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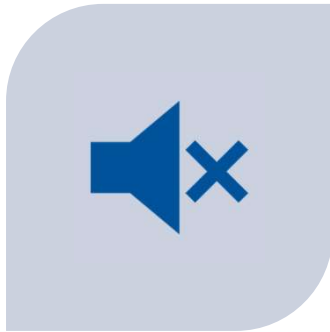
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EQRS Management for Dialysis Facility Administrators

Hosted by: Alli Bailey, Aletha Duncan, Kristen Ward

September 19, 2023

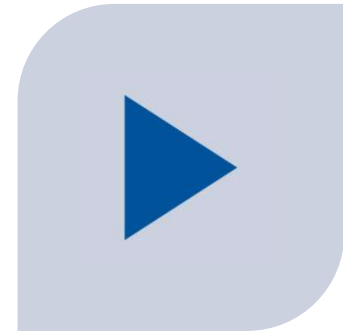
Housekeeping



ALL LINES HAVE BEEN PLACED
ON MUTE TO PREVENT
BACKGROUND NOISE.



QUESTIONS? PLEASE MANUALLY
UNMUTE YOURSELF OR USE THE
CHAT FEATURE TO ASK.



THE RECORDED PRESENTATION &
SLIDES WILL BE DISTRIBUTED
FOLLOWING THE TRAINING.



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Objectives

1. To provide Facility Administrators/Managers with a concise overview of expectations regarding data reporting in EQRS.
2. To provide Facility Administrators/Managers with EQRS technical assistance guidance & resources.



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Agenda

- Membership Agreements
- EQRS Access
- EQRS Facility Dashboard
- Patient Roster Report
- CMS 2744 Form
- CMS Form Expectations
- Quality Incentive Program
- Clinical Data Entry
- Additional Reporting Requirements

Poll #1

Are you familiar with Midwest Kidney Network and our EQRS technical assistance services?



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Who is Midwest Kidney Network (ESRD Network 11?)

- Midwest Kidney Network (MKN) is 1 of 18 ESRD Networks.
- Every region in the United States is represented by an ESRD Network, as designated by CMS.
- All ESRD Networks are contracted under CMS regulations, like dialysis & transplant providers.
- Our Network is contracted to assist all ESRD providers with facility-level quality improvement projects, data reconciliation, and patient grievances.



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Midwest Kidney Network Data Team

Alli Bailey

Network Data Manager

Phone: 651-644-2911

Contact Alli for:

General EQRS technical assistance, support, issues, or questions

Opening or closing a dialysis facility or transplant unit in MN, ND, SD, WI.

Facility or patient specific Data Quality Measures questions

EQRS support for Transplant Providers

Aletha Duncan

Health Information Specialist

Phone: 651-644-9877 ext. 104

Contact Aletha for:

General EQRS technical assistance, support, issues, or questions

Opening or closing a dialysis facility or transplant unit in Michigan.

CMS 2728 & 2746 Form Reminders

EQRS Data Corrections

Kristen Ward

QI Systems Specialist

Phone: 651-644-2220

Contact Kristen for:

Clinical & Depression Screening data entry in EQRS

National Healthcare Safety Network (NHSN)

Quality Incentive Program (QIP)

Dialysis Facility Reports (DFRs) and Dialysis Facility Compare



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Membership Agreements



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Facility & Network Membership Agreements

- A Membership Agreement must be signed by the facility's current Administrator/Manager and the ESRD Network.
- The facility is attesting that they will work towards Network goals and align with our initiatives.

State/CMS can ask for this during your facility survey.



Midwest Kidney Network (ESRD Network 11)
2901 Metro Drive, Suite 400
Bloomington, MN 55425
Tel 651.644.9877 Fax 651.644.9853
midwestkidneynetwork.org

MEMBERSHIP AGREEMENT BETWEEN

Facility name _____
CMS Certification Number (6-digit) _____
Facility Representative Name _____
Facility Representative Email _____

AND

MIDWEST KIDNEY NETWORK (ESRD NETWORK 11)

The facility named above agrees to membership with other approved End Stage Renal Disease (ESRD) facilities in the Midwest Kidney Network region, and thereby agrees to provide active representation to the Network Council; to participate in Medical Review Activities; and to pursue Network goals. It is understood that Federal Regulations require each ESRD facility to participate in Network activities and to pursue Network goals.

FACILITY REPRESENTATIVE DESIGNATION

The facility named above designates the Facility Representative named above to the Midwest Kidney Network. Some (but not all) of the Facility Representative responsibilities are to vote in Council deliberations and route ESRD Renal Network 11 correspondence to other interested parties within their ESRD facility. Facility Representatives are also eligible candidates for election to the Midwest Kidney Network Executive Committee and Medical Review Committee. This agreement supersedes all previous agreements between the parties that pertain to the same subject matter. This term is from the effective date until there is a change in Facility Representative or facility closes.



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Poll #2

Do you have a signed *Facility & Network Membership Agreement* on file at your facility?



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EQRS Access



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Gaining EQRS Access

To access EQRS:

1. You must first complete mandatory identity proofing via [HARP](#) and create a profile.
2. Once you have a HARP profile, you should sign in to EQRS, and can then request a role within [EQRS](#).

Please note, your EQRS account will be deactivated if you do not sign in at least every 60 days (you will receive a warning email). You will need to use your HARP profile to reactivate your EQRS account.



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EQRS Facility Dashboard



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EQRS Facility Dashboard

Keep your EQRS Dashboard up to date; **don't let forms become past due.**

For any Accretions or System Discharges, you may always call the Network for assistance.

Form 2728		
New	Due	Past due
0	1	2
Form 2746		
Due		Past due
1		0
Accretions		
Unresolved		
0		
System Discharges		
2022	2021	
0	0	

Patient Roster Report



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Patient Roster Report

Welcome to EQRS Reports

Reports

My Reports

[Patient Events Report](#)

This report identifies all patient events in EQRS.

[Patient Roster Report](#)

The Patient Roster Report allows users to run and print a report which includes all patients present at the selected facility(ies) within the user scope as of a specific date.

Patient Roster Report

The Patient Roster Report will report a list of the patients admitted to the selected facility(ies), as of the date specified.

Patient Roster as of:*

Month

Day

Year

*Network Selection

*Search Facility Name, Facility CCN or Dialysis Organization



☐ Select all facilities

*Sort Order

- ☐ Patient Name
- ☐ EQRS Patient ID
- ☐ Admit Date
- ☐ Treatment Setting
- ☐ Treatment Type

Specify the order for your report in the Sort Order list

*Export As:

Cancel

Generate Report



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EQRS Patient Roster and Missing Patients

- If a patient is missing from your EQRS Roster Report, that means they are not currently admitted to your facility.
- If you try to search for your patient in EQRS and still cannot find them; then it is time to call the Network for assistance.

It is the dialysis facility's responsibility to ensure all patients are admitted and discharged within 5 days in EQRS.

CMS 2744 Form



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CMS 2744 Form/Annual Facility Survey

- The CMS 2744 Form is mandatory patient census reporting for every facility for the previous year.
- CMS will allow facilities to begin working on the upcoming 2744 in early 2024.
 - Please watch for additional communication from the Network.

The 2744 for the 2023 year will be due on March 29, 2024.

CMS Form Expectations



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CMS Expectations for Dialysis Providers

All patients must be admitted in EQRS **within 5 days** of the patient's first treatment at the facility.

All CMS 2728 Forms must be submitted in EQRS **no later than 45 days** following the patient's first treatment at the facility.

All CMS 2746 Forms must be submitted in EQRS **no later than 14 days** following the patient's date of death.

All missing or saved CMS 2728 or 2746 Forms must be submitted in EQRS.

Quality Incentive Program



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ESRD Quality Incentive Program (QIP) Overview

EQRS data affects facility performance on the QIP several ways.

1. Incorrect or late admit/discharge records affect facility census, measure eligibility, and patient inclusion/exclusion from measures.
2. Clinical data is used to measure performance on several of the QIP measures.

Calendar Year 2023 QIP Measures using EQRS

Clinical Measures

1. Kt/V adequacy
2. Vascular access: Standardized Fistula Rate
3. Vascular access: Long-term Catheter Rate

Reporting measures

1. Hypercalcemia
2. Ultrafiltration rate
3. Medication reconciliation
4. Clinical depression screening and follow-up

Clinical Data Entry



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Clinical Data Entry

Clinical data is due 2 months after the end of the reporting month. For example, September data is due November 30th.

See www.MyCROWNWeb.org for a list of data submission deadlines.

How to know if your facility has missing data?

- Email reminder from the Network
- Facility Dashboard
- Manage Patient Clinical Values screen

Clinical Data Reminder Emails from the Network

How to use this information:

- Reminder of due date (not always the last day of the month)
- Highlighted date indicates when this data was pulled from EQRS
- Percents in the table should be 100 (unless marked NA)
- What if the percent is less than 100%? How do I know which patient is missing?


The deadline for submitting **February 2023** clinical data into EQRS is **Monday, May 1, 2023, at 11:59 PM PT**. Please see the table below for the percent of patients with submitted data as of **04/21/2023**. Values closer to 100 are better when measuring submitted data.

	Percent of Patients with Submitted HD Data	Percent of Patients with Submitted Vascular Access Data	Percent of Patients with Submitted PD Data
February 2023	0.00	0.00	NA

Method 1: Facility Dashboard

Clinical data section is at the bottom of the dashboard. Click on number to see list of patients with missing data.

Finalized	
Clinical Data	
Due in June	Due in July
5	0



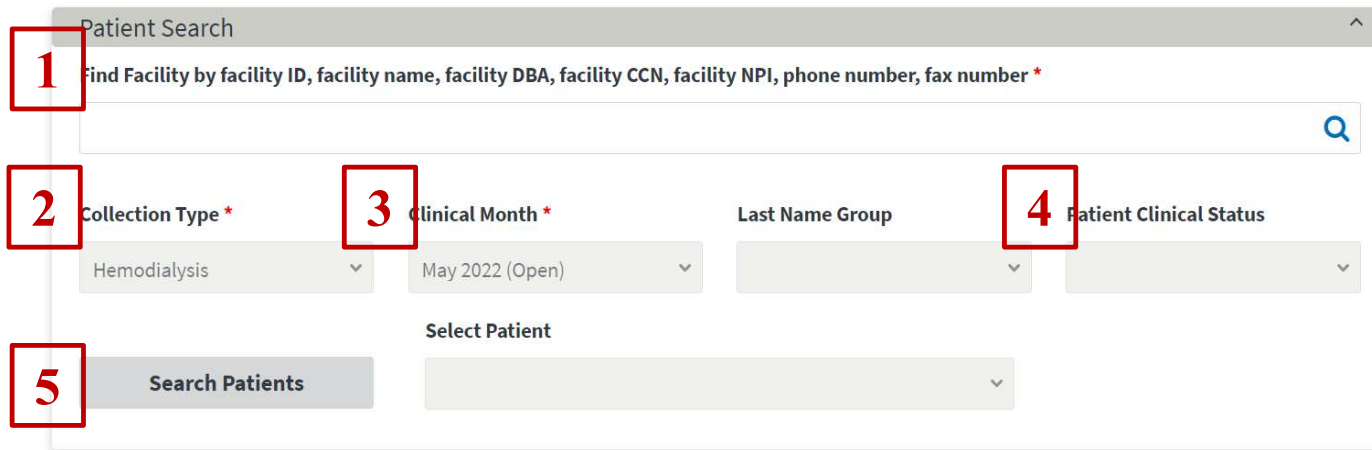
Clinical Data Records

Clinical Data Status		Clinical Period			
Due in Jun		All Available			
State		Collection Type			
All Available		All Available			
Search					
EQRS Patient ID	Patient Name	Status	Clinical Period	State	Collection Type

Method 2: Manage Patient Clinical Values Screen

Manage Patient Clinical Values

 Help



The screenshot shows the 'Manage Patient Clinical Values' interface. It includes a 'Patient Search' header, a search bar with a magnifying glass icon, and four dropdown menus: 'Collection Type *', 'Clinical Month *', 'Last Name Group', and 'Patient Clinical Status'. Below these is a 'Select Patient' section with a 'Search Patients' button and a dropdown menu. Red boxes with numbers 1 through 5 highlight the following elements: 1. The search bar, 2. The 'Collection Type *' dropdown, 3. The 'Clinical Month *' dropdown, 4. The 'Patient Clinical Status' dropdown, and 5. The 'Search Patients' button.

1. Find and select desired facility.
2. Select Collection Type: Hemodialysis, Vascular Access, or Peritoneal Dialysis.
3. Select Clinical Month (must be open).
4. Select “Without Clinical Values” or “With Saved Clinical Values” from Patient Clinical Status menu. Make sure to check both options.
5. Click on “Search Patients”.

Clinical Data FAQs – N/A boxes

Q: What is difference between the “No Clinical Data Available for All Collection Types” and individual field N/A boxes?

A: Use the first box only if patient did not receive ANY dialysis treatments at your facility that month

Use individual N/A boxes if patient received dialysis treatment but missed some or all labs.

The screenshot shows a web-based form for data entry. At the top, there is a checkbox labeled "No Clinical Data Available for All Collection Types" which is circled in red. To its right are "Save", "Reset", and "Submit" buttons. Below this is a "Status:" field and a "Common Lab Test Date: mm/dd/yyyy" field with an "Edit" link. The main section is titled "Anemia Management". It contains two rows of data entry fields. The first row is for "Hemoglobin (Hgb) (g/dL) *", with input boxes for Month (MM), Day (DD), and Year (YYYY), followed by an "N/A" checkbox which is circled in red. The second row is for "Ferritin (ng/mL) *", with similar input boxes for Month, Day, and Year, followed by an "N/A" checkbox.

Clinical Data FAQs – Adequacy

Q: I received an error that one of the fields in the adequacy section is missing, but they are all completed or have the N/A box checked?

A: Try removing the height value in the adequacy section, check the N/A box for height, and resubmit.

Q: How often do I need to submit Kt/Vs for PD patients?

A: At least once every 4 months for adults and once every 6 months for pediatric patients.

Clinical Data FAQs – Ultrafiltration Rate (UFR)

Q: The patient missed a treatment the week of their Kt/V – can I use a different day for their UFR information?

A: Only enter data for the days that the patient received treatment during the week of their Kt/V.

Q: This patient's Kt/V was from the first day of the month which was a Wednesday. Their Monday treatment was from a different clinical month. Can I enter that data in this clinical month?

A: Yes, days with UFR information may fall outside of the clinical month.



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Clinical Data FAQs – Medication Reconciliation

Q: This section isn't marked required. Do I have to complete it?

A: EQRS doesn't require it, but it is a reporting measure in the QIP. Make sure it is completed if possible.

Q: Does the medication reconciliation have to be completed by a physician?

A: No. A nurse, PA, APRN, pharmacist, or pharmacy technician can also do the med rec. Just make sure to select the correct clinician type from the drop down menu.



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Clinical Data FAQs – ESAs and Iron

Q: What date should I use?

A: The last date that the prescription was *changed*, even if that date falls before the current clinical month.

Q: How do I calculate the dose?

A: If the ESA/iron is administered at the facility, report the amount that was actually given. If the ESA/iron is taken at home, report the amount that is prescribed.

Clinical Data FAQs – Infections and Hospitalizations

Q: Do I have to enter infections if they weren't related to the patient's access?

A: Yes, enter ALL infections, not just those related to accesses.

Q: The patient was admitted to the hospital for observation – do I have to report that?

A: No, you do not need to report observation stays.

Clinical Data FAQs – Vascular Access

Q: What dates should be reported for the various date fields?

A: For date of reported dialysis session, use the last day of the month that the patient dialyzed. Answer the rest of the questions as of that date.

For date access type changed, use the date that the patient started using the access selected in “Current Access Type”. If the patient has a catheter, *do not* use the date the catheter was changed to a new catheter.

For AV fistula usable date, use the date that the fistula was first accessed with two needles.

Clinical Data FAQs – Treatment Summary

Q: Why did I receive an error in the clinical data that said the patient wasn't dialyzing at the facility at the time of the lab date entered?

A: Check the patient's treatment summary – not the admission date. The treatment start date is often a couple of days after the admit date. Correct the treatment start date if needed and try submitting the clinical data again.

Important: make sure the correct dialysis prescription is recorded in the treatment summary. Do not edit a previous treatment summary if the prescription changes – add a new treatment record.

NEW! Reports Dashboard

- Available under the Reports drop down
- Separate HD and PD clinical data dashboards
- 3 reports for each HD and PD dashboard
 - Patient detail
 - Facility aggregate
 - Averages

The screenshot shows the EQRS (End-Stage Renal Disease Quality Reporting System) interface. At the top is a dark blue navigation bar with the EQRS logo on the left and links for Dashboard, Facilities (with a dropdown arrow), Patients (with a dropdown arrow), and Reports (with a dropdown arrow). A dropdown menu is open under the Reports link, showing two options: Reports and Reports Dashboards. The Reports Dashboards option is highlighted with a red rectangular border. Below the navigation bar, the main heading is "Reports" in a large, bold, black font. Underneath this heading is a subtext: "Download and view dashboards of various datasets in EQRS." Below this text are two white rectangular boxes, each representing a dashboard option. The first box is titled "Network HD Clinical Dashboard" in blue text, followed by the description "Review of HD clinical data for network level and CMS level users" and a blue right-pointing arrow. The second box is titled "Network PD Clinical Dashboard" in blue text, followed by the description "Review of PD clinical data for network level and CMS level users" and a blue right-pointing arrow.

EQRS Dashboard Facilities ▼ Patients ▼ Reports ▼

Reports
Reports Dashboards

Reports

Download and view dashboards of various datasets in EQRS.

Network HD Clinical Dashboard

Review of HD clinical data for network level and CMS level users >

Network PD Clinical Dashboard

Review of PD clinical data for network level and CMS level users >

Reports Dashboard

- Enter desired start and end dates
- Enter EQRS UPI if you want to filter to a single patient
- Can export the reports to a CSV or Excel file

Facility HD Clinical Dashboard

Instructions: In order to view clinical data please enter the first day of the desired clinical month in the clinical period start date field and then the enter key or click anywhere on the screen to run the query and populate the dashboard. Additional patient and facility filters are also available. To export to a csv or excel report, click on the tools icon in the upper right corner of the table. Alternatively, the tab key may be used to select a table. Please

Clinical Period Start Date

2022/11/01

Clinical Period End Date

2022/11/30

EQRS UPI

Enter value

Hemodialysis Patient Detail

Network	Facility ID	Facility CCN	Affiliation	Facility Name	Facility Phone	Extension	UPI	Date of Birth
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Additional Required Reporting



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Infection Reporting

MANAGE PATIENT

Patient

Patient History

Admissions

Treatments

Infections

Vaccinations

Form 2728

Coverage

- Collects information on peritonitis infections
- Should be submitted within 90 days of infection
 - Can continue to add/edit information after submission
- Known issue with PD fluid cell count

[Expand All](#) | [Collapse All](#)

> Peritoneal Dialysis Infection

[+ Add Infection Data](#)

Vaccination Reporting

MANAGE PATIENT

Patient

Patient History

Admissions

Treatments

Infections

Vaccinations

Form 2728

Coverage

- Report patient vaccination status for Hepatitis B, influenza, and pneumococcal pneumonia
- Enter monthly or as patient's status changes
- Submit influenza data for the flu season (Sep – Mar)

Expand All | Collapse All

> Hepatitis B

+ Add Vaccination Data

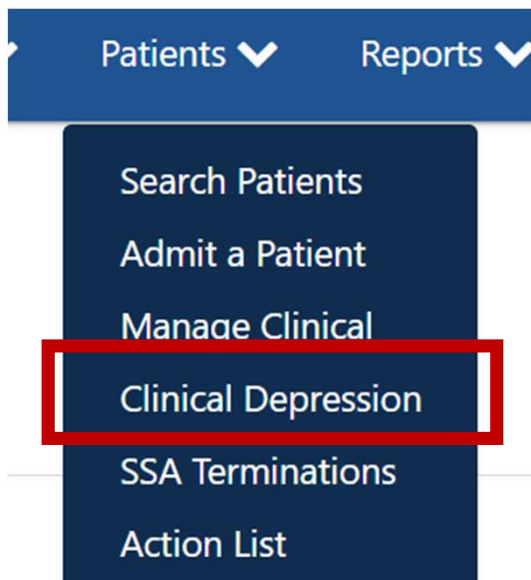
> Influenza

+ Add Vaccination Data

> Pneumococcal

+ Add Vaccination Data

Depression Reporting



- Must be submitted at least once each calendar year for each eligible patient
- Due by the end of February of the following year
- Found in the Patients drop down menu as “Clinical Depression”

Depression Reporting

Clinical Depression Screening and Follow-Up Reporting

[Help](#)

FACILITY

Facility search

Search for facility CCN and facility NPI



Facility CCN, NPI, and name:

Assessment period

01/01/2023 - 12/31/2023

PATIENT

[Facility history](#)

Depression screening status

Patient name search



UPI

Patient name

Screening status

Last updated

Actions

- Search for your facility
- Use the ***Depression screening status*** menu to choose to see patients:
 - Missing data (Required),
 - With submitted data (Submitted), or
 - All patients (All)

Depression Reporting

List of patients meeting the depression screening status criteria will display at bottom of screen.

Click on the ***Report*** link to submit a depression screening status for that patient

Screening status	Last updated	Actions
Required		Report
Required		Report
Required		Report
Required		Report
Required		Report
Required		Report

Depression Reporting – Response Options

Six response options based on whether a screening was performed, the results of the screening, and whether a positive screening resulted in a follow up plan:

1. Screening for clinical depression is documented as being **positive**, and follow up plan **is documented**
2. Screening for clinical depression documented as **positive**, and a follow-up plan **not documented**, and the facility possess documentation stating the patient is **not eligible**
3. Screening for clinical depression documented as **positive**, the facility possesses **no documentation** of a follow-up plan, and **no reason** is given
4. Screening for clinical depression is documented as **negative**, and a follow-up plan is not required
5. Screening for clinical depression **not documented**, but the facility possesses documentation stating the patient is **not eligible**
6. Clinical depression screening **not documented**, and **no reason** is given



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Depression Reporting – FAQ

- Determination of positive or negative results is based on the scoring and interpretation of screening tool results and discussions with the patient
- Reasons a patient would be ineligible for a screening include:
 - Patient refusal
 - Emergent situation requiring medical attention
 - Patient already has an active diagnosis and/or is being treated for depression
 - Severe mental and/or physical incapacity
- Reasons a patient would be ineligible for follow up include:
 - Treatment is medically contraindicated
- If a patient passes away or transfers out of the facility before they are due for an annual screening, mark them as ineligible for a screening
- Follow up plan outlines a proposed course of action such as additional evaluation, referral to mental health practitioner, suicide risk assessment, etc. It does not mean that the dialysis facility staff is providing treatment for depression.

Conclusion



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Poll #3

Did you find this training useful to you and your role?



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Call the Network for EQRS Assistance

- Call us first! We can help you.
- Midwest Kidney Network Data Staff are available Mondays-Fridays for EQRS Technical Assistance, questions, or concerns.
 - **Please do not include any patient identifiers in your email to Midwest Kidney Network, it is a CMS Security Violation and must be reported.**
 - **You may only use the EQRS ID/UPI # to reference a patient via email.**
- Most calls with us take about 5 minutes to reach a resolution.
- Please visit our [website](#) for additional EQRS resources.



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Questions?

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