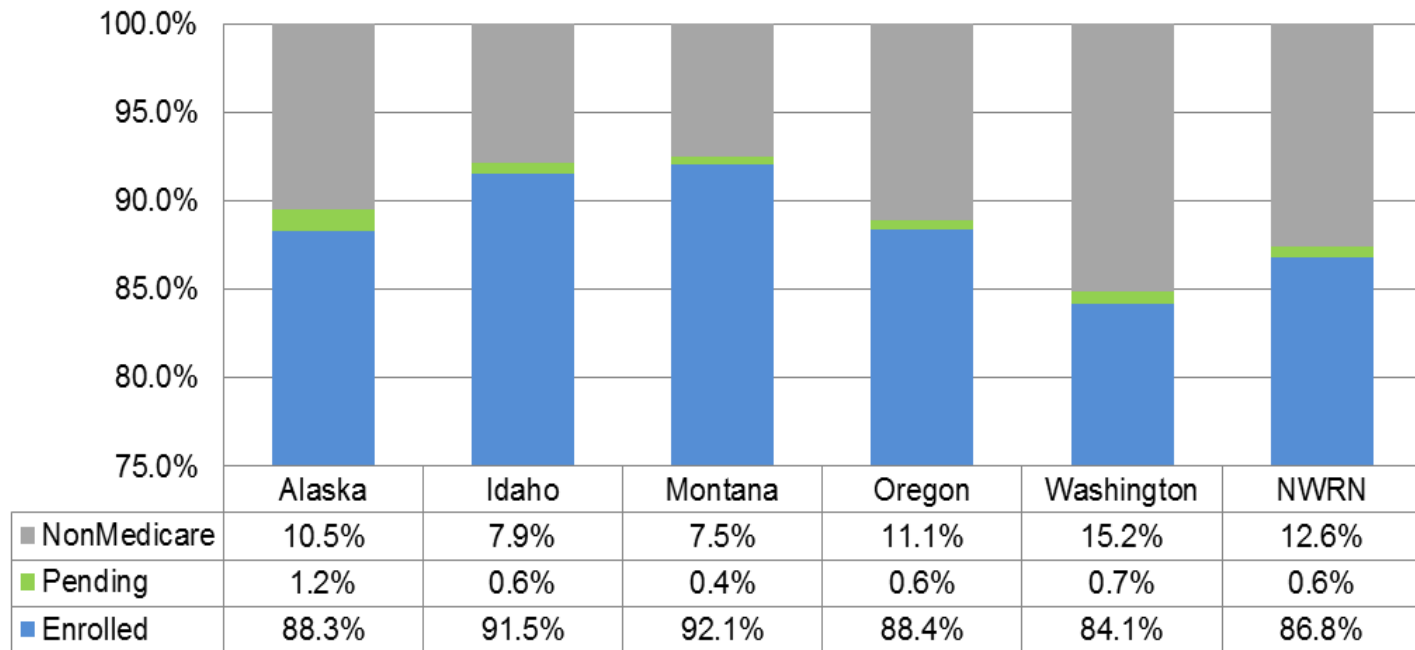


Data from 2015 Annual Report



Network 16 Demographics

Medicare Status by State - NWRN Dialysis Patients 2015



Data Source: NCC Gap Report: FORM2744_REPORT

Data from 2015 Annual Report



Base Year Accomplishments

- Fully Staffed
- Successfully completed the contract
- Highest AVF rate in the nation: 69.74%
- Catheters over 90 days: 9.01%
- Partnered with Ascent Quality Improvement Project to reduce disparity in Transplantation
- Project participants reduced their overall BSI by more than 20% and mortality by 8%.



Network 16 Staff

Stephanie Hutchinson, MBA, Executive Director

Patient Services Department

- Lisa Hall, MSSW, LICSW, Patient Services Director

Quality Department

- Barbara Dommert-Breckler, RN, BSN, CNN, Quality Improvement (QI) Director
- Jewel Peterman, RN, BSN, QI Coordinator
- Derek Taylor, RN, QI & Outreach Coordinator

Data Department

- Leah Skrien, Information Management Director
- Shanna Rodarte, Administrative Assistant
- Imamu Frazier, IT/Data Coordinator

Faye Thibodeaux, Administrative and Project Assistant for all Departments



Patient/Family Engagement

- Foster patient/family engagement at the facility level



Patient Experience of Care

- Evaluate and resolve grievances
- Conduct QIA to improve facility grievance process
- Promote use of ICH CAHPS and ICH CAHPS QIA
- Address issues identified through data analysis



Appropriate Access to Care

- Decrease involuntary discharges and transfers (IVDs/IVTs)
- Address patients at risk for IVD/IVT and failure to place
- Generate monthly access to dialysis care reports



Quality Improvement Activity

Number 1 Grievance

- Focused audit of all grievances
 - Identify the most prevalent trend of grievances filed
 - Select 10 dialysis facilities with the most grievances within this trend
- Improve the utilization of facility grievance process
- Improve communication between patients, staff and Network
- Foster a culture where patients feel safe to voice their concerns



Quality Improvement Activity

Number 2 ICH CAHPS

- Improve ICH CAHPS survey results
 - Network review of ICH CAHPS results from spring 2016
 - Identify lowest scores (component)
- Select 20 dialysis facilities
- Demonstrate 5% relative improvement on the Network-selected component



Quality Improvement Activity

Number 3 Long Term Catheters

- Maintain a prevalent CVC rate of $\leq 10\%$
 - Long Term Catheter Rate baseline: **Sept 2016**
- All facilities with a greater than 10% rate are on the project
- 22 facilities are targeted
- Highest rate over 66.67% (only 3 pts)
- 20 facilities had 0% LTC
- Measure: CROWNWeb Minimum 2% reduction in LTC



Quality Improvement Activity

Number 4

Reduce Blood Stream Infections/ Sepsis Education

- 20% of Network facilities required to participate
- Patient Engagement Required
- Reduce rates of BSIs
- Baseline Quarters: **1&2 2016** NHSN
- Measure: 5% or more reduction of *pooled mean*



Quality Improvement Activity

Number 5 Improve Hepatitis B and Pneumococcal Vaccinations

- A minimum of the bottom 10% facilities will be on the project (no more than 25 per Network)
- Baseline **2016**
- To be removed from the project the facility will have to have a 60% vaccination rate for **Hep. B** (completed series) and **PPV** (both the PPSV23 and PCV13)
- Measure: CROWNWeb data of vaccination rates



Quality Improvement Activity Number 6 Innovation

- Network Workgroup Focused on Reducing Hospital Utilization
- 20-25 facilities per Network with 5 to 7 medium sized hospitals that are associated
- Three year project
- Transitions of Care Focus- EMR Access
- Measure 2% reduction in unplanned hospitalizations
 - Each admit should be listed



Quality Improvement Activity

Number 7 ESRD QIP

- The project will revolve around QIP measures: 2017 measures are Hypercalcemia and Adequacy
- Minimum of 10 facilities
- Measure at or above minimum target for 3 months. 80% need to achieve the target



Quality Improvement Activity Number 8 NHSN Data Quality

- Minimum 20 facilities without EMR access and five associated hospitals
- Ensure that positive blood cultures drawn at hospitals during the first day of admission are entered as a dialysis event
- Improve coordination of care between hospitals and dialysis facilities



ESRD Quality Incentive Program (QIP)

- Facility compliance with QIP procedures
- Download and post Performance Score Certificate: Now Available
- New measures: Combined Adequacy Scoring, Deduction Scale based on Mean Score
- Continued from Last Year: Depression and Pain Management Screening and follow up Staff Flu Vaccination



NHSN

New version of NHSN will cause all facilities to have to rejoin the Network group.

Due to the NHSN data verification and the two QIA project around NHSN data, we are going to continue to require that facilities enter NHSN data by the close of the following month.

Example: January data must be entered by Feb 28th



Emergency Preparedness - Network

In preparation for an emergency, ESRD Network 16 will:

- Encourage dialysis facilities to plan for emergency situations
- Provide technical assistance in the development of emergency plans
- Provide educational materials
- Develop an internal Network plan for preparedness and response



Facility Reporting Requirements

- Notify the Network of changes in facility operations
 - Schedule
 - Power
 - Water
 - Road access/transportation
 - Other
- Facility Closure/ Interruption in Service form can be found on the website:
<https://nwrn.org/files/E/Interruptions.pdf>



CMS-2744 (Annual Facility Survey)

2744 Annual Facility Survey time is here. All Network 16 Facilities need to ensure accuracy of 2016 data in CROWNWeb.

Network 16/18 Annual Facility Survey (CMS-2744) Schedule:

- **January 1, 2017:** Facilities can begin generating their Annual Facility Survey (CMS-2744) in CROWNWeb for the *Calendar Year 2016* and begin review and data cleanup
- **January 23, 2017 and January 24, 2017:** General Web-Ex on 2744 Process (01/24/2017 is repeat). Time to be announced via Email.
- **Select Fridays, February 2017:** Listening Line – 2744 General Questions Answered
- **March 31, 2017:** Final Due Date for submittal to the ESRD Network for approval

Facilities familiar with the process are strongly encouraged to not wait for the Web-Ex, but complete and submit as early as possible to allow for time to make corrections



CROWNWeb

- **CROWNWeb Data Management Guidelines** from CMS effective 01/01/2016
- Highlights include:
 - Shortened turnaround time for completing required CROWNWeb Activity
 - Requirement to update key personnel in CROWNWeb
 - PART verification now due the 5th business day of the month
 - CMS Data Management Guidelines change 2728 due date to within 10 business days of Date Regular Chronic Dialysis Began
- Complete document available
[http://mycrownweb.org/assets/crownweb-dm/CROWNWeb Data Management Guidelines FINAL.pdf](http://mycrownweb.org/assets/crownweb-dm/CROWNWeb%20Data%20Management%20Guidelines%20FINAL.pdf)
 - Page 52 has Task List for Facility Users (Tier 1) along with due dates



CROWNWeb

- **As of January 1st, 2017 Medicare will reimburse outpatient dialysis facilities that treat Acute Kidney Injury (AKI) patients**
- Highlights include:
 - **These patients should never be in CROWNWeb**
 - No weekly limits on number of dialysis treatments paid
 - Follow your company's policies and Medical Directors Direction
 - These patients are not included in the Quality Incentive Program or Network Quality Improvement Activities
 - CMS will be providing education in the future.



CROWNWeb

New Identity Management Systems (EIDM and QARM) implemented June/July 2016:

New registration process for users to access CROWNWeb and QIP 2.0 (QIMS system retired)

- **EIDM:** Enterprise Identity Management System: Used to set up User Account (create login ID and password) to apply for access to QARM and its systems. An EIDM account must be created to access QARM, CROWNWeb and QIP 2.0
- **QARM:** QualityNet Authorization Role Management: Apply for access and determine roles in CROWNWeb and QIP 2.0

EIDM/QARM Registration Resources:

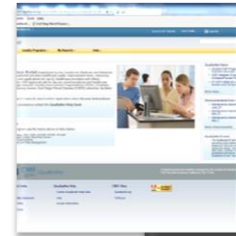
- <http://mycrownweb.org/education/eidmqarm-training/>
- <https://www.nwrn.org/providers-and-professional-staff/im/crownweb.html>





EIDM

- Create User ID and Password
- *Request* access to QARM
- Experian Identity Verification
- Set up Multi-Factor Authorization
- Org Security Official does NOT use EIDM to approve uses



QARM

- Request Access to CROWNWeb and QIP 2.0
- Request Role and Scope
- Log in to CROWNWeb and QIP 2.0
- Change Organizations
- System used by Org Security Official to approve users



Common CMS System Roles

Role	System	System Description	Related Systems	Login ID Looks Like
NHSN Administrator	NHSN	Report Dialysis Events; Staff Vaccinations		Email
EIDM	EIDM http://Portal.CMS.gov	Create account (including setting up user ID and password) to access QARM	QARM CROWNWeb QIP 2.0	User chooses during registration
QARM - Org Security Official	QARM www.qualitynet.org	Approve, Disable and Edit QIMS User Accounts	EIDM CROWNWeb QIP 2.0.0	User chooses during EIDM registration
CROWNWeb - Facility Administrator - Facility Editor and/or - Facility Viewer	QARM →CROWNWeb www.qualitynet.org	CMS Data System for Facility, Patient and Clinical Data	EIDM QARM	User chooses during EIDM registration
QIP 2.0 - Point of Contact - Facility Viewer	QARM →QIP 2.0 www.qualitynet.org	View, Download and Comment on PSRs and PSCs	EIDM QARM	User chooses during EIDM registration
Dialysis Data.org Master Account Holder	www.dialysisdata.org	Enable/Disable Accounts; Add/Remove Permissions		CCN
DialysisData.org Regular User	www.dialysisdata.org	View/Edit/Comment on DFR and QDFC		Email



Security

- All facility staff is responsible for preventing security violations and protecting patient data
- PHI (Protected Health Information) and PII (Personally Identifiable Information) can NEVER be sent over email.
 - Includes SSN, Patient name or initials, birthdate, etc.
- All security violations are reported to CMS



ESRD Network Bulletin

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

esrdbulletins

*Health Insight ESRD News
Bulletins for NW16 & NW18*

[Home](#) [About](#) [Facility Calendar](#) [Patient Calendar](#) [Renal Job Postings](#) [RN in Southern California – Immediate Need](#)



Bulletin includes:

- Educational opportunities
- Patient-health events
- QIP Rules
- DFR/DFC release dates
- Approaching facility deadlines



We look forward to partnering with you in
the new year.



Questions?

SHutchinson@nw16.esrd.net

BBreckler@nw16.esrd.net

LHall@nw16.esrd.net

LSkrien@nw16.esrd.net

Network 16 Office: 206-923-0714

