



Outpatient Quality Program Systems and Stakeholder Support Team

October 2019 Town Hall Presentation Transcript

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October 31, 2019

2:00 p.m. ET

Oniel Delva:

Hello, everyone. Once again, I just want to say, thank you, for joining us for today's discussion. This is the October 2019 Town Hall discussion. We are excited and thank you so much for joining us for today's talk. With this call, we will begin a new series, where we are starting what is known as a Community of Practice series to allow facility representatives to join our discussion. Just to talk a little bit about their experiences using the CROWNWeb system and to provide you all with information that, hopefully, will be able to assist you as you are using the CROWNWeb system at your unit as well. Just a quick overview of what we will be discussing as a part of today's call. We will provide you with the latest news and reminders, as we do at the start of every Town Hall event, as well as we will spend the majority of today's discussion hearing from our facility representatives who will share their use of the CROWNWeb system and, hopefully, provide you with some information that you can take back to your facility. We will continue with our Deep Dive series, a series with an overview of the admit/discharge process, and then we'll have some time for Q&A, as well as working toward wrapping up today's discussion. The slides for today's call, we typically like to try to provide them prior to the call. For today's discussion, a PDF copy of the slides will be made available via the MyCROWNWeb.org website in the exact same location where you registered to join today's event. A PDF copy will be made available later today. Also, today's call is being recorded. The recording, as well as the additional meeting materials will be made available within 10 business days. As mentioned, the bottom right-hand side of the screen, if you need closed captioning, that is available there as well. As we go on with today's discussion, of course, you can hear us, we cannot hear from you verbally, but we do encourage if you do have questions to please feel free to use the Q&A option that is

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also located on the right-hand side of your screen. Please submit questions to “All Panelists” to ensure that everyone who is on will be able to assist as the questions come in. Of course, we know there are some questions that may be received that we cannot provide an immediate response to as part of today’s discussion. We encourage you to use the CRAFT@MYCROWNWeb.org email address to submit questions. Also, I wanted to mention, if you recently submitted a question or if you submitted a question to CRAFT, and have not gotten a response as of yet, we are working toward providing responses to the questions we receive via CRAFT. Please look for responses to be made available to you via your email if or when you do send messages via CRAFT.

For today's host and presenter, we do have P. Nicole Crenshaw with CMS. She serves as our ESRD lead and business analyst lead for our efforts and myself, my name is Oniel Delva, the communications director for the EOCT team. Of course, these are not just the presenters you will hear from today. The other presenters, as we get to their sections, I will introduce them and go over background information as well for them.

Let's jump right into our latest news and reminders. Starting with what we typically provide, the reminder of the clinical closure. Just a reminder that today at 11:59 p.m. Pacific, the August 2019 clinical data needs to be entered in the CROWNWeb system or submitted in the CROWNWeb system. All clinical closure, all collection types, etc. Work to ensure that your information is in the CROWNWeb system by tonight for the August clinical month, September 2019. You can see here, that one will be December 2 by 11:59 p.m. Pacific. The October clinical data is due by January 2 of 2020, again, 11:59 p.m. Pacific. One of our presenters will be speaking and giving us an overview or an idea or tips on how you can work to ensure that you are not stressing yourself out at the end of every month to try to get the clinical data in the system, so I wanted to mention that as well. Here, just a reminder regarding system maintenance, each month the system does go down for maintenance. Here, you can see for the month of November, it will occur twice: Friday, November 8 through Sunday, November 10, 8 p.m. Eastern to 8 a.m. Eastern, and then also the end of November. November 29 leading all the way until December 1, the system will be down at that time as well.

Before going to our presenters and focusing on today's discussion let's talk briefly about the CROWNWeb system, the usage, as well as some of the resources that are currently available to you. Of course,

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the system itself, there are over 20,000 authorized users at more than 7,000 Medicare-certified dialysis and some transplant centers are using the CROWNWeb system to submit information directly to CMS. The second bullet provides an overview, and a lot of you on the line may already know the different submission types and the way that that is processed in the system. The majority of the information is entered electronically, but there is still a good number of facilities manually submitting that into the system. That is one method where they are handling everything from the admit, the discharge, submission of clinical data, and so on. There is the batch process, that is another way to enter into the CROWNWeb system. There's DaVita, DCI, FKC, as well as there are some smaller organizations, independent facilities that are using the NRAA health information exchange process, or whatever other names are referred to, but it's the NRAA data submission process. Those are the three main ways that data gets entered into the CROWNWeb system. Certain information follows hard submission deadlines. We know, for example, some of the forms, 2728, 2746 forms—the system knows as well as the facility users know the form is due within a certain number of days. The clinical submission, as I mentioned earlier, when the system closes, you can't submit information for that particular month, after that closure takes place, so that's why we work towards making sure information is entered before then. Also, there are some things in the system that don't follow those hard submission requirements, like the admit/discharge, as well as the information personnel screen or facilities tab. The system will not necessarily trigger a warning or have a date by when certain things need to be entered, but it is good to know when to plug those in, as well as have a plan in place to ensure or support your submission information within a timely manner.

The next thing I want to touch on the fact that there is the ESRD Systems Data Management Guidelines available via the MyCROWNWeb.org website. That document provides recommendations on when things should be submitted. The EOCT team has produced a number of training and communication materials: over 27 online training tutorials, 11 videos, 7 quick start guides. The online help is actually for the Town Hall events. Believe it or not, we are over 100 Town Hall events. We've been doing them since 2010, so nine years worth of Town Hall is a lot. We say all of that to say the training materials that are available, as well as the Management Guidelines provide you with highlights on how you would do something in the system, including recommendations from when you submit the information. However, we know that so many users using the system to submit data, there are different processes

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one might follow. It says that this needs to be entered by this business date of the month, but it doesn't tell you at the facility level what to do in order for you to get those things entered in CROWNWeb, which is part of the reason why we wanted to have this Community of Practices discussion and invite the users and facility-level folks who are plugging this information in CROWNWeb to get an idea of what are some of the things that you are doing. How are you doing it? Can this potentially be used to support the community?

A quick, high-level overview for the Community of Practice, it is a way to bring individuals with similar interests and goals in this case, of course, CROWNWeb and data submission, making sure that we are compliant and bring us together to discuss an existing process or come up with ideas or ways that we can either improve something or, come up with a new way or develop a new process, ways to identify and tackle challenges, and a way to collaborate with one another. For today's discussion, you will hear from presenters who will provide an overview of the processes they follow to support data management and submission efforts. How they use the CROWNWeb system to support patient care efforts, as well as the different resources that they may use in order to help with improving data submission rates. As I mentioned earlier, we are going to hear from folks at different facilities from those who are manually entering data into the system. We tried to get representation of all the submission times. For this call, we were unable to get someone who is a part of the DCI, but we will hear from a couple submitters who utilized the NRAA process. I say all that to say we are not necessarily focusing on the way that they submit information in the system, but just to hear what are the processes they follow and maybe there is someone who is doing things manually via the system, but they have a great idea that you can adopt and use as you are submitting data for whatever it may be. Let's not focus on the method, just the idea and the things that are shared as part of what they do.

Of course, we do like to use polling as a way to give you a chance to incorporate your voice as a part of our discussion. You can see a question displayed to the right, and it's asking, "Do you follow a data submission schedule? Do you already have a plan in place?" By the first week of the month, we make sure that we do our part. Do you follow a process? Yes" or no, giving you a chance to add your voice to the conversation. You are not being graded on this or anything. We're not capturing who says "no," but just to give you a chance, do you follow a schedule, where weekly, daily, whatever it

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might be with entering data? In the interest of time, I'm going to do a quick countdown, so we can close the polling out. If you are participating, remember to click the "Submit" button. It's okay if you did not get a chance to share your thoughts. Alright. Let it process and it shows of the folks who replied is 144, and 115 said "yes," they do follow a process. About 21 of those who replied indicated "no." Thank you to everyone who had the opportunity to participate. Let's go ahead and close the polling out. We will go ahead and jump in with introducing our first speaker, Monika Drury. She is the unit coordinator and patient care technician at Providence in Hood River, Oregon. She has been using the CROWNWeb system for 4 years. She is one of our presenters who manually enters everything in the CROWNWeb system at her unit, so from the admits/discharges, clinical data, and so on. She supports one facility and at that facility, there are 24 patients that she works to ensure all information is reported in CROWNWeb. So Monika, I am going to unmute your line and you are now unmuted. We will go ahead and jump into the first question. How often do you use CROWNWeb?

Monika Drury: Oniel, many times I go into it daily if I have new information or data that I need. Sometimes it will be on a weekly basis.

Oniel Delva: Thank you. The next question is do you follow a data submission schedule?

Monika Drury: I do. I found that it is imperative to get into a routine so that I know at the beginning of the month when I first get my labs I am going to be putting those labs and that lab data into CROWNWeb so that I already have everything started. I save that data so that the next time I go in, when I have the additional information for ultrafiltration, I can put that data in. I can then save that for pre- and post-weight. It is an ongoing process for me where I have a process where almost on a weekly basis I know that this week I am doing this, now I am going to do this. I never over task by having to do everything at once. I found that at the end of the month, it is a really busy time, even with having everything else done because that's when I need to enter anemia management and iron doses. Those cannot be pre-entered because you cannot enter a date that is later in the month than where you are. You have to be very careful with that. I also make sure that I review my all of my vaccination data so that if patients are on a hepatitis B schedule, I will put that in. If they have gotten a vaccination that month, I will update that information. I then go in and enter the vascular access data. I do that at the end of the month because, again, you need to put the last date of the month for the vascular access. That's what CROWNWeb wants. So that's what

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I do at the very end of the month. I put in their vascular access, what has changed, and the dates. I always keep close records as to what my patient vascular accesses are, when they have had changes, if they have had vascular access surgery, if they have gone from AVS to a catheter, or they've finally gotten their AVS. I have to make sure I have that information and I save that for CROWNWeb. I review all of the patient's clinical data at the end of the month for accuracy. When I know that everything is right, at that point, I submit the patient's clinical data. Until that point, I always just save their data so that I have it for later. I wait until the end of the month to submit everything. At that point, when I have the data for each patient input and the vascular access data is all correct, then I go in and I complete the patient attributes and related treatments. I go into and I check that also to make sure that I have everybody present that is supposed to be, or if I have a visitor that I have the correct dates of when they came, when they left. If I have someone who has passed away or transferred to another unit to make sure those dates are in there properly and finally verify them. I make sure that that is done usually within the first two or three days of the following month. I try to get that done at the end of the month so I know that by the time the end of the month comes, I have everything done and I have a few days that I can relax and get ready for the next month.

Oniel Delva:

Thank you, Monika. You brought up an important point. I know you mentioned a couple times, one of the questions that we were debating on polling to ask is if someone manually enters that into the CROWNWeb system, how many people are using that "Save" option on the clinical screen? You mentioned at the start of the month you enter as much as you can and then you save that information. As the month goes on, it helps with eliminating potential stress at the end of the month trying to plug everything in once. You go back in and update as needed. Also, knowing that saved does not mean submitted and that the system has not validated or reviewed the information for any errors or missing data, because that occurs when someone hits the submit button, and working towards making sure you submit all your information before the month closes, right?

Monika Drury:

Exactly, that's right. You always know when you hit "Submit" because if there are any problems, you get a big red banner across the top of the screen that says you have not done this or this value is incorrect. It double checks you really closely.

Oniel Delva:

That's true. The system will let you know when you are missing something, so thank you. We'll go ahead and jump to the next

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question, do you use any of the report in the CROWNWeb system? If so, what reports do you access and have they supported your data management and reporting efforts?

Monika Drury:

I consistently use the vascular access report. I use it every month because it helps us to track our access numbers from month-to-month. It gives us a running total of what our numbers were. Are our numbers going up? Are our numbers going down? Are our catheter numbers staying within our goals? Those kinds of things. Also, when it comes time to get ready for our 2744 report, it is not only using the 2744, but compiling all of the information for the 2744. What we do here is we use the talents of the staff members here, so we use our operations manager for part of those reports. We use our RN manager for the medical part of the reports. We use our social worker for the social work part of the reports. We have a whole team who gets together and then we compile those to make that 2744. It is a team approach that we use for that 2744. It is a great way for us to do that.

Oniel Delva:

All right, thank you so much. Some of you may not know what the 2744 is or maybe you're not the person at your facility to submit the 2744. That is the Annual Facility Survey that is typically done in the spring of each year. From the EOCT team, we train on that starting usually around February-March. You will hear more about the 2744 report starting next year. The next question is, Monika, when you and I spoke during our initial conversation, you indicated that your facility has been able to use lab results as well as CROWNWeb data to support the care that you all provide for your patients to identify potential need for change. Can you share with the group just how you use these to help your patients?

Monika Drury:

Sure. We review our lab results as everyone does and the data that we report is via the Treatment Summary. We also found that once we understood what [the] Ultrafiltration section was all about. At first, I didn't quite understand. Using the Town Hall meetings to actually listen and learn about what the Ultrafiltration part of this was all about, then we went okay. How can we use this? We can check to see if our patients are within the proper treatment equation, which is 13 mls per hour, per kilo for fluid reduction. We look at that, how much fluid are we taking off? Are we taking off too much? Are we within the limits that CMS is looking for? Because CMS wants to know now. We have these limits and we can only take off this amount. Are we taking off too much or could we do more? If we are taking off too much, what can we do? Does the patient need to have a longer treatment time? Does the patient need a larger

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dialyzer? We can look at that. We can look at their numbers. We can look at their URRs. We can take this information, we can put it together and then we can form better treatment for that patient. We found it is really useful when we can put all of this information together.

We have found that what we have done is work with the staff so that they understand better, as well why we are doing what we are doing so that they will look and see, well, I need to take this much off of this patient so that they can come out of the driveway. Wait a minute, I can't take this much off, I can only take this much off. We now have an collaborative effort between the staff that is on the floor, and between administration and the doctors to make sure that we have the best treatment for each patient.

Oniel Delva:

Perfect, thank you so much, Monika. I appreciate you sharing that with us and some of the things you all do at your facility. Just the last question for you. Forgot to mention to you folks, if you are submitting questions for our presenters there will be three, we just ask that you put for instance, Monika, and then the question. We will try to capture all of the questions received and see how many we are able to answer today. For anything that we are not able to answer, we will capture those as well. The next question is what is something that you would like to share with the community that has assisted your data reporting efforts?

Monika Drury:

I think one of the things that really have helped is joining the monthly Town Hall meetings. New things have been brought out, new requirements, new things that we now need to do. Why do we need to do them? Or just updating or relearning why am I doing this again? We can do retraining. Those things can really come in handy to keep me up to par and to help me remember what it is that I need to do and why. That is something that I really find helpful, especially in CROWNWeb because I want to make sure, it is so important, that the information that we submit is correct and that the information we get is the best we can get.

Oniel Delva:

Thank you so much, Monika. Happy to hear that the training and materials available are assisting you. We're talking now about 2020 and the development of additional training materials and what can be used to help the community. Thank you, once again. I really appreciate you sharing with us. We are going to jump into our second presenter for today. Jerry, I see your line is currently muted. I can unmute you on this end or you can do it on yours, as I go over your information. Jerry Cabonce is with Satellite Healthcare in San

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Jose, California. He is a regional administrative coordinator. Jerry is going to provide an overview for Satellite Healthcare. He is going to talk a little bit about what he does and also what the facility-level users do. Here, you can see he's been using the system over 10 years, since the CROWNWeb system has been released to the community. The process that his organization follows to submit data in the system is NRAA HIE. Currently, he is supporting nine facilities. One of the reasons we had a number of facilities reported is so that you can see wherever you fall in with a number of patients and facilities and so on that you support as you are hearing our presenters. Jerry, I am going to unmute your line. One moment. There you go, you are unmuted. We'll jump right into your first question, the same as before, "How often do you use CROWNWeb?" Jerry, I think that you may be muted. You can go ahead and click the unmute button on your end. Jerry, can you hear me?

Jerry Cabonce: Hello?

Oniel Delva: We can hear you now.

Jerry Cabonce: Thank you, Oniel. On an average, we suggest users log in on a weekly basis. I was saying that is more for routine maintenance, you know. Also, upon admission and discharge, we have users log in for admission with patients. We have the 2746 form, which is a little bit easier to complete than the 2728 because it does not require a physician signature. On average, we have users log in weekly.

Oniel Delva: Perfect, thank you for sharing. For you, since you are providing corporate response, what is the process you have found that supports your facilities at the corporate level?

Jerry Cabonce: You know, I monitor the clinic's CROWNWeb accounts pretty much on a daily and weekly basis as well. I send email reminders on a bi-monthly basis to show how much clinical data is missing. I checked the facility dashboard to see if there are any outstanding notifications and accretions. I would just simply send emails or do follow-ups with the centers.

Oniel Delva: Perfect, thank you for that. That is not a bad idea. If someone is not currently sending out a reminders, maybe a dashboard reminder or a notification, accretion reminder, maybe creating something internally to send to the facilities whether it be more than one. Even if they are at the facility level to create internally some sort of reminder and have it go out to everyone who uses CROWNWeb at that unit, telling them to remember to do your part. We do send some

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of those things out as well, but it is good to have those internally. The next question we have for you is, “What process do your facility-level users follow to report data in CROWNWeb?”

Jerry Cabonce:

As far as admissions and discharges, we have a system called “Spin.” We tried to make sure that whatever is in CROWNWeb matches. We actually go out and we train new users on how to use the system. We ensure they draft up the 2728, the 2746, and make sure they get all the information they need prior to submitting. We also make sure before they submit, they obtain signatures. We also pretty much follow the same process for 2746. Like I said, this process was a little easier because it does not require a physician signature. Once you have the data and discharge dates, everything else can pretty much be filled out. We have all of that information in our system. Our goal is to complete CROWNWeb entries. We try to have it done within the same day. I know there are different requirements as far as due dates. The 2728, with CMS, it is a 45-day period and CROWNWeb is a 10-day period, so we try to have users complete CROWNWeb entries on the same day.

Oniel Delva:

Perfect. Thank you. Thank you for that information regarding what you follow. Of course as mentioned we might hear something a little specific. You mentioned your process since you are following the NRA submission process, but, of course, maybe there is an idea that someone we hear and say, I can take that back to my unit. The next question is, “Has your organization implemented anything specific that has assisted you with your reporting efforts?”

Jerry Cabonce:

We have established a CROWNWeb specialist, who also is a security official in CROWNWeb. We approve access for Facility Editors and Facility Viewers and we also provide training. We send monthly updates on missing clinical data. This person is also in charge of facilitating the data or batching reporting. With the batching process, we are missing clinical data. It is a little tricky because usually the number of missing clinical data toward the beginning of the month is a little high. That is because the batching process, the batching is still in process. Usually, we have users logging in after the 20th of each month to start entering clinical data after that time so that the number is accurate. After the 20th and before the end of the month, we usually have the users logging and entering clinical data during that time so, you know, making sure the batching has gone through.

Oniel Delva:

Now, for the CROWNWeb specialist, this doesn't necessarily have to be someone new that its organization hires, it can be an existing person at the facility that is appointed the CROWNWeb specialist.

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- Jerry Cabonce:** For our organization, the regional admin coordinators, myself—we are appointed the specialist. We have access to the CROWNWeb security official. You know, it all depends as well on the center. If the center manager would like to be a CROWNWeb specialist, but a majority of the time, it is the regional admin coordinators.
- Oniel Delva:** Okay. As far as for everyone else, the title CROWNWeb specialist sounds like it could be something that could be an organization set to have that individual be the point person responsible for spearheading the efforts to ensure the data is in the CROWNWeb system to help with the data submission requirements. Perfect.
- Jerry Cabonce:** That's correct.
- Oniel Delva:** For the next question, has your organization developed or accessed resources that could be developed, or things that are currently available or used by others to assist with their data reporting efforts?
- Jerry Cabonce:** You know what, I might've jumped onto the next question a little faster, but yes, we have the regional admin coordinators who also take the roll as a CROWNWeb specialist and who have helped tremendously with the tracking of clinical data and making sure the facilities are on track.
- Oniel Delva:** Perfect, Thank you, so much. I believe we have one more question for you. Is there anything else you might want to share with the group, to assist them with their data reporting? What is one idea or take away you can share with attendees regarding CROWNWeb reporting efforts?
- Jerry Cabonce:** Yes, I would say one thing is to incorporate a routine/timeline of when to check the facility dashboard. For instance, we have our CROWNWeb specialist check the dashboard daily. We try to avoid having any past-due numbers on the dashboard. Also plan ahead. Draft your forms and make sure you have all the information you need prior to submission.
- Oniel Delva:** Thank you so much, Jerry. I know the dashboard has come up a few times. It is something people say they really like and they enjoy using. I am sure a lot of people on the line are using it. It is good to have that reminder, create a daily schedule or whatever it might be. Jerry, thank you. I appreciate you sharing just a part of what you all do with us. Hopefully again, something that folks who are listening

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can take away, or plan to adopt, modify, or use at their facility. So thank you again, Jerry.

Jerry Cabonce: Thank you for having me.

Oniel Delva: The next presenter we have is Patty Parker, I am going to go ahead, bring her information up. You can see Patty is a facility manager, Branson Dialysis in Branson, Missouri. She has six years of experience using the CROWNWeb system. She is also a part of the NRA process. She is going to talk a little bit about what she does at her facility. She supports seven facilities. Patty, your line is muted, let me go ahead and unmute you. Can you hear me okay, Patty?

Patty Parker: I sure can.

Oniel Delva: Perfect, we can hear you as well. Let's go ahead and jump right in. The first question as we've asked everyone else, "How often do you use CROWNWeb?"

Patty Parker: I use CROWNWeb daily. In fact, in a busy dialysis clinic, sometimes it is multiple times per day.

Oniel Delva: That makes sense, as things occur it might require more than once or a modification to your original plan. The next question here, same thing, similar to what we asked everyone else regarding a data entry schedule: "Do you follow one? Do you enter specific data first and then follow a particular pattern for the rest?"

Patty Parker: In my OCD little world, yes, I have a specific pattern that I use. My EMAR has the capability the NRAA HIE, so if you use that for your submission process, then you can do what I do. The first week of the month, I upload all of the data from the prior month into the clinical. First, I do the demographics, then I do the hemodialysis, and then the peritoneal, and then the vascular access. Along with that clinical, what I do is run the prior month to ensure that all of the data is uploaded and there is nothing weird or funky, some number that came over wrong. I run the report without submitted values. If there are any there, I make those corrections at that point. Patient reporting, that same first week of the month I enter all of the depression screenings that were done in the prior month. I complete my PART verification at the same time. I review all of my personnel on the screen and I review the facility information because being from Branson, it is a tourist town. Sometimes, I have a third shift on TTS, sometimes I don't, just depending on the time of year, so the hours may change. The regular activities that I do, I enter a new

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patient into CROWNWeb and I try to get that done on the first or second day of the month. I make sure that I link the CROWNWeb number to my internal EMAR, because that is what it will hunt for. Otherwise, no data will exchange. I try to get my 2728 completed by the end of the first week, if possible. The only ones that I wouldn't do to those on is if I know they are going to go to peritoneal and I'm just going to have them for a short time. I let those wait, if it is going to be within the 45 days, because they will have different training than I have. I complete a discharge for a patient that has left the unit a day after and that keeps me from getting system discharges. They are a nightmare when it is 2744 time. You can verify that all of this stuff is done on your dashboard. After you have made your changes for what is due on your dashboard like you have outstanding 2728, when you went and submitted them, you are going to have to log out of CROWNWeb and log back in to make those go away, so don't freak out on that. I think that is about it.

Oniel Delva:

Thank you so much. I wanted to point out the importance of something that you have listed here for the data entry schedule, the bullet at the top that says "review personnel screen" and "review facility information." For those two sections, it is really important, using the system one might potentially focus primarily on the patient tab, and the 2728, and so on. It is important to make sure the information on the personnel and the facility information are correct. There are certain things going back to the 2744 Annual Facility Survey, as well as the Point of Contact, and things like that, and even those who are completing the forms or the different names that display in the CROWNWeb system. It is important that we users continue to check to make sure the information is accurate so that correct information does display as you all are using the system. I was excited to see you mention that. I also wanted to mention the fact that a lot of people have a schedule that they follow. It is good to know to maybe see if those who are presenting today follow something similar or maybe something that you are able to add on. Patty, during our initial discussion, you did share something with me that I will say I was actually pretty excited to hear. I want you to share with the team as well. During our initial discussion you shared that your team gets patients' 2728 forms submitted by the second treatment. Can you share with us just how you do this?

Patty Parker:

Sure. In my patient admit packet, I pull out the CROWNWeb admit patient worksheet and the CROWNWeb initial 2728. When my patient sits down to do all of their consent signing, I bill both of those out, or whoever is doing the admit. Those get brought to me so

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that we can get all of that done quickly. Oniel, will you flip to the next slide for me?

Oniel Delva: Sure, not a problem.

Patty Parker: So, we have these too, and they are in my admit packages that are done on the first day. I have them done on color paper so it doesn't get lost in the shuffle, and then my staff knows to bring them back to me. The sheets mimic exactly how you are going to enter all of that data into CROWNWeb. It's not like you go into CROWNWeb, go back and find some labs that maybe weren't drawn, or call the office, call the hospital to hunt some of the things done that you need. It is all right there in front of you, for when you can just sit down and put it in without logging out, logging in. It just works very smoothly for us. It is much easier to get it all done in one setting in a timely fashion.

Oniel Delva: I will say the part that I was excited to hear when I spoke with Patty and she shared her process with me is that these two worksheets, the Admit Patient Worksheet and the Initial 2728 Worksheet, they were created by our team years ago. We had these and some clinical worksheets, and we're currently just reviewing the ability to develop more worksheets to provide to the community. Here, once you access the PDF copy of the slide the links at the bottom are active. That will take you directly to these worksheets. You can print them and have them available so that you can know exactly what will display in the CROWNWeb system, and have those completed to help you as you are trying to complete the forms or admit patients. Thank you, Patty, for using these and bringing them up as part of this discussion.

Now, I do believe we have at least one more question for you to give you a chance to share with the community as well, if there's anything else. Do you have any suggestions that you would like to share with attendees to help them with reporting or entering data in the system?

Patty Parker: Absolutely. First, all the information in CROWNWeb is what drives your ESRD QIP score. We all know we want good QIP scores, so make sure your data is good. I update patient addresses as needed, because also, ICH CAHPS® people pull the information on how to contact my patient for my ICH CAHPS®. When you are switching a patient from let's say PD and they're going to be in-center for awhile. On the treatment summary, you do not change it, you add it. Otherwise, you lose credit for the PD part on your QIP. Discharge a

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patient in CROWNWeb, if they go to the hospital and have no treatments for an entire month, you can discharge them to the hospital, discharge them as whatever. But if you do not have labs for the month, that will affect your score. If it is at the end of the month and you've tried and you cannot get a decent hemoglobin on a patient, but they were hospitalized and the hospital has a last one or doctor's office you can hard key in those labs. It does not have to be the labs from the dialysis. I think that is about it.

Oniel Delva:

Thank you so much, Patty, for agreeing to jump on and share with us. Thank you to Jerry and Monika as well. We have about 11 minutes remaining for today's discussion. We are going to know ahead and jump in to, we have a couple more polling questions to give folks an opportunity to share their thoughts. Let me go ahead and bring up the polling question. If you get a chance to participate, that's fine, we like to hear from you. Here, as part of today's discussion, I mentioned a lot of things were touched on by our presenters, things they do at their facility, as a way to help you all, just thinking differently, what you do [in] the system or add what you are currently doing. Here, the question is asking, "Which of the best practices from today's call will you adopt and implement at your facility?" It's giving you a chance to indicate using CROWNWeb data to identify necessary changes to patients' treatments, using CROWNWeb reports to track patients to support your QAPI (Quality Assessment and Performance Improvement) goals, and things like that. Maybe create a CROWNWeb Specialist or role similar to that, which was mentioned earlier, to assist you with setting up that point person, whatever it might be, who's responsible for making sure everything is entered. As well as the last one, use CROWNWeb worksheets on the MyCROWNWeb.org website, you know, something you can print out and look forward to maybe additional worksheets that can help you with your data reporting needs. I'm going to go ahead and do a quick countdown with about 10 minutes remaining. Make your selection and click the "Submit" button in three, two, and one. We'll go ahead and close this out. Here, you can see to the right of your screen what we have received as far as responses of the 109 that replied. Thirty eight for the first one, 52 for the second, 27 said they'd create a CROWNWeb Specialist or someone in the role, and 77 [of] those responded saying they'd like to use the CROWNWeb worksheets.

I'm going to go ahead and bring up the next question. As mentioned earlier, this is a new series where we want to hear from the actual users, those [who] were using the CROWNWeb system to share with us just a high-level overview of the process they follow and would

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you be willing to share on a future call. I do see we have received about 37 responses. The majority of them are one of the two, which is fine. We are looking into the possibility of continuing this maybe for 2020. Giving folks a chance to share tips and tricks of what they are doing to help with educating the community on how they can continue to use the system. I'm going to go ahead and close this out in three, two, one. I will say of those who replied, about eight said "yes." They have best practices that they would not mind sharing on a call. About 73 of those replies said "no." It's okay. Maybe you are a little shy or [have] stage fright. We just wanted to get an idea of who is on the line and if there are any additional things that could be covered as part of one of our future calls. Now, I'm going to jump quickly, we only have about eight minutes remaining. Since we talked a lot about admits and discharges and processes to follow the deep dive component is going to be brief, high-level overviews and reminders. We will pause to allow for a few questions for our presenters if anything came in.

Back in September, we started this, where we talked about PART verification and clinical data management. If you did not join us for that call, the link will be available, where you will be able to access that. Just saw a question come about Town Hall slides. It will be made available via the MyCROWNWeb.org website in the same location where you registered to attend today's event. A PDF version of the slides will be made available a little later today. Today, we talked briefly about admits and discharges in the system. For the next couple of slides, I am not going to read them verbatim. These points are in the ESRD Data Management Guidelines, some of the key points. Of course, chronic patients and acute patients will be admitted in the system. At the bottom, it breaks down the difference between Tier 1- and Tier 2-level users and a reminder that you can only admit and discharge for a facility that you have scope over. In the Guidelines, it does mention it is recommended for the frequency for the admits within five business days of first treatment to add that person to the system to help with the forms and the different reporting requirements that will be needed. For a Tier 2-level user, which is usually, like, the ESRD Network, and folks assisting with data reporting, and so on, it does break down the frequency recommended for them to make sure they report and enter that information to CROWNWeb to not delay data reporting needs. Here, you can see very quickly it is breaking down for transients. We do continue to get questions for transients. You must admit patients who are at your facility, identify them at transient if they are there for 30 days or less and 13 treatments or less. The selections that you will make in order to make sure the system accurately captures that. The

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last bullet point. Discharge the transient patient from your facility when he or she ends treatment at your unit, whether it's going back to the original facility or going to another facility, just remembering to enter that discharge. We do have frequently asked questions that are on the MyCROWNWeb.org website, where there are a few of these.

“What date should you enter when discharging a patient?” The discharge date should be the date that the patient received the last treatment at the facility.

“What do I do when CROWNWeb identifies a patient as a duplicate?” Duplicate patients occur if the patient is transferring in from another facility and duplicates potentially pop up if you do not enter the information exactly as it is in CROWNWeb. Please just review the information so that it is correct to complete the admit, but if it continues to provide you with the duplicate message and a patient is coming from a facility you do not have access to, your ESRD Network may be able to assist you with completing that.

And the last thing, covering a couple questions, “Do you specify where the patient is going when they are transferring out?” No, in the system, you do not have that ability. The receiving facility would complete the admit. And, “How do I admit a transplant patient receiving dialysis?” The steps are indicated here, where you would make the proper selection in order to ensure it is accurately captured in the CROWNWeb system. You will have access to these once you get a PDF copy of the slides. I just wanted to provide you with that information and additional resources that can be used as support or other understanding of how to admit and discharge patients via the CROWNWeb system. Please continue to use the form that is on the website to submit information, whether it be enhancement ideas or additional questions. Matt, I am going to pause for a moment. I know we have about three minutes, I am not sure if we have received questions or anything that we can maybe ask before we were wrapping up the discussion. I'm going to pause really quickly to see if anything came in via chat that would call for us to speak to today as we've captured questions during the call.

Matt McDonough:

We did get a couple of questions, which I'll ask here in a moment. If you had a specific situation that you mentioned in the chat window or the Q&A, please know we do not have time to address them today. CRAFT@mycrownweb.org, please send your questions there and we'll get them answered. For those looking for a link to the worksheet, we did post that in the chat window. If you don't see the

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chat window, email us, and we will get you a link to that worksheet. I have a question for Patty that came in from a couple of folks. For those who are new or for those who don't know, Patty, how do you collect the primary cause of renal failure when a patient comes in for their first dialysis visit?

Patty Parker:

If they come from the office, I may [make] contact with one of my providers and ask them what it is, very specific. They will have it in their office notes, it will be listed there, or from a hospital note. The hospital notes get a little more convoluted. I go back to my nephrologist and I ask them. I do not listen to hospitalist tell me what is the cause of the ESRD. I go to the experts.

Matt McDonough:

Thank you so much. We had a couple folks asked that, so we appreciate that. One more question for Monika. The question came in regarding how many patients are you managing data submission for and/or how much time do you spend per month on that? You say that you do most of that manually and people were curious.

Monika Drury:

How much time I spend for our patients?

Matt McDonough:

Correct, into CROWNWeb/EQRS.

Monika Drury:

I would think probably say 8–10 hours.

Matt McDonough:

Thank you very much. People were just curious, as was I. I am glad to hear the answer. Thank you very much.

Monika Drury:

Thank you.

Matt McDonough:

You're welcome. That is all that we have had aside from a lot of specific inquiries. We'll go ahead and turn it back to you.

Oniel Delva:

Thank you so much, Matt, and thank you to those that submitted the questions. As mentioned, we are documenting these. They might be specific to you that we cannot provide an immediate response right now. We are pulling these, as well as you do have the ability to use CRAFT@mycrownweb.org to submit questions. Reminder to join us for next month's Town Hall Event. Typically, it's the last Thursday of the month, that will be Thanksgiving, so we moved it up a week, so November 21. You will receive an announcement regarding that event. Please feel free to use the MyCROWNWeb.org website for resources and contact the QualityNet Help Desk, if you need assistance. Thank you, everyone once again for sharing a part of your day with us. We truly appreciate you being here. We hope to

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see you on future CROWNWeb Town Hall Events. This will conclude today's discussion.