



End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)

June 2023 Town Hall Presentation Transcript

Speakers

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Jane Chaine: Hello. Welcome, everyone. Thank you for joining today's Town Hall event. My name is Jane Chaine, and I am the Communications Director for the End-Stage Renal Disease, or ESRD, Outreach Communication and Training Team, or EOCT. I will serve as your host for today's presentation.

Today's presentation is streaming audio through your computer on the GoTo platform, so you do not need a telephone line to hear today's presentation. However, if you are having trouble hearing the streaming audio or need to call in, please submit a message to the Questions box on your screen, and you will be provided with a dial-in and access code number. However, we have a limited number of phone lines available.

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For today's presentation, the audio connections are muted to reduce background sounds. However, real-time interaction is encouraged. So, if you do have a question, use the Questions feature on your screen. When submitting a question, please type your question in the Ask the Staff a Question section, and click Send. On occasion, there are questions that will require research beyond the scope of today's call. So, if your question does not get answered, please submit your question to the [QualityNet Question and Answer Tool](#) by using the link provided on this slide, and your question will be answered within 10 business days.

Another available feature available during today's webinar is the Handouts feature that you see displayed on your screen. Here, you can download webinar Frequently Asked Questions and event materials. The event FAQs document includes today's dial-in number, should you need audio through a telephone line; a link for closed captioning; and information on where you can obtain materials from today's presentation. Please note, today's event materials, including the recording and slides, are available on the Events page on www.MyCROWNWeb.org.

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I would like to remind everyone that the information presented today is for reference only and does not constitute Centers for Medicare & Medicaid Services guidance. The audience is encouraged to refer to the final rules that are published in the *Federal Register* website.

Here is a list of acronyms that you will hear during today's presentation.

Here is today's agenda. The first agenda topic is the ESRD data reporting deadlines. This will be followed by a few important announcements. Then, we will review the ESRD QIP measure updates for the Standardized Hospitalized Ratio, or SHR measure; the Standardized Readmission Ratio, or SRR measure; and the Standardized Transfusion Ratio, or the STRR measure. I will then discuss the new EQRS features, including the new Peritonitis Infections Module and the Transplant Dashboard for dialysis facilities. Towards the end of the presentation, I will address some frequently asked questions pertaining to today's agenda topics. Lastly, to wrap up, Matthew McDonough, one of our subject-matter experts on the line, will assist with answering questions from the audience. At the end of the presentation, I will share additional resources related to the content covered today. As you can see, we have a lot of great topics today. Let's get started.

The first topic to cover is the 2023 EQRS and NHSN, or National Healthcare Safety Network, data submission deadlines.

Let's first review the 2023 EQRS data submission deadlines.

The table here lists the EQRS Clinical Data submission deadlines for the remainder of the 2023 calendar year. As you can see from the table, the April 2023 EQRS Clinical Data submission deadline is quickly approaching and is **Monday, July 3, at 11:59 p.m. Pacific Time**. As a reminder, EQRS opens for data submission on the first of the month and closes approximately two months after the end of the reporting month. I say "approximately two months after the end of the reporting month" because there are times that the last day of the month falls on a Friday, a **weekend, or a federal holiday**.

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In those cases, the clinical month closes at 11:59 p.m. Pacific Time on the following federal business day. EQRS Clinical Data are due monthly for all collection types, including hemodialysis and peritoneal dialysis and includes reporting for laboratory values, some medication information, and more.

Now, let's review the deadline for the 2023 EQRS Clinical Depression Screening and Follow-Up reporting. The 2023 assessment period opened on January first and remains open through the duration of the entire year AND through the end of February of the following year. For instance, facilities could begin submitting Clinical Depression [Screening] and Follow-Up data for the 2023 assessment period as early as January 2023 and have until the end of February 2024 to complete this reporting. Facilities are responsible for screening all eligible patients at least once during the calendar year and must submit this information by the end of February of the following year. For more information on the Clinical Depression Screening and Follow-Up measure, please refer the ESRD Technical Measure Specifications document that is available on the CMS.gov website and linked here on this slide.

Now, let's take a look at the In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems, or ICH CHAPS, facility attestation submission deadline. The ICH CAHPS attestation period occurs once during a calendar year and is typically open for submission during the first two months of the following year. For example, the calendar year 2023 attestations will open for submission on January 1, 2024, and will remain open until the last day in February of 2024. This gives facilities approximately two months to submit an attestation in EQRS. Please note that most facilities do not need to complete an attestation because they are not exempt and are required to administer the ICH CAHPS Survey. For more information on the ICH CAHPS Survey measure, including facility and patient exclusions, refer the ESRD Technical Measure Specifications document available from the CMS.gov website, which is linked on this slide.

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Here are additional resources to reference for EQRS reporting requirements and information. These resources and more are available on the home page on www.MyCROWNWeb.org.

Now that we have covered the EQRS reporting deadlines, let's briefly review the National Healthcare Safety Network, or NHSN, reporting deadlines.

Here, you see the NHSN data submission deadlines for the 2023 ESRD data including dialysis events; bloodstream infections, or BSI; and COVID-19 healthcare personnel vaccinations. As a reminder, dialysis facilities have approximately three months to enter their quarterly data. For instance, looking at this table, notice that the first quarter of 2023, which includes January, February, and March, is due by July 3, 2023, at 11:59 p.m. Pacific Time. Please note that, if a deadline falls on a Friday, weekend, or federal holiday, it will be moved to the next federal business day. This applies to both NHSN and EQRS Clinical Data deadlines.

In the following slides, I will briefly cover a couple of important announcements pertaining to the ESRD Prospective Payment System, or PPS, Proposed Rule and the upcoming Payment Year 2024 ESRD QIP Preview Period.

First, let's briefly discuss the calendar year 2024 ESRD PPS Proposed Rule.

Earlier this week, on Monday, June 26, CMS displayed the unpublished calendar year 2024 ESRD PPS Proposed Rule on the *Federal Register* website. The proposed rule is released each year and announces proposals to Medicare payment policies and rates for ESRD care. In addition, this year CMS is proposing policies that reflect commitment to achieving equity in healthcare, which I will highlight in just a minute. CMS requests public comment on the proposals presented in the proposed rule once it is published on the *Federal Register* website. The proposed rule is scheduled to be published tomorrow, Friday, June 30.

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Instructions on how to submit a comment to CMS will be available in the proposed rule that will be published on the *Federal Register* website.

Listed here are some important highlights from the calendar year 2024 ESRD PPS Proposed Rule. In the proposed rule, CMS proposes to remove two ESRD QIP measures, beginning in payment year 2026; these measures include the Ultrafiltration Rate, or UFR, reporting measure and the Standardized Fistula Rate, or SFR, clinical measure. Additionally, CMS is proposing to update the COVID-19 Vaccination Among Healthcare Personnel reporting measure to align with updated measure specifications developed by the Centers for Disease Control and Prevention, or the CDC. This also will begin in payment year 2026, if finalized. Another proposal is to convert the Clinical Depression Screening and Follow-Up measure from a reporting measure to a clinical measure and to update the scoring methodology to better align with current clinical guidelines for [Clinical] Depression Screening and Follow-Up. This change would also begin in payment 2026, if finalized.

The last proposals I am about to highlight include three new ESRD QIP measures that reflect CMS commitment to achieving equity in healthcare. The first measure being proposed is the Facility Commitment to Health Equity reporting measure, which would beginning in payment year 2026, if finalized. This measure will assess an ESRD facility's commitment to health equity based on responses to five equity-related, attestation-based questions. The next two measures being proposed are the Screening for Social Drivers of Health, or the SDOH, measure and the SDOH Screen Positive Rate measure. If finalized, these two SDOH measures would be added to the ESRD QIP measure set beginning in payment year 2027. That summarizes some of the important ESRD QIP measure proposals. Let's move on to where you can access the proposed rule.

Listed on this slide are additional resources you can reference for information on the calendar year 2024 ESRD proposed rule. The proposed rule is currently displayed on the *Federal Register* website and can be accessed by using the link on this slide.

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The CMS.gov website contains a proposed rule fact sheet, which provides a nice summary of the proposals according to payment year. Use the link under the CMS.gov bullet on this slide to access this fact sheet. As a reminder, the proposed rule is scheduled to be published on the *Federal Register* website tomorrow.

Now that we have covered the proposed rule announcements, let's transition to another important topic, the payment year 2024 ESRD QIP preview period.

This year CMS is back to their usual annual preview period schedule, which will occur this summer. More specifically, the payment year 2024 ESRD QIP preview period is tentatively **scheduled to begin mid-July and end mid-August**. As usual, the preview period is open for approximately 30 days. During this 30-day timeframe, facilities are given an opportunity to view their ESRD QIP preview scores and reports. The ESRD QIP preview period reports are accessible in EQRS through the ESRD QIP user interface. EQRS users with an ESRD QIP role of **Facility or Corporate Point of Contact** can submit inquiries to CMS regarding questions about their scores. Additional information on the ESRD QIP preview period is available on the QualityNet website. Use the link on this slide to navigate to these preview period resources. Additionally, the next quarterly Town Hall event will also cover ESRD QIP preview period activities, so be sure to register for any upcoming Town Hall events.

Moving on to our next topic is the ESRD QIP measure updates for the Standardized Hospitalization Ratio, or SHR, measure; Standardized Readmission Ratio, or SRR, measure; and the Standardized Transfusion Ratio, or STRR, measure. In the following slides, we will cover the approved proposals applicable to these measures per the calendar year 2023 ESRD PPS final rule.

Beginning in payment year 2024, CMS finalized a policy to update the SHR and SRR measures to be expressed as rates instead of ratios.

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Expressing the measure results as rates will allow facilities to understand their data better by being able to easily compare their rates from year to year, and easily compare their performance period rate to their baseline rate.

Let's take a few minutes to focus on the Standardized Transfusion Ratio, or the STrR, measure. Similar to the SHR and SRR measures, CMS finalized a policy to convert the STrR measure result from a ratio to a rate, beginning in payment year 2025; this change aligns with the SHR and SRR measures to be expressed as rates, as well. In addition, the STrR measure will also be changed from a reporting measure to a clinical measure. Therefore, starting in payment year 2025, CMS implemented a scoring change that will score facilities based on the actual clinical values reported by the facility, rather than the completeness of the reported data. This update will impact the STrR scoring methodology by allowing facilities that previously met the finalized minimum data and eligibility requirements to receive a score on the STrR clinical measure.

Now that we have reviewed the finalized changes to these measures, let's take a look at the measure descriptions as they pertain to the ESRD QIP Technical Measure Specifications. Beginning in payment year 2024, SHR will be expressed as a risk-standardized rate by multiplying the facility SHR value by the national average hospitalization rate. Next, the SRR measure, just like the SHR, will be expressed as a risk-standardized rate by multiplying the facility standardized readmission ratio by the national average readmission rate. Lastly, the STrR measure is specified in the ESRD QIP Technical Measure Specifications as a ratio of the number of eligible red blood cell transfusion events observed in patients dialyzing at a facility, to the number of eligible transfusion events that would be expected under a national norm, after accounting for the patient characteristics within each facility. So, beginning in payment year 2025, the STrR measure will be expressed as a risk-standardized rate by multiplying the facility STrR value by the national average transfusion rate.

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You may be wondering why these updates were implemented. CMS has a few reasons for this. As I mentioned earlier, expressing the measure results as rates instead of ratios is easier to understand, so this will enhance understanding of the measure results amongst providers, patients, and facilities. Additionally, expressing the measure results as rates instead of ratios will allow facilities to better track facility performance and draw conclusions from their data.

Let's cover the reasons for updating the STrR measure. As discussed previously, expressing the STrR measure result as a rate will align with the SHR and SRR measure results also being expressed as rates; expressing all three measure results as rates will improve consistency across the measures. Converting the STrR measure from a reporting measure to a clinical measure will ensure facilities are scored on their actual clinical values, rather than the success of reporting data. Additionally, the STrR clinical measure will ensure that facilities earn points based on how well they meet clinical performance goals. Facilities that meet previously finalized minimum data and eligibility requirements will receive a score on the measure based on the actual clinical values.

This table here summarizes the SHR, SRR, and STrR measure changes. As you can see from the table, changes for the SHR and SRR measures go into effect beginning in payment year 2024, and changes for the STrR measure begin in payment year 2025. In summary, these changes include expressing the measure results as rates and no longer as ratios. In addition, the STrR measure will change from a reporting measure to a clinical measure, and facilities will be scored on the actual clinical values beginning in payment year 2025.

Additional information on the SHR, SRR, and STrR measures is available in the calendar year 2023 ESRD PPS final rule, available in the *Federal Register* website. The ESRD QIP calendar year 2023 Technical Measure Specifications document is available on the CMS.gov website. Use the links on this slide to access these resources.

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Transitioning into our next agenda topic is the new EQRS features. Let's jump right in and see what is new in EQRS.

The first new feature we will discuss is the Peritonitis Infections Module. In this section, I will cover how and where to enter peritonitis infection data. Peritonitis infection data should be entered anytime a peritonitis infection event occurs, and this data should be submitted within 90 days of the event. Any facility where the patient is admitted has access to view, edit, and add peritonitis infection data for that patient, and, as the patient moves from one facility to the next facility, the infection data entered by the previous facility will be accessible by the next facility. In the following slides, I will provide step-by-step instructions on how to enter data into the infections module. As a reminder, anyone who has access to EQRS can enter infection data, and it is up to the facility to designate the appropriate person to enter this information into EQRS. Another reminder to all users is that it is important to know if your facility batch submits data or uses a health information exchange or electronic data interchange for data submission to EQRS; please consult your organization on how to report the peritonitis infection data in EQRS, as many organizations have an automated system that may submit the data electronically.

The infections module was released in EQRS earlier this week. Therefore, facilities are now required to report peritonitis infection data in EQRS as of this week. Reporting peritonitis infection data in EQRS will allow peritoneal dialysis infection data and rates to be tracked. The new module is located on the Patient screen under the Infections tab. Peritonitis infections are required to be reported in the module when a peritonitis event occurs, and it is expected that facilities submit this data within 90 days of the event.

Before we review the steps for entering peritonitis infection data, let's review the different reporting sections within the module. The infections module has five different reporting sections. These include the Patient and Event Details, Risk Factors, Lab and Diagnostic Testing, Signs and Symptoms, and lastly Outcomes. I will review each section in detail in the following slides.

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Before we go on, I would like to point out that EQRS users do not have to complete their data entry all at once. Users can return to the module later to complete, edit, or submit their data. EQRS users can even edit infection data after it has been submitted. As we go through today's presentation, I will provide more detail about entering, saving, editing, and submitting peritonitis infection data. As a reminder, peritonitis infection data should be entered anytime a peritonitis infection event occurs, and facilities should submit this data within 90 days of the event. As I mentioned earlier, many organizations have an automated system that may submit this data electronically, so please consult your organization on how this data should be reported in EQRS for your facility.

Now that I have provided a brief overview about the module, let's go into detail about how to complete data entry for peritonitis infections. Once logged into EQRS, the first step for entering peritonitis infection data is to search for the patient by clicking on Patients in the blue navigation menu.

Next, click Search Patients from the sub-menu that displays.

Search for the patient by using the first name and last name. So, here, in this example, we enter "Itsa Patient" and click the Submit button to conduct the search.

Once the screen refreshes, click on the EQRS Patient ID link on the left of your screen to bring up the patient's record.

The Manage Patient screen will display. Click the Infections link on the left side of the screen to access the infections module.

The Infections Summary screen will display for your patient. I would also like to point out that this screen is where infection events display when you have saved or submitted an event in the system. Right now, we will focus on entering the first infection event, so, to do this, click on Add Infection Data.

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A pop-up box will appear on your screen asking you to choose the facility where the patient was admitted when the infection occurred. Select the facility where the patient was admitted when the infection occurred, then click Create New Infection Event to generate the infection event record.

The infections module will display. Notice the five different reporting sections at the top of the screen. These reporting sections are listed in the sequence that they appear in the module, starting with the Patient and Event Details, followed by Risk Factors, Lab and Diagnostic Testing, Signs and Symptoms. The last section within the module is the Outcomes section. The user can toggle between each of the sections by clicking on the tabs at the top of the screen or simply scrolling down to move through each reporting section. As mentioned earlier, a nice feature of this module is the ability to generate an infection event, save that event, and return later to view, edit, or submit your entry. You can simply do this by entering and saving an Event Date. The Event Date is the first field that appears in the module. I will show you how you can save your data progress and how to view, edit, or submit data in the following slides.

Starting at the top of the module with the first reporting section is the Patient and Event Details section. The Patient Details information is already populated for you. Review the information listed to confirm that you have the correct patient.

After reviewing the Patient Details, move down the page to the fields in the Patient and Event Details section. The first field listed is the Event Date field. I would like to take a minute to focus on this field and explain why it is important. The Event Date field is important because once the user enters the Event Date, the system allows the user to save the infection event and return later to add, edit, or submit infection data. To do this, click the Save & Exit button that appears at the bottom of the page. Again, at any point in your data entry, you can save and exit the module to return later to add, edit, or submit your data, as long as an Event Date is entered. EQRS users can even edit infection data that has been submitted by making their edits and clicking the Save Changes button that appears at the bottom of the page.

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Let's continue on and review the remaining fields in this section. Moving down to the second field. This field is the date that the peritoneal dialysis training was completed; notice that this is an optional field. Although you will encounter optional fields throughout the module, it is expected that you enter as much detail as possible. Moving on to the last two fields in this section, these fields are required and include the PD Catheter Insertion Date and the date the PD catheter was first used. These two fields are required, but you can select Date Unknown if you are unsure of when the catheter was placed and/or when the catheter was first used.

After completing the patient and event details, scroll down the page to the next section, to the Risk Factors section.

Here, in the Risk Factors section, the module is designed to answer the first question for you. Therefore, if hospitalization data were entered on the Manage Clinical screen in EQRS for the prior reporting month, then Yes will populate. If the patient was not hospitalized the answer, No will populate for this field. This is a nice feature that saves you time by capturing data from another screen in EQRS. Moving on to the next field, enter the number of days the PD catheter was used in the reporting month. If you are unsure, then this field can be skipped, or you can return later to enter this information. Next, answer if the PD treatment was suspended. Select Yes if PD treatment was suspended, No if PD treatment was not suspended, or Unknown if you do not know the answer to this question and return later to answer it. In this example, No is selected. So, no conditionally enabled fields appear; however, if peritoneal dialysis treatments were suspended and the user selects Yes for this question, an additional field appears that requires you to enter the date that PD treatment was suspended. You will notice that, throughout the module, additional fields may become enabled and will appear depending on how you answer the question.

Moving down the section, the next question asks about contamination. Answer Yes, No, or Unknown if contamination occurred within the reporting month. Next, select the individual or individuals that perform the PD treatments.

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In this example, the patient is the only person that performs the PD treatments. Next, answer if the patient experienced an invasive procedure within 14 days prior to the peritonitis. Select Yes, No, or Unknown. Here, in this example, No is selected. However, if the user does select Yes, additional fields will appear asking the user to select an invasive procedure or incident the patient may have experienced. This could include, but is not limited to, surgeries, such as colon surgery; colonoscopies; gynecological procedures; abdominal injuries; dental procedures; or any other procedure or incident that may impact the patient's health. The next question asks if the patient had a catheter exit site infection within 14 days of the peritonitis diagnosis. Again, answer Yes, No, or Unknown. The last question under Risk Factors asks if there was a tunnel infection within 30 days prior to the patient's peritonitis event. Just like the previous question, answer Yes, No, or Unknown. Again, you can save your data and come back later to answer any questions you may need to research.

Scrolling to the next section in the module is Lab and Diagnostic Testing.

Here in the Lab and Diagnostics Testing, enter if the PD effluent was drawn for a culture test. Select Yes, No, or Unknown. If the answer is No, then this section is considered completed, and the user can move down to the next section in the module. However, in this example, Yes is selected. So, several additional fields are enabled; let's review them. This first conditionally enabled field is the date the peritoneal fluid was drawn; enter the date if it is known. Moving on down the page, the next several remaining fields are required. Enter the PD Fluid Cell Count and the percentage of leukocytes that were neutrophils. In this example, 180 cells per microliter is the PD Fluid Cell Count, and 70 percent of leukocytes were neutrophils.

Next, answer if the culture test was positive and if the cultures were detected. In this example, the culture test was positive and Staphylococcus bacteria was detected. Next, answer if antibiotics were given and the type of antibiotics administered to the patient. In this example, Vancomycin was administered to the patient.

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When doing data entry in the Antibiotics field, you will notice that the field is broken into categories to help select the correct antibiotic. As you may have noticed, some of the infection data are clinical in nature, so facilities may choose to have a clinical staff person, such as a nurse, enter these data. As a reminder, anyone who has EQRS access can enter infection data, and it is up to the facility to designate the appropriate person to enter these data into EQRS.

Moving on to the next section, the Signs and Symptoms section.

There are three questions in this section, and they are all required. Let's take a look at how to complete these fields. For this first question, answer if the patient had any abdominal pain by selecting Yes, No, or Unknown. Next, answer if the patient's peritoneal effluent or fluid was cloudy by selecting Yes, No, or Unknown. Lastly, answer if the patient had evidence of an intra-abdominal process by selecting Yes, No, or Unknown. There are no conditionally enabled fields in this section; so, this section is considered completed when an answer has been selected for three of the fields listed here.

Scroll down to the bottom of the page to navigate to the last reporting section, the Outcomes section.

In the Outcomes section, you will need to enter information about what happened as a consequence of the peritonitis. You will need to answer if there was a loss of the PD catheter or PD modality. Select Yes, No, or Unknown. Next, answer if there was a secondary bloodstream infection, or BSI, due to the peritonitis. Select Yes, No, or Unknown. Answer if the patient was hospitalized. Again, select Yes, No, or Unknown. In this last example, Yes is selected, so an additional field appears for the date of the hospitalization. Lastly, answer if the patient died as a result of the infection, and select Yes or No. Notice the note in parenthesis. The system will auto-populate this field if there is information about the patient's death in the system.

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After reviewing each section in the infections module and entering as much information as possible, it is time to submit your infection data. The Submit Infection Data button is located at the bottom of the Infections page within the infections module. Notice here that there is also an option to click the Save & Exit button. As discussed earlier, the module is designed so that you can save your data at any point and return to the module to add, edit, or submit your data. The system even allows you to edit your data after they have been submitted. I'll show you how you can edit and save changes in just a minute. Please remember to provide as much data as possible and submit your peritonitis infection information in EQRS within 90 days of the event.

After your infection data have been submitted, the screen will refresh, and the Infections Summary screen will appear showing the date that the data were submitted. In this example, the date that the event was submitted was June 9, 2023. If the infection event was saved and not submitted, the event will appear on the Infection Summary screen and labeled as a draft. Also notice here that the Infections Summary screen displays the Infection Event date, the date the event was created, and the date it was last edited in the system. From here, you can view, edit, or delete your submitted infection event.

As mentioned earlier, once an Infection Event has been saved or submitted, the event will display on the Infections Summary screen, here. From here, you can select the option to View/Edit or Delete an Infection Event. To do this, identify the event that you want to view/edit, or delete, then navigate to the right side of the screen under Actions, and click on the dropdown arrow to click on View/Edit or Delete. In this example, we are going to click View/Edit for an event that has been submitted.

Once you click the View/Edit button, the screen will refresh and open to the module screen, where you can view your data or begin to make edits. Make any edits, if needed. Then, click the Save Changes button at the bottom of the page. The system will save your edits, and the screen will refresh to the Infections Summary screen.

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Next, we will go over how to delete an infection event, if for any reason you want to remove an infection event entry. Just as before with viewing and editing your infection data, you will need to be on the Infections Summary screen to delete an infection event record. To do this, navigate to the right side of the screen under Actions, and click on the drop-down arrow to click on Delete.

Once you click Delete from the Infections Summary screen, a pop-up box will appear alerting you that an infection record is about to be deleted. At this point, you can cancel your request by clicking on the Cancel button, or you can proceed and click the red button that says, “Yes, delete this activity.” Clicking the red button will permanently delete the infection record. Once the record is permanently deleted, there is no way to retrieve it, so you must be certain that this is the action you want to perform.

Once the event is deleted, the Infections Summary page is updated, and the record of the event no longer displays. However, you will see any remaining infection events that have been saved and/or submitted for the selected patient listed here on the Infection Summary page.

That wraps it up for the Peritonitis Infections Module. For additional information on the Peritonitis Infections Module, use the link on this slide to access the CMS Infection Event Data Submission Requirements document. This resource is also available on the Education page on www.MyCROWNWeb.org.

The next new EQRS feature that we will review is the Transplant Dashboard for Dialysis Facilities. The Transplant Dashboard is a great new resource that lists both EQRS and United Network for Organ Sharing, or UNOS, information for all living patients in a facility who are waitlisted with one or more transplant centers. I will go into additional detail about the dashboard and how to navigate to the dashboard in EQRS in the following slides.

On May 17 of this year, CMS released a Transplant Dashboard for dialysis facilities in EQRS.

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The Transplant Dashboard can be accessed under the Dashboard tab in EQRS. Before I show you how to navigate to the dashboard, I would like to highlight some of the features. The dashboard provides helpful information by listing all living patients that are on a waitlist with one or more transplant centers, contact information for those transplant centers, and patient waitlist status. The transplant waitlist information listed in the dashboard comes from EQRS and UNOS, or the United Network for Organ Sharing, data sources.

The Transplant Dashboard can be used to help dialysis facilities track patient waitlist status, as well as communicate with transplant centers by providing contact information for those transplant centers. The dashboard is intended to support dialysis facility staff in assisting patients with maintaining an active waitlist status to successfully receive a kidney transplant. This tool is particularly helpful for social workers who are assisting patients through the transplant waitlist process.

Let's review how to navigate to the Transplant Dashboard in EQRS. Once logged into EQRS, click on the Dashboard tab in the blue navigation menu at the top of the screen.

Once on the Dashboard screen, scroll to the bottom of the page and click on Dialysis Facility Transplant Waitlist.

The screen will refresh, and the Transplant Dashboard will appear. As mentioned earlier, the collection of information that is displayed is captured from both EQRS and UNOS. The dashboard has a few nice features I would like to point out. As you can see, there is a lot of detailed information listed here. This information can be filtered by using the Filter By fields that are toward the top of the page. Also, notice that the dashboard contains several columns of information. EQRS users can view these columns easily by scrolling left to right. Lastly, there is a Download button that allows EQRS users to download and print dashboard information. We will take a look at these features in the following slides, but let's first take a look at the information that is contained within the dashboard.

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Let's review the specific information listed on the dashboard. You may have noticed on the previous slide that the dashboard has several columns, nine to be exact. These columns are populated with the patient's name, EQRS ID number, the patient's date of birth, waitlist status, the patient's active or inactive waitlist date, the patient's waitlist date, the patient's removal date (if applicable), the removal reason., the most recent 2728 Dialysis Start Date, and an important piece of information, the name of the transplant center. A nice feature about the Transplant Center column is that you can hover your mouse over the name of the transplant center and a pop-up box will appear containing the transplant center phone and fax numbers; the location of the transplant center, including the city and state where the center is located; and the transplant center CMS Certification Number, or CCN.

Now that we have covered the information listed in the dashboard, let's review how to filter this information. Here you will see Filter By fields that can be used to generate specific transplant waitlist information on the Transplant Dashboard. A nice feature is that multiple filters can be used at one time, if needed. The first Filter By field on this screen is the Patient filter, which allows you to filter the waitlist information by name or EQRS ID. Click on the Patient field to activate the drop-down list of patient names. Select your desired patient from the names that appear or, instead, you can search for a specific patient by typing in their name or EQRS ID. Once the desired patient is selected, the screen will refresh to display this information for the select patient. The same goes for the Transplant Center Filter By field. Click on the Transplant Center field to activate a drop-down list of transplant centers where your patient or patients are listed, or search for a transplant center by typing a specific transplant center name into the field. Click on the desired transplant center. The system will refresh and display specific information for the transplant center selected. Lastly, EQRS users can filter by waitlist status. Notice here that you can select Active, Inactive, Removed, or Unknown. Select the status you want to filter. The system will refresh and display information based on the filter you selected. Again, you can apply multiple filters at once. Click on the Reset All link on the right of the filter fields to clear all filter fields.

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After clicking the Reset All link, the page will refresh and display all Transplant Dashboard information for your facility. As a reminder, after filtering the desired information, EQRS users can then download and print the filtered information by using the Download CSV button on the screen.

As mentioned earlier, EQRS users can view detailed dashboard information by scrolling left to right. The scroll bar is located below the information that is listed in the dashboard. Also notice that the system displays five records at a time. To view more records, EQRS users must click on a page number listed or click Next, which will advance the user to the next five records.

Displayed here is the Download CSV button. Double click this button to download an Excel spreadsheet document that neatly contains the listed dashboard information. The spreadsheet can then be printed and used during a team meeting or for facility tracking purposes. That summarizes the Transplant Dashboard feature. The dashboard offers a lot of convenience, so I encourage you and your facility staff to explore it the next time you are logged into EQRS.

Let's switch gears to the last agenda topic, which is addressing EQRS FAQs. After we review the frequently asked questions, we are going to jump right into the question-and-answer session, so please stick around for that.

This first question is about reporting COVID-19 data to NHSN and asks, **“Do dialysis facilities still need to report COVID-19 data to NHSN since the COVID-19 Public Health Emergency has ended?”** The answer is Yes. ESRD dialysis facilities are still required to report COVID-19 Vaccination Coverage Among Healthcare Personnel data to NHSN. Facilities must submit these data for at least one self-selected week of each month for each reporting quarter and submit these data to NHSN by the quarterly reporting deadline. The 2023 January, February, and March data, or the 2023 Quarter 1 data, are due no later than July 3, 2023, at 11:59 p.m. Pacific Time. Dialysis facilities have approximately three months to submit their quarterly data to NHSN.

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Please note, that your ESRD Network may require your facility to participate in COVID-19 related quality improvement activities. Please consult your ESRD Network for any additional data reporting activities and requirements for COVID-19. You can use [the link on this slide](#) to find your ESRD Network contact information, should you need it.

This next question pertains to the ESRD QIP scores and asks, **“When can facilities preview their ESRD QIP scores before they are finalized?”**

This is a great question. EQRS users with a Facility Viewer role or Facility or Corporate Point of Contact, or POC, can review their ESRD QIP preview period reports and scores in EQRS via the QIP user interface during the annual ESRD QIP preview period. The preview period is open for approximately 30 days, and, during this time, facilities can review their preview reports and scores and submit inquiries to CMS about any questions they have about their preview scores. The payment year 2024 ESRD QIP preview period is tentatively scheduled to open mid-July and close mid-August. Announcements about the upcoming preview period will be distributed to the ESRD community, so be on the lookout for those in the coming weeks. Additionally, the next quarterly Town Hall event will also cover ESRD QIP preview period activities, so be sure to register for any upcoming Town Hall events. For additional information about the ESRD QIP preview period, use the link on this slide, which will take you to the ESRD QIP section of the QualityNet website.

This next question asks, **“Why is CMS updating the SHR, SRR, and STrR measures?”** This topic was covered earlier in the presentation, so please be sure to refer to today’s presentation slides for additional information about the updates to the SHR, SRR, STrR measures. To summarize, beginning in payment year 2024, the SHR and SRR measure results will be expressed as rates, instead of ratios. Expressing these measures as rates will help providers, patients, and facilities better understand a facility’s performance and make it easier to track a facility’s performance from year to year. The STrR measure result will also be expressed as a rate, starting in payment year 2025. The STrR measure will also be changed from a reporting measure to a clinical measure.

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This will allow facilities to be scored on actual clinical values and not on the completeness of the data reported. This will also begin in payment year 2025.

This next question is about the Peritonitis Infections Module and asks, **“Is it required to enter peritonitis infection data in EQRS?”** The second question is, **“Are peritonitis infection data also required to be reported in NHSN?”** Let’s answer this first question. The answer to the first question is Yes. Anytime a peritonitis infection event occurs, it is required to enter that information in EQRS. Facilities can edit and add data about the infection event in EQRS even after submitting the infection event information. Facilities should submit their peritonitis data in EQRS within 90 days of the infection event. Regarding this second question (Are peritonitis infection data required to be reported to NHSN?), the answer right now is No. Currently, CMS does not require this information to be submitted to NHSN.

We have another question here about peritonitis infection data. This question asks, **“Do peritonitis infection data have to be entered and submitted all at once in EQRS?”** This is a great question. The short answer is No. EQRS users can begin their data entry and save any data entry progress within the module and return later to complete the remaining required fields until the data are ready to be submitted. EQRS users can even edit data after they have been submitted. As a reminder, facilities should submit peritonitis infection data within 90 days of the event and submit as much information about that event as possible in EQRS.

We have reached our last question. This question last asks, **“Where and when do we enter peritonitis infection data into EQRS?”** As mentioned earlier, peritonitis infection data are expected to be submitted when an infection event occurs, and facilities should submit these data within 90 days of the event. Listed here are the steps to enter peritonitis infection data. Let’s review these steps: First, log in to EQRS and click on the Patients drop-down tab from the blue navigation menu. Next, select Search Patients from the sub-menu and complete the search fields that appear on your screen. Then, click Submit to conduct your search.

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The screen will refresh. Please review the information that displays to be sure you have the right patient, and then click on the EQRS Patient ID to open the patient record. Lastly, click on the Infections link or tab that is on the left side of the screen to open the Peritonitis Infections Module. That wraps it up with this last question. We have covered a lot of topics. Now, we are going to start our question-and-answer session. So, please stay tuned for that.

At this time, we will take the remaining minutes to assist with any questions that you have about today's presentation. As a reminder, please submit any questions that you have in the Ask The Staff A Question section that appears on your screen, and click Send.

I am now going to open the line up to Mathew McDonough, one of our subject-matter experts on the line to assist with answering questions. Let's go ahead and jump into the questions. Matt, I will now turn it over to you.

Thank you, everyone. We truly appreciate you attending and sharing part of your day with us. As a reminder, today's event materials, including the recording and slides, are available on the Events page on www.MyCROWNWeb.org. The following couple of slides provides additional resources, should you need further assistance. Also, please take a couple minutes to complete the post-event evaluation. A link to the evaluation is available in the Chat and will also be available in the post-event email that you will receive shortly.

Here you see a list of additional information related to the ESRD QIP, including the Technical Specifications for ESRD QIP Measures, a Guide to the Performance Score Report, and the ESRD QIP User Interface Guide. These are helpful resources when conducting your preview period activities, which are just around the corner.

For additional information, visit our website at www.MyCROWNWeb.org. Here, you are able to find the Town Hall slides and recording when they're published. For assistance with EQRS technical-related issues, contact the CCSQ Service Center.

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Also, for ESRD QIP and EQRS questions, you can submit your questions via the QualityNet Q&A Tool. Lastly, the ESRD Network Directory can be used to find your ESRD Network contact information, should you need it.

Please take a couple of minutes to complete the post-event evaluation. A link to the evaluation is available in the Chat section of your screen, and it is also available in the post-event email that you will receive shortly.

On behalf of CMS and our EOCT team, we want to thank you for joining today's Town Hall event. Thank you so much, and have a great rest of your day.