



End-Stage Renal Disease  
Network of New England

esrd.ipro.org

# Provider Insider

AN ELECTRONIC NEWSLETTER FOR RENAL CARE PROFESSIONALS

## Network Update

Network 9 welcomes two new members to our team; Information Systems Director Robert (James) Hrubik and Data Coordinator Jerome Jemison. Below you will find our updated Staff Directory. Please be advised that our toll free patient line is for clinics with a patient related issue only and for patients. If you are a clinic and have a data or CROWNWEB related issue please contact our Information Systems Department or put in a help desk ticket at [NW9Help@iproesrdnetwork.freshdesk.com](mailto:NW9Help@iproesrdnetwork.freshdesk.com).

ESRD NETWORK 9 STAFF CONTACTS

Department	Name	Email	Direct Phone
Administration	<b>Vicky Cash, MBA, BSN, RN</b> Executive Director	<a href="mailto:vcash@nw9.esrd.net">vcash@nw9.esrd.net</a>	(216) 755-3051
Patient Services	<b>Andrea Bates, MSW, LSW</b> Patient Services Director	<a href="mailto:abates@nw9.esrd.net">abates@nw9.esrd.net</a>	(216) 755-3055
	<b>Nina Pollard, MPH, BS</b> Community Outreach Coordinator	<a href="mailto:npollard@nw9.esrd.net">npollard@nw9.esrd.net</a>	(216) 755-3056
	<b>Toll Free Patient Line</b>		(844) 819-3010
Quality Improvement	<b>Debbie DeWalt MSN, BSN, RN</b> Quality Improvement Director	<a href="mailto:ddewalt@nw9.esrd.net">ddewalt@nw9.esrd.net</a>	(216) 755-3053
	<b>Susan Swan-Blohm BS, OCDT</b> Quality Improvement Coordinator	<a href="mailto:sSwan-blohm@nw9.esrd.net">sSwan-blohm@nw9.esrd.net</a>	(216) 755-3054
Information Management	<b>Robert Hrubik</b> Information Systems Director	<a href="mailto:rhrubik@nw9.esrd.net">rhrubik@nw9.esrd.net</a>	(216) 755-3052
	<b>Jerome Jemison</b> Data Coordinator	<a href="mailto:jjemison@nw9.esrd.net">jjemison@nw9.esrd.net</a>	(216) 755-3057

## Finalized Payment Year 2018 Reporting Measure: Pain Assessment and Follow-Up Reporting

Facilities must report in CROWNWeb one of the following six conditions for each qualifying patient; once before August 1, 2016 and once before February 1, 2017. Based on NQF #0420.

- 1) Pain assessment using a standardized tool is documented as positive and a follow-up plan is documented
- 2) Pain assessment documented as positive, a follow-up plan is not documented, and the facility possesses documentation that the patient is not eligible

Measure Description	<p>3) Pain assessment documented as positive using a standardized tool, a follow-up plan is not documented, and no reason is given</p> <p>4) Pain assessment using a standardized tool is documented as negative, and no follow-up plan required</p> <p>5) No documentation of pain assessment, and the facility possesses documentation the patient is not eligible for a pain assessment using a standardized tool</p> <p>6) No documentation of pain assessment, and no reason is given</p>
Exclusions	<p>1) Patients who are younger than 18 years</p> <p>2) Patients treated at the facility for fewer than 90 days</p> <p>3) Facilities with a CCN open date after July 1, 2016</p> <p>4) Facilities treating fewer than 11 qualifying patients during the performance period</p>
Data Sources	REMIS, CROWNWeb, and other CMS ESRD administrative data
Additional Information	Conditions covering the first six months of the performance period must be reported in CROWNWeb before August 1, 2016, and the conditions covering the second six months of the performance period <b>must be reported in CROWNWeb before February 1, 2017.</b>



## Quality Improvement

### What is the ESRD Quality Incentive Program (QIP)?

Source: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>

The Centers for Medicare & Medicaid Services (CMS) administers the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) to promote high-quality services in outpatient dialysis facilities treating patients with ESRD. This program changes the way CMS pays for the treatment of patients with ESRD by linking a portion of payment directly to facilities' performance on quality of care measures.

The ESRD QIP will reduce payments to ESRD facilities that do not meet or exceed certain performance standards. The maximum payment reduction CMS can apply to any facility is two percent. This reduction will apply to all payments for services performed by the facility receiving the reduction during the applicable payment year (PY).

#### QIP Resources:

- [ESRD QIP 2016 Performance Calendar Year \(CY\) for 2018 Payment Year \(PY\) Program Details](#)
- [ESRD QIP Dates and Milestones: 2017 -2019](#)
- [ESRD QIP 2018 and 2019 Payment Year \(PY\) "Cheat Sheet"](#)

## Hand Hygiene Audits Over Report Compliance

Physicians and nurses are significantly more likely to comply with hand washing guidelines when they know they are being watched, a new study suggests. The finding, [published online](#) in the July 5 issue of the *Journal of Hospital Medicine*, suggests that traditional audit methods that include the use of overt auditors to monitor clinician adherence to hand hygiene protocol may substantially over-report compliance.

To determine whether and to what degree a phenomenon called the Hawthorne effect, in which individuals alter their behavior when they know they are being watched, influences hand hygiene behavior among physicians and nurses, Adam Kovacs-Litman, BSc, from the Centre for Quality Improvement and Patient Safety at the University of Toronto, Ontario, Canada, and colleagues compared rates of compliance measured by covert observers and overt auditors during a two-month period.

The World Health Organization (WHO) recommends that healthcare providers clean their hands



- before and after touching a patient or their surroundings,
- before any procedure, and
- after they come into contact with bodily fluids.

To read the full article, [click here](#).

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## Nephrology Faces a Lack of Nurse Recruitment

In a letter to the editor published in the from June 2016 issue of *Nephrology News and Issues*, Tamara Kear PhD, RN, CNS, CNN, assistant professor of nursing at Villanova University outlined the challenges in recruiting novice nurses to nephrology, and how it adds to dialysis nurse burnout.

According to Dr. Kear, "Nephrology nurse practice settings, particularly dialysis units and clinics, face challenges in hiring nurses and staffing units. The topic of understaffing and difficulty in filling vacant positions is a common topic of conversation among nephrology nurses. Many of today's new hires come from the pool of nurses with varying years of experience in the acute care setting. It is difficult to attract novice nurses into the nephrology practice settings."

[Click here](#) to continue reading the full article in *Nephrology News and Issues*.



## Patient Services

### Patient Experience Webinar

The National Forum of ESRD Networks is continuing its Experience of Care: Patients and Providers as Partners Webinar series with Webinar #4, ***Continuing the Discussion, Answering Your Questions***

**When:** January 25, 2017, 2:00 PM ET

**Registration:** Please [click here](#) to register

This webinar will focus on two topics that received the most comments and questions:

- Breaking down barriers to engaging professionals, administration and patients
- How to get started: Peer Mentoring & Patient Advocacy



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## Optimizing Outcomes in Dialysis Access Care



Join the American Society of Diagnostic and Interventional Nephrology as they present their 13th Annual Scientific Meeting.

- **When:** Friday, February 10, 2017 - Sunday, February 12, 2017

- **Where:** Hildon Riverside 2 Poydras Street New Orleans, Louisiana 70130
- **Register:** [Click here](#) to register and for more information!

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## Managing Diabetes in the Workplace

The Diabetes at Work website is a resource of the National Diabetes Education Program (NDEP), a program of the National Institutes of Health and the Centers for Disease Control and Prevention (CDC). Launched in April 2002, Diabetes at Work is the first online resource specifically designed to address the management of diabetes in the workplace.

Visit the CDC Diabetes at Work [website](#), for more information and helpful resources including:

- [Worksite Wellness Resources](#)
- [Success Stories](#)
- [Diabetes at Work E-News](#)
- [Fact Sheets](#)



## Data Management

### ACTION NEEDED - Performance Score Reports for Payment Year 2017

Payment year 2017 Performance Score Certificates (PSC) are available for download as of December 15, 2016. Facilities will be able to access their PY 2017 PSCs until the start of the PY 2018 Preview Period next summer. CMS encourages facilities to retain the Portable Document Format (PDF) file containing their PSCs so that they may generate a replacement paper copy as needed throughout 2017. The PSC is a document that facilities are required to post in a prominent area for patient viewing throughout 2017.

The Final Performance Score Reports (PSRs) will be available for download after the first of January. While we know that final Total Performance Scores (TPS) are correct, we have identified a few formatting issues that we intend to correct before releasing. CMS will send notifications to facilities once the final PSR availability date is confirmed.

#### Accessing PSCs:

1. Go to [https://cportal.qualitynet.org/QNet/pgm\\_select.jsp](https://cportal.qualitynet.org/QNet/pgm_select.jsp)
2. Log in **End Stage Renal Disease Quality Incentive Program** QIMS/ CROWNWeb user credentials
3. Enter passcode received via email
4. Once logged in, change the organization type to **facility QIP** by going to the user profile tab (at the top right side of the screen) then clicking the user preferences drop down tab
5. Go to "My Reports" and then "Run Reports"
6. Click on "Run Reports" again and then click on "View Reports"
7. Select "Performance Score Certificate"
8. Provide required parameters and click submit
9. Go to "Search Reports" and "Select the Report"
10. Click on Download

If you need further information or assistance, please contact Krystle Gonzalez at [kgonzalez@nw1.esrd.net](mailto:kgonzalez@nw1.esrd.net). Please note: Due to a large number of emails and phone calls received by the Network, emails will be answered in the order they are received. We request your patience as we respond to emails during this holiday season.

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## Have Your Key Facility Personnel Been Updated in CROWNWeb?

CROWNWeb Data Management Guidelines require that key facility personnel are added within five business days of staff changes. The guidelines also indicate that facility staff should review personnel information at least quarterly.

As an efficient and cost effective way to communicate with our community, the Network relies on email to send important information. The Network started a new contract year on December 1, 2016, and new quality improvement activities will soon be initiated. As you know, CROWNWeb is the Network's source for facility personnel contact information.

To ensure that the appropriate individuals at your facility receive critical information from the Network on an ongoing basis, CROWNWeb **must** reflect current and up-to-date information for key personnel at your facility.

Please verify facility/personnel contact information in CROWNWeb for accuracy. Anyone with access to CROWNWeb can update facility personnel information. It is very important that personnel contact information (including name, job description, JOBCODE, job title, email, and phone number) for key staff members at your facility is kept up to date in CROWNWeb.

Transplant centers that do not have access to CROWNWeb can fax the information to the Network at 203-389-9902.

The key staff members include only those personnel with job descriptions and job codes listed below.

Key staff members are:

<u>Job Description</u>	<u>JOBCODE</u>
Facility Head Nurse/Nurse Supervisor	FHNNS
Facility Social Worker	FSW
Facility Dietitian	FDIET
Facility Medical Director	FMD
Facility Administrator	FADM
Facility Nephrologist	FNEPH
Facility Data Contact	FDC

The facility personnel screen in CROWNWeb is divided into three sections:

- **Key personnel info** - complete all the information
- **Positions** - create as many positions as required. If any staff member's position changes, e.g., Medical Director, remove the **position**. **Do not delete or deactivate the staff member**. One can add and remove as many **positions** as needed.
- **Personnel contact info** - Email is required.

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## Use the Network Data Knowledge Base and Customer Portal

With the increase in data that must be submitted, as well as systems through which the data is collected, there are multiple ways in which you can reach the Network Data Support Team for help.

- Knowledge Base and Customer Portal <http://help.esrd.ipro.org>
- ESRD Network Data Department can be reached at the following email address: [NW1Help@iproesrdnetwork.freshdesk.com](mailto:NW1Help@iproesrdnetwork.freshdesk.com)
- The Network Data Department can be reached by phone at 203-387-9332.

**\*Please remember that you should NEVER include any patient-specific information such as Name, Date of Birth, Social Security Number, Medicare Claim Number, etc. The only patient identifier that can safely be communicated is the Unique Patient Identifier (UPI) from CROWNWeb.\***



## Upcoming Meeting & Events

**Wednesday, January 25, 2017** - The Experience of Care: Patients and Providers and Partners [Webinar #4](#) - Continuing the Discussions, Answering Your Questions

## Stay Connected

I PRO ESRD Network of New England  
1952 Whitney Avenue, 2nd Floor, Hamden, CT 06517  
PH 203-387-9332 · FAX 203-389-9902

[esrd.ipro.org](http://esrd.ipro.org)  
[info@nw1.esrd.net](mailto:info@nw1.esrd.net)