ESRD Facility Report

User Guide V.2

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 Facility Action Plan 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 participation.
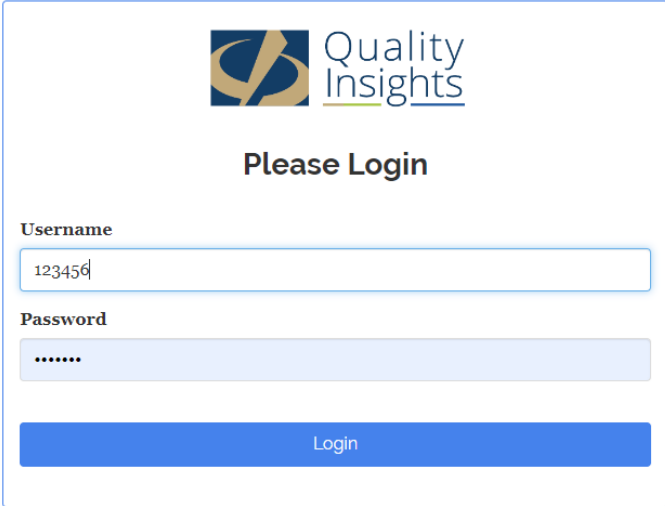
ACCESSING THE REPORT

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

The Network will notify the facility administrator 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. Login page is pictured in Figure 1.
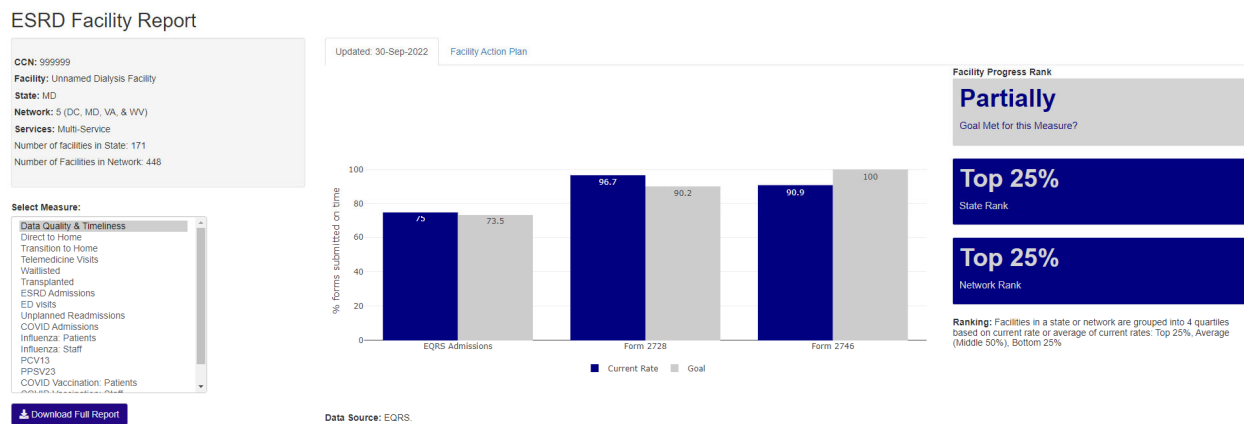
Figure 1: ESRD Facility Report Login Page

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 three Data Quality & Timeliness measures, as identified by the menu in the lower left corner of Figure 2.

Figure 2: Landing Page and EQRS Admissions Update

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

- The CCN is 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.
- Number of facilities in the state and Network provide insight to the Facility Progress Rank which is pictured in Figure 4.
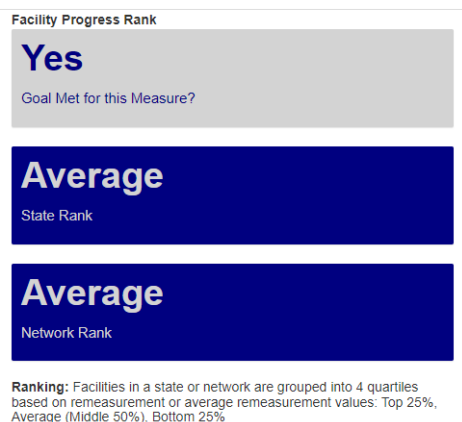
Figure 3: Summary of Facility Details

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.
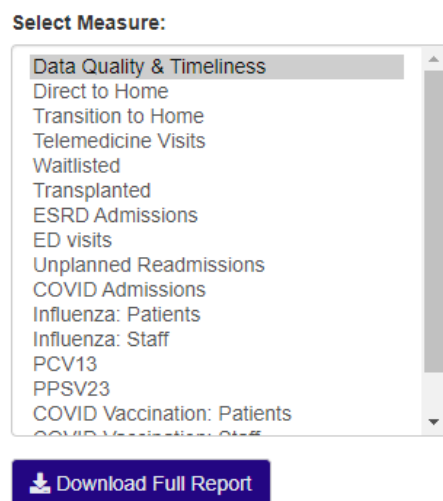
Figure 4: Facility Progress Rank

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:

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

⬇ 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

Data Source: Data provided by ESRD NCC; data extracted from EQRS.
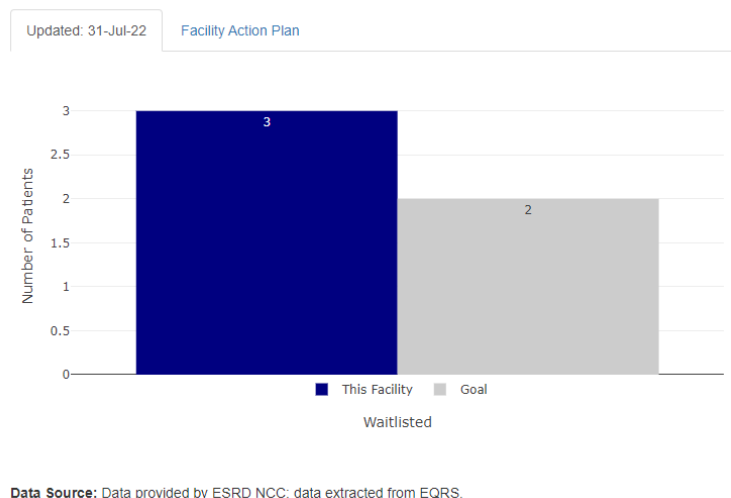
Data Quality & Timeliness: EQRS Admissions
- Aids in CMS' initiative to improve the data quality of the patient registry in EQRS.
- Goal is to increase the rate of admissions entered into EQRS within 5 business days.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023.
- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. 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 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 increase the rate of initial CMS-2728 forms submitted into EQRS within 45 days.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023.
- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. 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.

Data Quality & Timeliness: Form 2746
- Aids in CMS's initiative to improve the data quality of the patient registry in EQRS.
- Goal is to increase the rate of CMS-2746 forms submitted into EQRS within 14 days of the date of death.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023.
- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. 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.

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, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (Only incident home starts during this time period will count towards this goal.)
- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. 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 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, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (Only transitions to home during this time period will count towards this goal.)
- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. 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, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (Only telemedicine visits during this time period will count towards this goal.)
- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. 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, 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, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (Only patients added to the kidney transplant waitlist during this time period will count towards this goal.)
- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is UNOS 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, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (Only kidney transplants that occur during this time period will count towards this goal.)

- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. Baseline details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Data source is UNOS 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 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 rates are better for this measure.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (Only hospital admissions for the priority diagnosis categories found here that occur during this time period will impact this measure. Please be aware that not all of these codes may be a direct result of dialysis.)
- Goal is established based off of performance during the baseline period of June 1, 2021 – April 30, 2021. 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 rates are better for this measure.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (Only ED visits for the priority diagnosis categories found here that occur during this time period will impact this measure. Please be aware that not all of these codes may be a direct result of dialysis.)
- Goal is established based off of performance during the baseline period of June 1, 2021 – April 30, 2021. 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.
    - o 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 rates are better for this measure.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (Only 30-day unplanned readmissions for the priority diagnosis categories found here that occur during this time period will impact this measure. Please be aware that not all of these codes may be a direct result of dialysis.)
- Goal is established based off of performance during the baseline period of June 1, 2021 – April 30, 2021. 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.

COVID Admissions
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to achieve a decrease in patients hospitalized with COVID-19.
    - o 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 rates are better for this measure.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (Only COVID-19 hospitalizations that occur during this time period will impact this measure.)
- Goal is established based off of performance during the baseline period of June 1, 2021 – April 30, 2021. 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, 2023.
- Current performance period is May 1, 2022 – April 30, 2023.
- 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, 2023.
- Current performance period is May 1, 2022 – April 30, 2023.
- 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.

PCV 13
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goal is to achieve an increase in patients vaccinated for pneumococcal.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (All PCV 13 vaccines count towards this goal.)
- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. 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.

PPSV 23
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goals are to achieve an increase in patients vaccinated for pneumococcal, increase in patients receiving a PPSV 23 booster, and increase in patients ≥ 65 years of age being protected against pneumonia.

- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (All PPSV 23 vaccines count towards this goal.)
- Goal is established based off of performance during the baseline period of January 1, 2020 – December 31, 2020. 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.

COVID Vaccination: Patients
- Aids CMS to achieve their strategic goal to improve care in high-cost/complex chronic conditions.
- Goals are to ensure that dialysis patients receive the primary series of the COVID-19 vaccine and recommended boosters. Additional details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (All COVID-19 vaccines count towards this goal.)
- 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.
- Goals are to ensure that dialysis facility staff receive the initial series of the COVID-19 vaccine and recommended boosters. Additional details can be viewed by clicking the "Download Full Report" button as seen in Figure 5.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023. (All COVID-19 vaccines count towards this goal.)
- 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.

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.

- A facility is identified as *Low Performer* if there has been no integration of patients and/or family members in QAPI meetings.
  - A facility is identified as *Progressive Performer* if there has been integration of patients and/or family members in QAPI meetings for 1-2 months.
  - A facility is identified as *High Performer* and goal achieved if there has been integration of patients and/or family members in QAPI meetings for 2 or more months.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023.
- 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, from which the dialysis facility develops the dialysis plan of care.
  - A facility is identified as *Low Performer* if there has been no development of a life plan.
  - A facility is identified as *Progressive Performer* if there has been development of a life plan with patients for 1-2 months.
  - A facility is identified as *High Performer* and goal achieved if there has been development of a life plan with patients for 2 or more months.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023.
- Data source facilities self-report this data directly to Renee Bova-Collis.
- 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.
  - A facility is identified as *Low Performer* if there has been no development of a peer mentoring program.
  - A facility is identified as *Progressive Performer* if one or more mentors has been referred.

- A facility is identified as *High Performer* and goal achieved if there has been one or more mentors certified and one or more mentees.
- Goal needs to be achieved by April 30, 2023.
- Current performance period is May 1, 2022 – April 30, 2023.
- Data source facilities self-report this data by faxing 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.

FACILITY ACTION PLAN

The Facility Action Plan is available by clicking the second tab on the Landing Page which is circled in red on Figure 7. Facilities are asked to provide feedback at least **once a quarter** by clicking the "Facility Action Plan" link which is circled in green on Figure 7. Contact information for Network staff who can help with action plans to make progress on Network goals is also available.

Figure 7: Facility Action Plan