

# June 2023 Town Hall



**Thursday, June 29, 2023  
2–3:30 p.m. Eastern Time**

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

# Streaming Audio

- **Audio for this event is available via GoTo<sup>®</sup> Internet streaming.**
- **Use Chrome for the best event experience.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available.**
- **Please request a dial-in line via the Ask the Staff a Question box.**
- **This event is being recorded.**

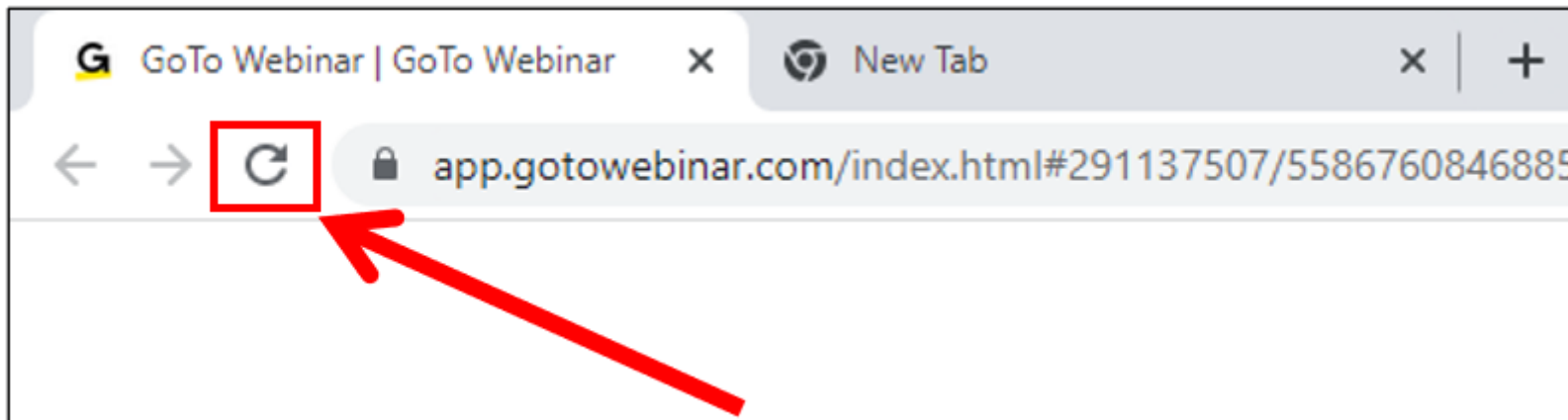


# Troubleshooting Audio

**Audio from computer speakers breaking up?  
Audio suddenly stop?  
Click Refresh or F5.**



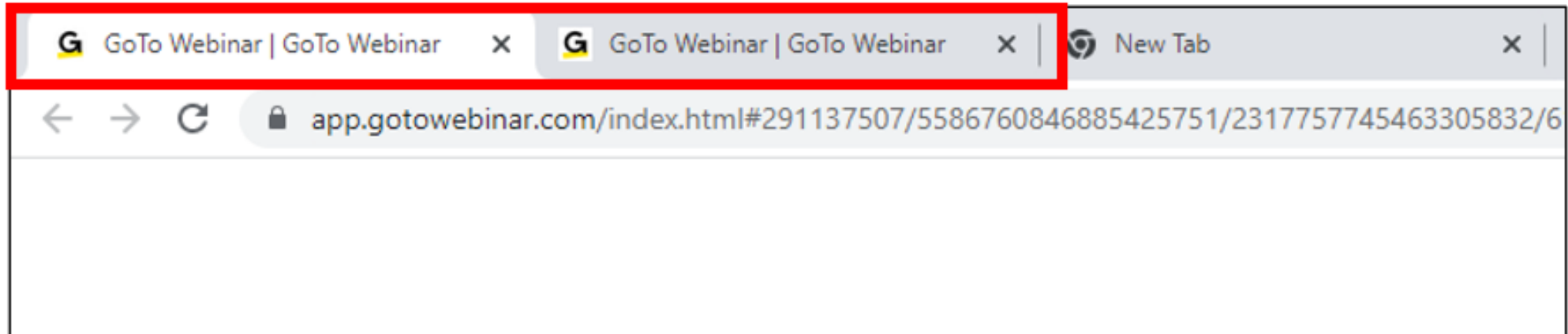
**F5 Key  
Top Row of Keyboard**



**Refresh**

# Troubleshooting Echo

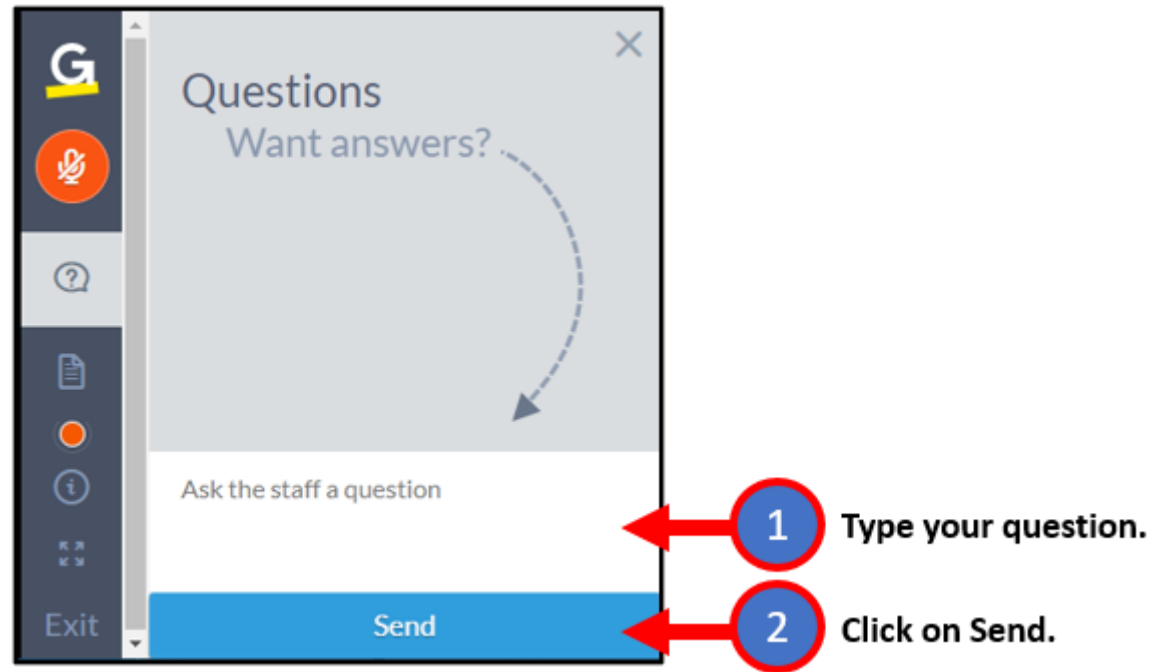
- Hear a bad echo on the call?
- Multiple browsers/tabs that are open to a single event (multiple audio feeds) usually cause the echo.
- Close all but one browser/tab to clear the echo.



Example of Two Browsers/Tabs Open in Same Event

# Submitting Questions

Type your question in the Ask the Staff a Question section.  
Then, click Send.

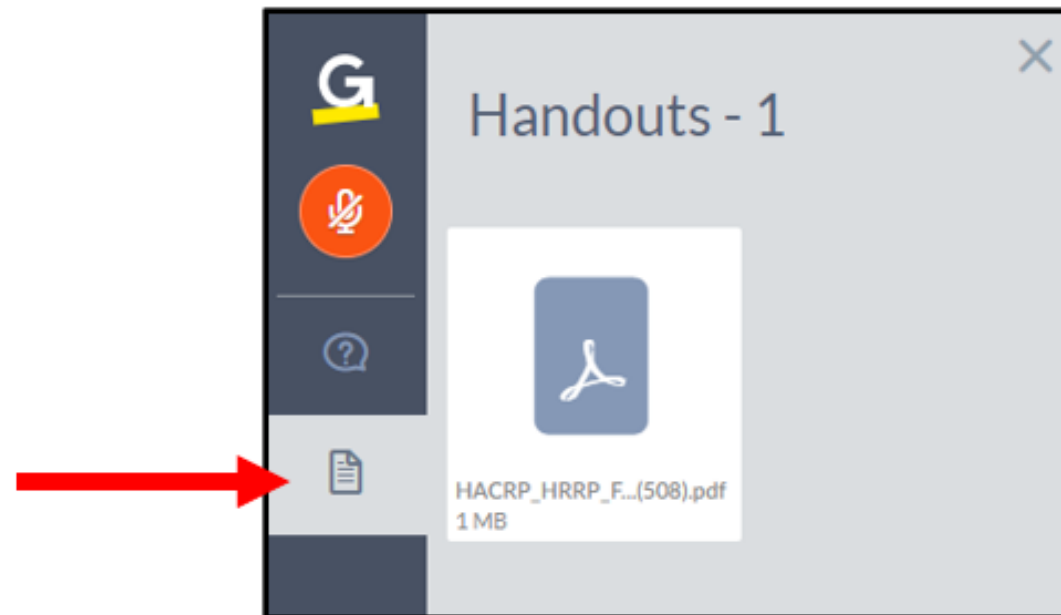


**Note:** Some questions may require additional research.

Unanswered questions may be submitted to the [QualityNet Question and Answer \(Q&A\) Tool](https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question).  
([https://cmsqualitysupport.servicenowservices.com/qnet\\_qa?id=ask\\_a\\_question](https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question))

# Downloading Slides/Handouts

Click the Handouts button to view any attached documents, such as slide decks and resource documents.



# About Today's Call

This information is offered as an informal reference and does not constitute official Centers for Medicare & Medicaid Services (CMS) guidance. CMS encourages stakeholders, advocates, and others to refer to the final rules located in the [\*Federal Register\*](#).

# Acronyms

<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NHSN</b>	National Healthcare Safety Network
<b>CY</b>	calendar year	<b>PPS</b>	Prospective Payment System
<b>EOCT</b>	End-Stage Renal Disease Outreach, Communication, and Training	<b>PT</b>	Pacific Time
<b>EQRS</b>	End-Stage Renal Disease Quality Reporting System	<b>PY</b>	payment year
<b>ESRD</b>	End-Stage Renal Disease	<b>Q&amp;A</b>	question and answer
<b>FAQ</b>	frequently asked question	<b>QIP</b>	Quality Incentive Program
<b>HCP</b>	healthcare personnel	<b>SDOH</b>	Social Drivers of Health
<b>ICH CAHPS</b>	In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems	<b>SHR</b>	Standardized Hospitalization Ratio
<b>NHSN</b>	National Healthcare Safety Network	<b>SRR</b>	Standardized Readmission Ratio
<b>PPS</b>	Prospective Payment System	<b>STrR</b>	Standardized Transfusion Ratio



# Agenda

Topic	Speakers
End-Stage Renal Disease Quality Reporting System (EQRS) and National Healthcare Safety Network (NHSN) Deadlines	Jane Chaine, MSN, RN, CNN, RD Communications Director, ESRD EOCT
EOCT Announcements	Jane Chaine, MSN, RN, CNN, RD
ESRD Quality Incentive Program (QIP) Measure Updates: <ul style="list-style-type: none"><li>Standardized Hospitalization Ratio (SHR)</li><li>Standardized Readmission Ratio (SRR)</li><li>Standardized Transfusion Ratio (STrR)</li></ul>	Jane Chaine, MSN, RN, CNN, RD
New EQRS Features: <ul style="list-style-type: none"><li>Peritonitis Infections Module</li><li>Transplant Dashboard for Dialysis Facilities</li></ul>	Jane Chaine, MSN, RN, CNN, RD
Answers to Frequently Asked Questions (FAQs)	Jane Chaine, MSN, RN, CNN, RD
Additional Resources	Jane Chaine, MSN, RN, CNN, RD
Live Questions and Wrap-Up	Matthew McDonough, MS Project Director, EOCT



# **EQRS and NHSN Deadlines**

# **EQRS Deadlines**

---

# EQRS Clinical Data Submission Deadlines

<b>2023 Data Submission Schedule for EQRS Clinical Data</b>	
<b>Reporting Month</b>	<b>Data Submission Deadline</b>
April 2023	July 3, 2023, at 11:59 p.m. Pacific Time (PT)
May 2023	July 31, 2023, at 11:59 p.m. PT
June 2023	August 31, 2023, at 11:59 p.m. PT
July 2023	October 2, 2023, at 11:59 p.m. PT
August 2023	October 31, 2023, at 11:59 p.m. PT
September 2023	November 30, 2023, at 11:59 p.m. PT
October 2023	January 2, 2024, at 11:59 p.m. PT
November 2023	January 31, 2024, at 11:59 p.m. PT
December 2023	February 29, 2024, at 11:59 p.m. PT

# EQRS Depression Screening and Follow Up Submission Deadline

## 2023 EQRS Submission Schedule for Depression Screening and Follow Up Assessments

Assessment Period	Data Submission Deadline
January 1, 2023–December 31, 2023	February 29, 2024, at 11:59 p.m. PT

**Note:** For additional information on the Depression Screening and Follow Up measure, refer to the [Calendar Year \(CY\) 2023 ESRD QIP Technical Measure Specifications](#).

# In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Attestation Submission Deadline

## 2023 EQRS Submission Schedule for ICH CAHPS Attestation

Attestation Year	Data Submission Deadline
January 1, 2023–December 31, 2023	February 29, 2024, at 11:59 p.m. PT

**Note:** For additional information on the ICH CAHPS Survey measure, refer to the [CY 2023 ESRD QIP Technical Measure Specifications](#).

# EQRS Data Reporting: Other Data Submissions

Additional information on EQRS data reporting requirements are available on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org):

- EQRS Data Submission [Stopwatch](#)
- EQRS Data Management [Guidelines](#)

# NHSN Deadlines

---



# NHSN ESRD Data Submission Deadlines

## 2023 Data Submission Schedule for NHSN ESRD Data (Dialysis Events, Bloodstream Infections, and COVID-19 Healthcare Personnel Vaccinations)

Quarter	2023 Reporting Months	Data Submission Deadline
1	January–March	July 3, 2023
2	April–June	October 2, 2023
3	July–September	January 2, 2024
4	October–December	April 1, 2024

**Note:** For additional information on the NHSN Measures, refer to the [CY 2023 ESRD QIP Technical Measure Specifications](#).



# EOCT Announcements

# **CY 2024 ESRD Prospective Payment System (PPS) Proposed Rule**

---

# CY 2024 ESRD PPS Proposed Rule

On June 26, 2023, CMS displayed the unpublished CY 2024 ESRD PPS Proposed Rule to announce proposed:

- Updates to the Medicare payment policies and rates for ESRD care.
- Updates to the ESRD QIP requirements.
- Policies that reflect commitment to achieving equity in healthcare.

# CY 2024 ESRD PPS Proposed Rule Summary

The CY 2024 ESRD PPS Proposed Rule **proposed** the following:

- Remove two current ESRD QIP measures:
  - Ultrafiltration Rate reporting measure
  - Standardized Fistula Rate clinical measure
- Update the measure specifications for the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure
- Convert the Clinical Depression Screening and Follow-Up measure from a reporting measure to a clinical measure

# CY 2024 ESRD PPS Proposed Rule Summary

- Add three new ESRD QIP measures:
  - Facility Commitment to Health Equity measure
  - Screening for Social Drivers of Health (SDOH) measure
  - SDOH Screen Positive Rate measure

# CY 2024 ESRD PPS Proposed Rule Summary

Additional information on the CY 2024 ESRD PPS Proposed Rule is available on the following websites:

<b><i>Federal Register</i></b>	<a href="https://www.federalregister.gov/public-inspection/2023-13748/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis">https://www.federalregister.gov/public-inspection/2023-13748/medicare-program-end-stage-renal-disease-prospective-payment-system-payment-for-renal-dialysis</a>
<b>CMS.gov</b>	<a href="https://www.cms.gov/newsroom/fact-sheets/calendar-year-2024-end-stage-renal-disease-esrd-prospective-payment-system-pps-proposed-rule-cms">https://www.cms.gov/newsroom/fact-sheets/calendar-year-2024-end-stage-renal-disease-esrd-prospective-payment-system-pps-proposed-rule-cms</a>

# **Payment Year (PY) 2024 ESRD QIP Preview Period**

---



# PY 2024 ESRD QIP Preview Period

- This year, the ESRD QIP preview period will **tentatively begin mid July and end mid August**.
- Facilities have approximately **30 days** to participate in the following preview period activities:
  - View facility or organization's ESRD QIP scores and reports (available through the ESRD QIP user interface in EQRS)
  - Submit inquires to CMS about the facility's PY 2024 scores

**Note:** Additional information about the ESRD QIP preview period is available on the ESRD QIP section of the QualityNet website: <https://qualitynet.cms.gov/esrd/esrdqip/reports>

# ESRD QIP Measure Updates: SHR, SRR, STrR



# Measure Update: SHR and SRR

Beginning in PY 2024, the CY 2023 ESRD QIP Final Rule finalized the following policy:

The SHR and SRR measures will be expressed as a rates to allow the performance period rate to be compared directly to the baseline rate.

# Measure Updates: STrR

The CY 2023 ESRD QIP Final Rule finalized the following policies impacting the STrR measure:

- STrR will be expressed as a rate and will be converted from a reporting measure to a clinical measure. This aligns with technical updates to express the SHR and SRR clinical measure results as rates.
- STrR scoring methodology will be updated to allow facilities that meet previously finalized minimum data and eligibility requirements to receive a score based on actual clinical values.

# Technical Measure Specifications Updates: SHR, SRR, and STrR

- **Beginning in PY 2024:**

- **SHR** will be expressed as a risk-standardized rate by multiplying the facility SHR by the national average hospitalization rate.
- **SRR** will be expressed as a risk-standardized rate by multiplying the facility standardized readmission ratio by the national average readmission rate.

- **Beginning in PY 2025:**

- **STrR** will be expressed as a risk-standardized rate by multiplying the facility STrR by the national average transfusion rate.

# Reasons for Updating SHR and SRR Measures

CMS implemented the SHR and SRR measure updates for the following reasons:

- **Enhance data transparency and understanding.**
  - Converting the SHR and SRR measure results to rates helps providers and patients better understand a facility's performance.
- **Deliver user friendly data.**
  - Converting the SHR and SRR measure results to rates allows facilities to more easily track its performance from year to year.

# Reasons for Updating STrR Measure

CMS implemented the STrR measure update for the following reasons:

- **Improve consistency across measures.**
  - Converting STrR measure results to rates aligns with the SHR and SRR measure results also expressed as a rate.
- **Score facilities based on performance.**
  - Convert the STrR measure from a reporting measure to a clinical measure.
    - Facilities will be scored on the actual clinical values reported by the facility, rather than the successful reporting of data.
    - Facilities that meet previously finalized minimum data and eligibility requirements would receive a score on the STrR clinical measure based on the actual clinical values reported by the facility.

# Measure Updates Overview: SHR, SRR and STrR

ESRD QIP Measure	Payment Year	Measure Type	Updated Measure Description
<b>SHR</b>	Beginning in PY 2024	Clinical	SHR is expressed as a risk-standardized rate by multiplying the facility SHR by the national average hospitalization rate.
<b>SRR</b>	Beginning in PY 2024	Clinical	SRR is expressed as a risk-standardized rate by multiplying the facility standardized readmission ratio by the national average readmission rate.
<b>STrR</b>	Beginning in PY 2025	Change from Reporting to Clinical	<ul style="list-style-type: none"> <li>• STrR is 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.</li> <li>• STrR is expressed as a risk-standardized rate by the multiplying the facility STrR by the national average transfusion rate.</li> </ul>



# SHR, SRR and STrR Measure Updates: Additional Information

For additional information on the SHR, SRR and STrR measures, refer to the following resources:

- CY 2023 ESRD PPS Final Rule available in the *Federal Register* [website](#)
- *ESRD QIP CY 2023 Technical Measure Specifications* [document](#)



# New EQRS Features

# **New Feature: Peritonitis Infections Module**

---

# Infections Module

- On June 26, 2023, CMS added a Peritonitis Infections Module to the Manage Patient screen in EQRS.
- The new module captures peritoneal dialysis infection data and rates in dialysis patients.
- EQRS facility users are required to enter peritonitis infection data on the Manage Patient screen under the newly added Infections tab.
- The new reporting process for peritoneal dialysis infections is to report an infection in the EQRS Infections module when that event occurs.

# Infections Module

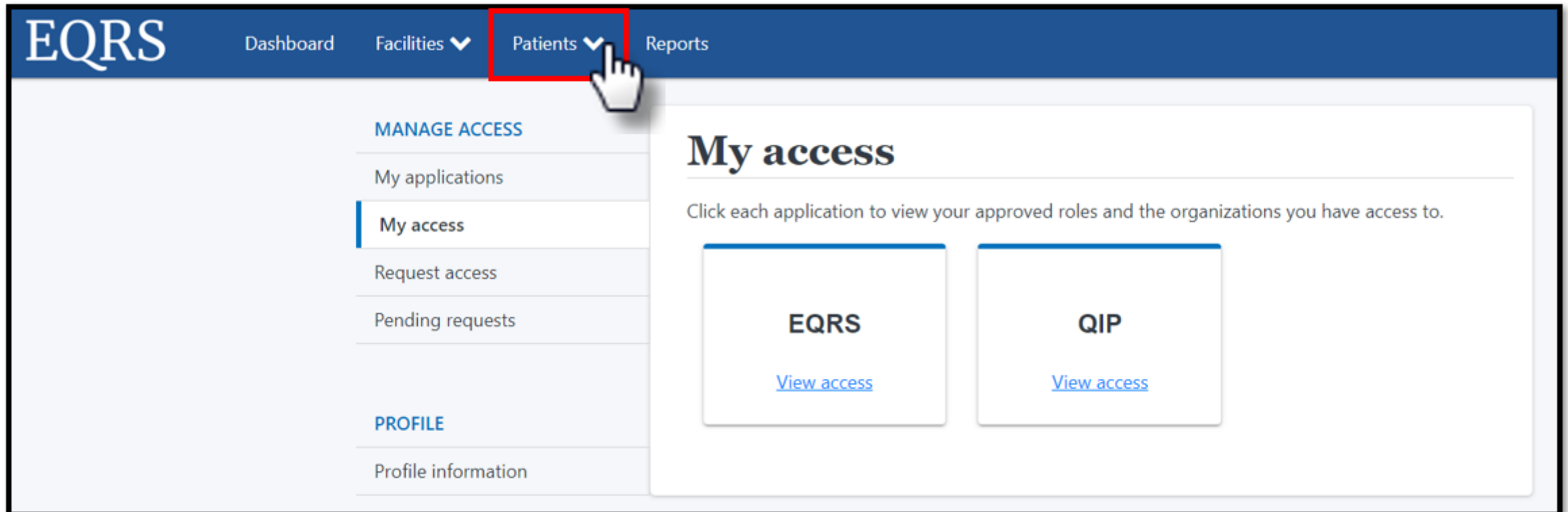
The Peritonitis Infections Module contains five reporting sections:

- *Patient and Event Details*
- *Risk Factors*
- *Lab and Diagnostic Testing*
- *Signs and Symptoms*
- *Outcomes*

**Note:** If your facility batch submits data or uses Health Information Exchange/ Electronic Data Interchange data submission methods, please follow the guidance provided by your organization.

# Infections Module Steps

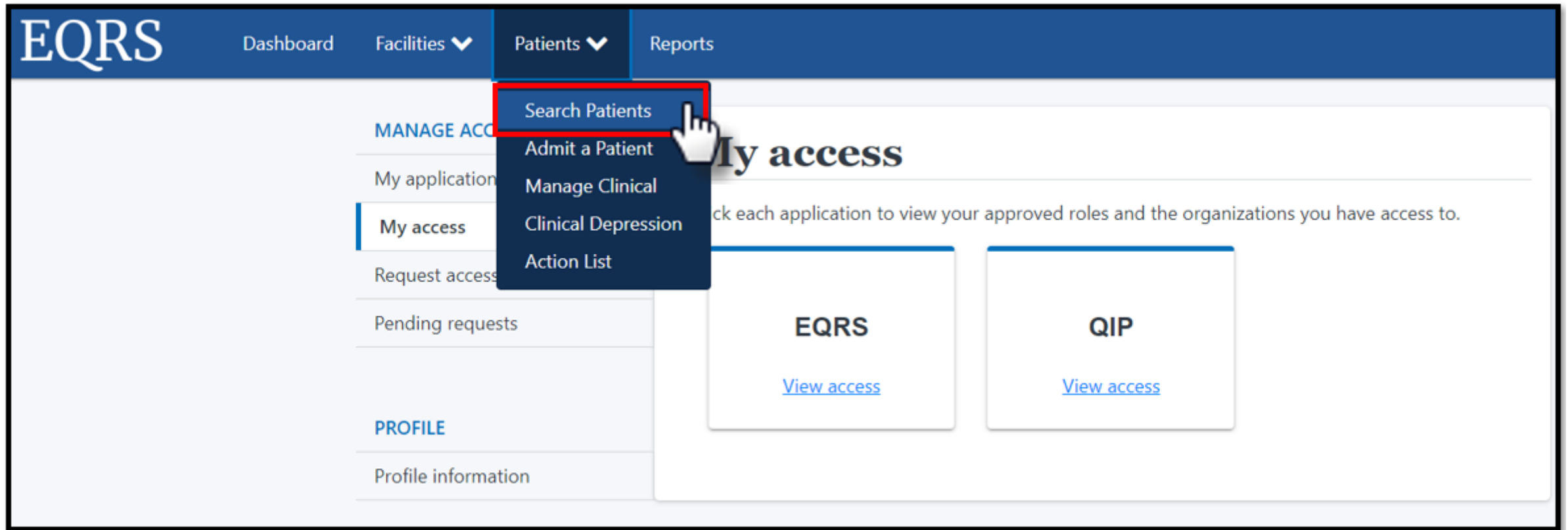
Click **Patients** in the navigation menu.



The screenshot displays the EQRS web application interface. The top navigation bar is dark blue and contains the EQRS logo on the left and the following menu items: Dashboard, Facilities (with a dropdown arrow), Patients (with a dropdown arrow and a red box around it, and a hand cursor pointing to it), and Reports. Below the navigation bar, the left sidebar is light blue and contains the following sections: MANAGE ACCESS (with a sub-menu: My applications, My access (highlighted with a blue bar), Request access, Pending requests), and PROFILE (with a sub-menu: Profile information). The main content area is white and features the heading 'My access' and the instruction 'Click each application to view your approved roles and the organizations you have access to.' Below this instruction are two white boxes with blue borders. The first box is labeled 'EQRS' and has a blue link 'View access' below it. The second box is labeled 'QIP' and has a blue link 'View access' below it.

# Infections Module Steps

Click **Search Patients** in the Patients sub-menu.



The screenshot displays the EQRS web application interface. The top navigation bar includes 'EQRS', 'Dashboard', 'Facilities', 'Patients', and 'Reports'. The 'Patients' menu is expanded, showing options: 'Search Patients', 'Admit a Patient', 'Manage Clinical', 'Clinical Depression', and 'Action List'. A red box highlights the 'Search Patients' option, and a mouse cursor is pointing at it. The main content area shows a 'My access' section with two cards for 'EQRS' and 'QIP', each with a 'View access' link.

# Infections Module Steps

Enter search criteria to locate patient. Click **Submit**.

## Search Patients

Use the criteria below to search for a patient. [? Help](#)

SEARCH

Patient criteria		Criteria
Patient's First Name	Patient's Last Name	<i>Patient's First Name</i>
<input type="text" value="Itsa"/>	<input type="text" value="Patient"/>	<span>✖ Itsa</span>
Medicare Beneficiary Identifier	Social Security Number	<i>Patient's Last Name</i>
<input type="text"/>	<input type="text"/>	<span>✖ Patient</span>
HICNUM	EQRS Patient ID (aka CROWN UPI)	<i>Admitted Facility</i>
<input type="text"/>	<input type="text"/>	ABC Dialysis



# Infections Module Steps

Click the **EQRS Patient ID (aka CROWN UPI)**.

**Search Patient Results** Help

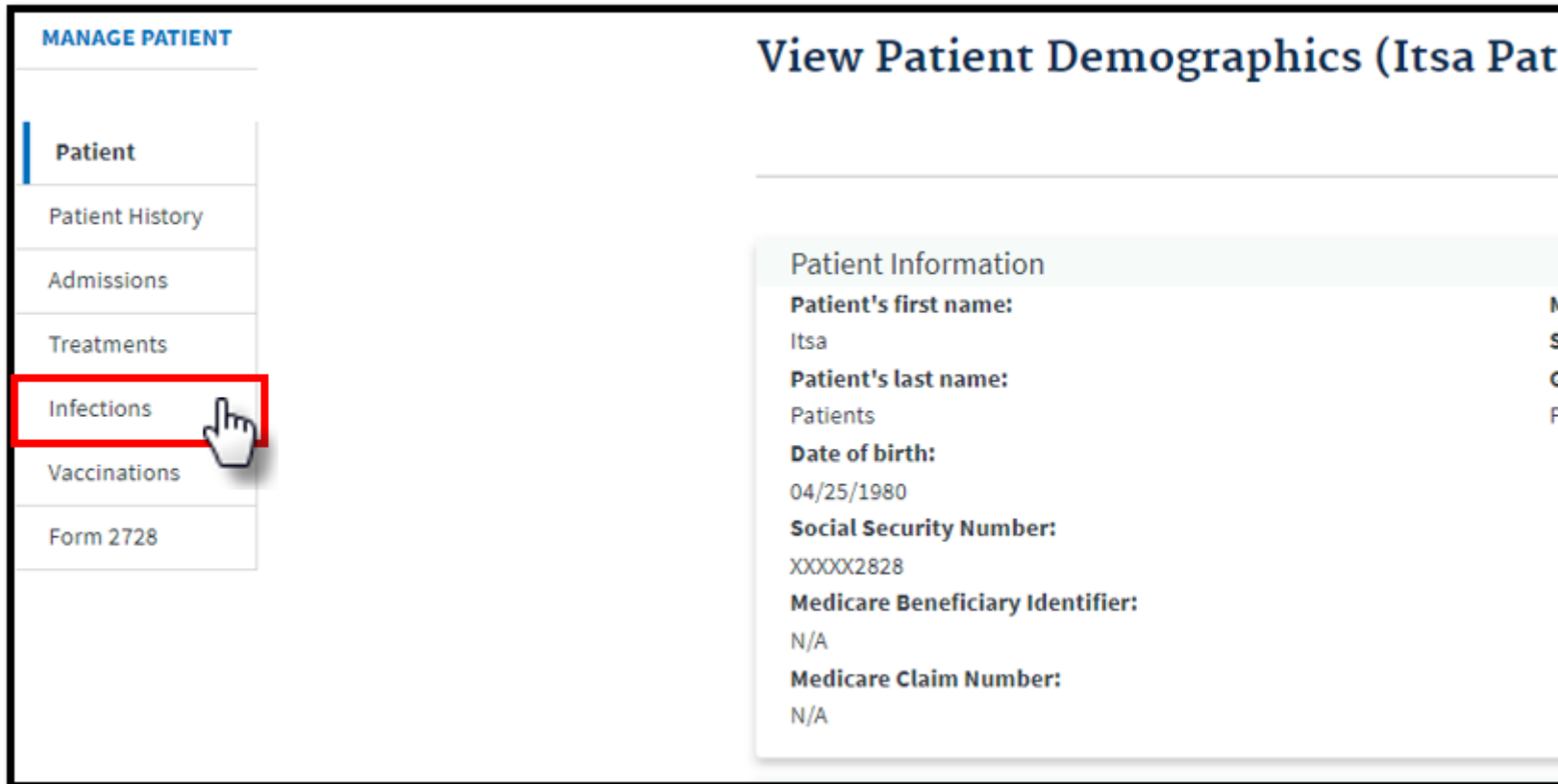
[Back to Search](#)

EQRS Patient ID (aka CROWN UPI)	First Name	Middle Initial	Last Name	Gender	Date of Birth	Date of Death	Social Security Number	HICNUM	Medicare Beneficiary Identifier	SIMS UPI
<a href="#">3100105529</a>	Itsa		Patients	F	04/25/1980		XXXXX2828	N/A	N/A	

Showing 1 to 1 of 1 results | Page Size: 10 | << Prev 1 Next >>

# Infections Module Steps

On the View Patient Demographics screen, click the **Infections** link.



The screenshot displays a web interface for managing patient information. On the left, a sidebar titled 'MANAGE PATIENT' contains several menu items: 'Patient', 'Patient History', 'Admissions', 'Treatments', 'Infections', 'Vaccinations', and 'Form 2728'. The 'Infections' item is highlighted with a red rectangular border, and a mouse cursor is positioned over it. The main content area is titled 'View Patient Demographics (Itsa Pat)'. Below this title, there is a section for 'Patient Information' with the following details:

Field	Value
Patient's first name:	Itsa
Patient's last name:	Patients
Date of birth:	04/25/1980
Social Security Number:	XXXXX2828
Medicare Beneficiary Identifier:	N/A
Medicare Claim Number:	N/A

# Infections Module Steps

Click the **Add Infection Data** link to add peritonitis infection information.

Patient Infectious Events Data

**Itsa Patients** (UPI: 3100105529)

## Infections Summary

It is required to document patient infections when that event occurs. For more information please [click here](#). The information for Itsa Patients is below.

[Why does CMS collect this data?](#)

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

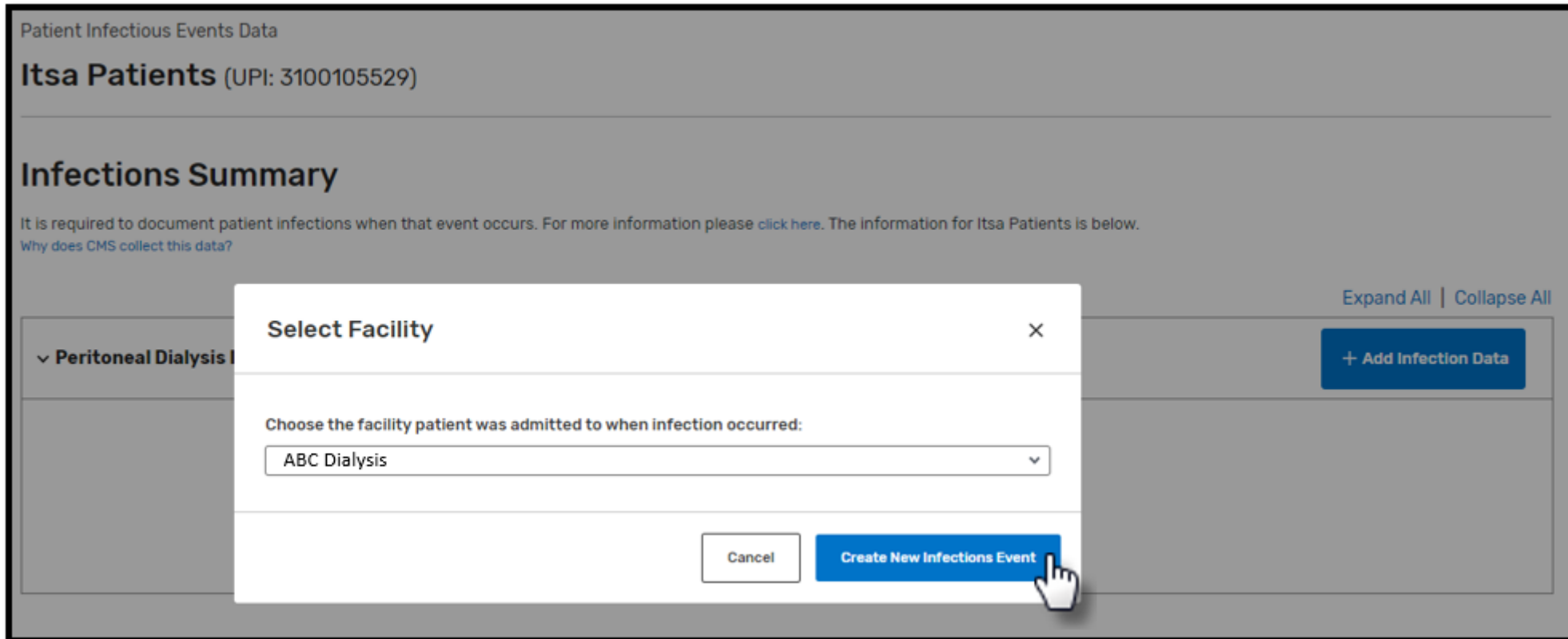
> **Peritoneal Dialysis Infection**

+ Add Infection Data



# Infections Module Steps

Select Facility from the drop-down. Click on **Create New Infections Event** link to enter infection data.



The screenshot shows a web interface for 'Patient Infectious Events Data' for 'Itsa Patients (UPI: 3100105529)'. The main section is titled 'Infections Summary' and includes a note: 'It is required to document patient infections when that event occurs. For more information please [click here](#). The information for Itsa Patients is below. [Why does CMS collect this data?](#)'. On the right, there are links for 'Expand All' and 'Collapse All', and a blue button labeled '+ Add Infection Data'. A modal window titled 'Select Facility' is open in the foreground, containing the text 'Choose the facility patient was admitted to when infection occurred:' and a dropdown menu with 'ABC Dialysis' selected. At the bottom of the modal are 'Cancel' and 'Create New Infections Event' buttons, with a mouse cursor clicking on the latter.

# Infection Module Steps

View the **Add Infections Data** screen to add patient and event details.

### Add Infections Data

Patient and Event Details Risk Factors Lab and Diagnostic Testing Signs and Symptoms Outcomes

Infectious Event ID --	Infection Type Peritoneal Dialysis-Related Peritonitis	Facility Name ABC Dialysis	Facility CMS Certification Number (CCN) 012524
---------------------------	---	-------------------------------	---

\* Indicates required field

#### Patient and Event Details

##### PATIENT DETAILS

Patient Name Itsa Patients	Date of Birth 04/25/1980	Ethnicity	Patient Social Security Number 617062828
Patient EQRS ID 3100105529	Sex F	Race	Medicare Beneficiary Identifier (MBI)
Date Enrolled in Clinic 04/10/2023		Height / Weight	

# Infections Module Steps

## Review the Patient Details.

Infectious Event ID --	Infection Type Peritoneal Dialysis-Related Peritonitis	Facility Name ABC Dialysis	Facility CMS Certification Number (CCN) 012524
---------------------------	---	-------------------------------	---

\* Indicates required field

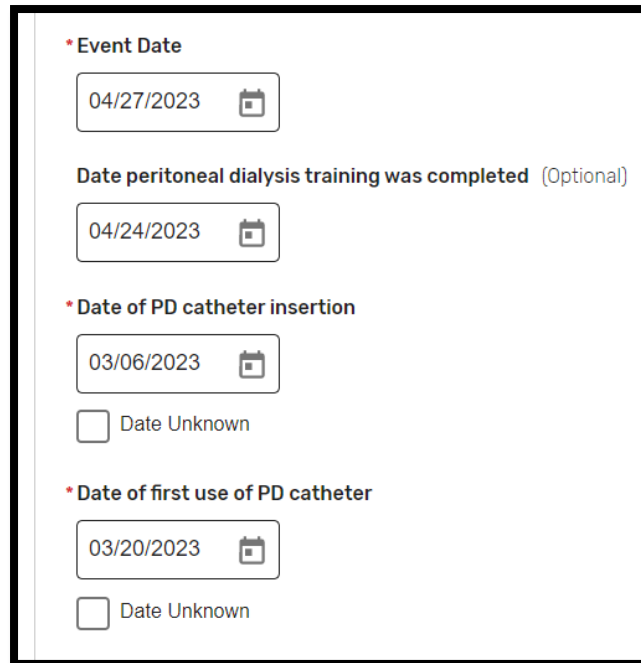
### Patient and Event Details

**PATIENT DETAILS**

Patient Name Itsa Patients	Date of Birth 04/25/1980	Ethnicity	Patient Social Security Number 617062828
Patient EQRS ID 3100105529	Sex F	Race	Medicare Beneficiary Identifier (MBI)
Date Enrolled in Clinic 04/10/2023		Height / Weight	

# Infections Module Steps

Enter the required data in the Patient and Event Details section.



\* Event Date  
04/27/2023

Date peritoneal dialysis training was completed (Optional)  
04/24/2023

\* Date of PD catheter insertion  
03/06/2023  
 Date Unknown

\* Date of first use of PD catheter  
03/20/2023  
 Date Unknown

## Tips:

- To save your data entry progress, enter the **Event Date**. Then, click the **Save & Exit** button at the bottom of the page.
- To save edits after the data has been submitted, click the **Save Changes** button at the bottom of the page.

# Infections Module Steps

Scroll to the **Risk Factors** section.

## Risk Factors

---

\* Was the patient hospitalized in the month prior to the episode? (Pulled from Clinical Data, if applicable)

No

How many days was the PD catheter used in the reporting month? (Optional)

Days

\* Was PD suspended?



# Infections Module Steps

Enter the required data under Risk Factors.

### Risk Factors

---

\* Was the patient hospitalized in the month prior to the episode? (Pulled from Clinical Data, if applicable)

No

How many days was the PD catheter used in the reporting month? (Optional)

Days

\* Was PD suspended?

Yes  No  Unknown

# Infections Module Steps

Enter the required data.

\* Did contamination occur within the reporting month?

Yes  No  Unknown

\* Who performs PD treatment? (Select all that apply)

Patient

Family member

Healthcare worker

Other

\* Did the patient experience an invasive procedure within 14 days prior to peritonitis diagnosis?

Yes  No  Unknown

\* Was there a catheter exit site infection within 14 days prior to peritonitis diagnosis?

Yes  No  Unknown

\* Was there a tunnel infection within 30 days prior to peritonitis diagnosis?

Yes  No  Unknown

# Infections Module Steps

Scroll to the **Lab and Diagnostic Testing** section.

## Lab and Diagnostics Testing

---

\* Was effluent drawn for a culture test?

Yes  No  Unknown

# Infections Module Steps


Enter the required data.

### Lab and Diagnostics Testing

\* Was effluent drawn for a culture test?

Yes  No  Unknown

Date peritoneal fluid was drawn (Optional)

04/26/2023 

\* PD Fluid Cell Count

183 cells/microliter

\* Percentage of leukocytes that were neutrophils

70 %

# Infections Module Steps

Enter the required data.

**\* Was the culture test positive?**

Yes  No  Unknown

**\* What cultures were detected?** (Select all that apply)

Staphylococcus ×

**\* Were antibiotics administered?**

Yes  No  Unknown

**\* What antibiotics were administered?** (Select all that apply)

Vancomycin ×

# Infections Module Steps

Scroll to the **Signs and Symptoms** section.

### Signs and Symptoms

---

\* Was there abdominal pain?

Yes  No  Unknown

\* Was effluent cloudy?

Yes  No  Unknown

\* Was there other evidence of intra-abdominal process?

Yes  No  Unknown

# Infections Module Steps

Enter the required data.

### Signs and Symptoms

---

**\* Was there abdominal pain?**

Yes  No  Unknown

**\* Was effluent cloudy?**

Yes  No  Unknown

**\* Was there other evidence of intra-abdominal process?**

Yes  No  Unknown

# Infections Module Steps

Scroll to the **Outcomes** section.

### Outcomes

---

\* Was there loss of the PD catheter?

Yes  No  Unknown

\* Was there loss of the PD modality?

Yes  No  Unknown

\* Was there a secondary bloodstream infection (BSI)?

Yes  No  Unknown

\* Was the patient hospitalized for the infectious event?



# Infections Module Steps


Enter the required data.

**\* Was there loss of the PD catheter?**  
 Yes  No  Unknown

**Was there loss of the PD modality?**  
 Yes  No  Unknown

**\* Was there a secondary bloodstream infection (BSI)?**  
 Yes  No  Unknown

**\* Was the patient hospitalized for the infectious event?**  
 Yes  No  Unknown

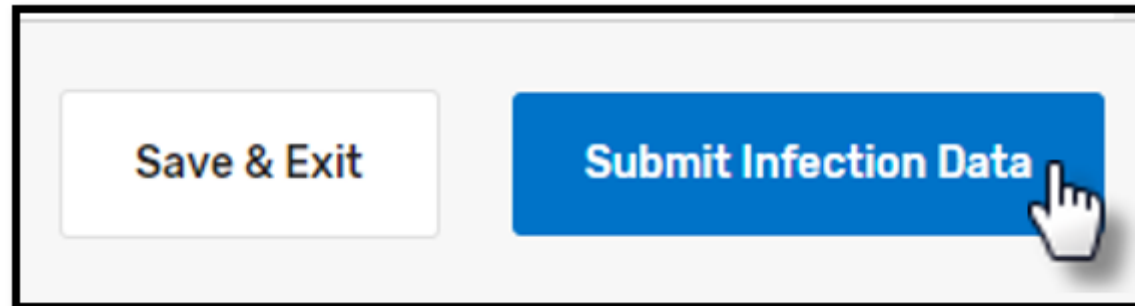
-----  
**Date patient was hospitalized for infectious event**  
 

Date Unknown

**Did the patient die?** (Pulled from patient data, if applicable)  
No

# Submit Infection Data

- Click **Submit Infection Data** at the bottom of the page when data entry is complete.
- OR
- Click **Save & Exit** when data entry is not complete and needs to be completed later.



# Review Peritoneal Dialysis Infection Summary

Review the peritoneal dialysis infection summary on the **Infections Summary** screen.

Patient Infectious Events Data

**Itsa Patient** (UPI: 3100105529)

---

## Infections Summary

It is required to document patient infections when that event occurs. For more information please [click here](#). The information for Itsa Patient is below.  
[Why does CMS collect this data?](#)

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

▼ **Peritoneal Dialysis Infection** [+ Add Infection Data](#)

Infection Event Date	Date Created	Date Submitted	Last Edited	Actions
04/27/2023	06/09/2023	06/09/2023	06/09/2023	<a href="#">View/Edit</a> ▼

# View/Edit/Delete Infection Data

**View/Edit** or **Delete** peritoneal dialysis infection data, as needed.

Patient Infectious Events Data

**Itsa Patient** (UPI: 3100105529)


---

### Infections Summary

It is required to document patient infections when that event occurs. For more information please [click here](#). The information for Itsa Patient is below.  
[Why does CMS collect this data?](#)

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

**Peritoneal Dialysis Infection** [+ Add Infection Data](#)

Infection Event Date	Date Created	Date Submitted	Last Edited	Actions
04/27/2023	06/09/2023	06/09/2023	06/09/2023	<div style="border: 2px solid red; padding: 5px;"><a href="#">View/Edit</a> ^ <a href="#">View/Edit</a>  <a href="#">Delete</a></div>

Items per page:  1 - 2 1-1 of 1

# View/Edit Infection Data

- Click **View/Edit** Peritoneal Dialysis Infection Data.
- Make changes, as needed.
- Click **Save Changes** button at the bottom of the screen if edits were made.

The screenshot shows a web form for editing infection data. The form is divided into several sections:

- Was the culture test positive?** with radio buttons for Yes (selected), No, and Unknown.
- What cultures were detected?** (Select all that apply) with a text input field containing "Staphylococcus" and an "X" icon to remove it.
- Were antibiotics administered?** with radio buttons for Yes (selected), No, and Unknown.
- What antibiotics were administered?** (Select all that apply) with a text input field containing "Vancomycin" and an "X" icon to remove it.
- ns and Symptoms** section, partially visible.
- Is there abdominal pain?** with radio buttons for Yes, No, and Unknown (selected).

A red box highlights the "Save Changes" button in the bottom right corner, with a mouse cursor pointing to it.

# Delete Infection Data

**Delete** peritoneal dialysis infection data, as needed.

Patient Infectious Events Data

**Itsa Patient** (UPI: 3100105529)

---

### Infections Summary

It is required to document patient infections when that event occurs. For more information please [click here](#). The information for Itsa Patient is below.  
[Why does CMS collect this data?](#)

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

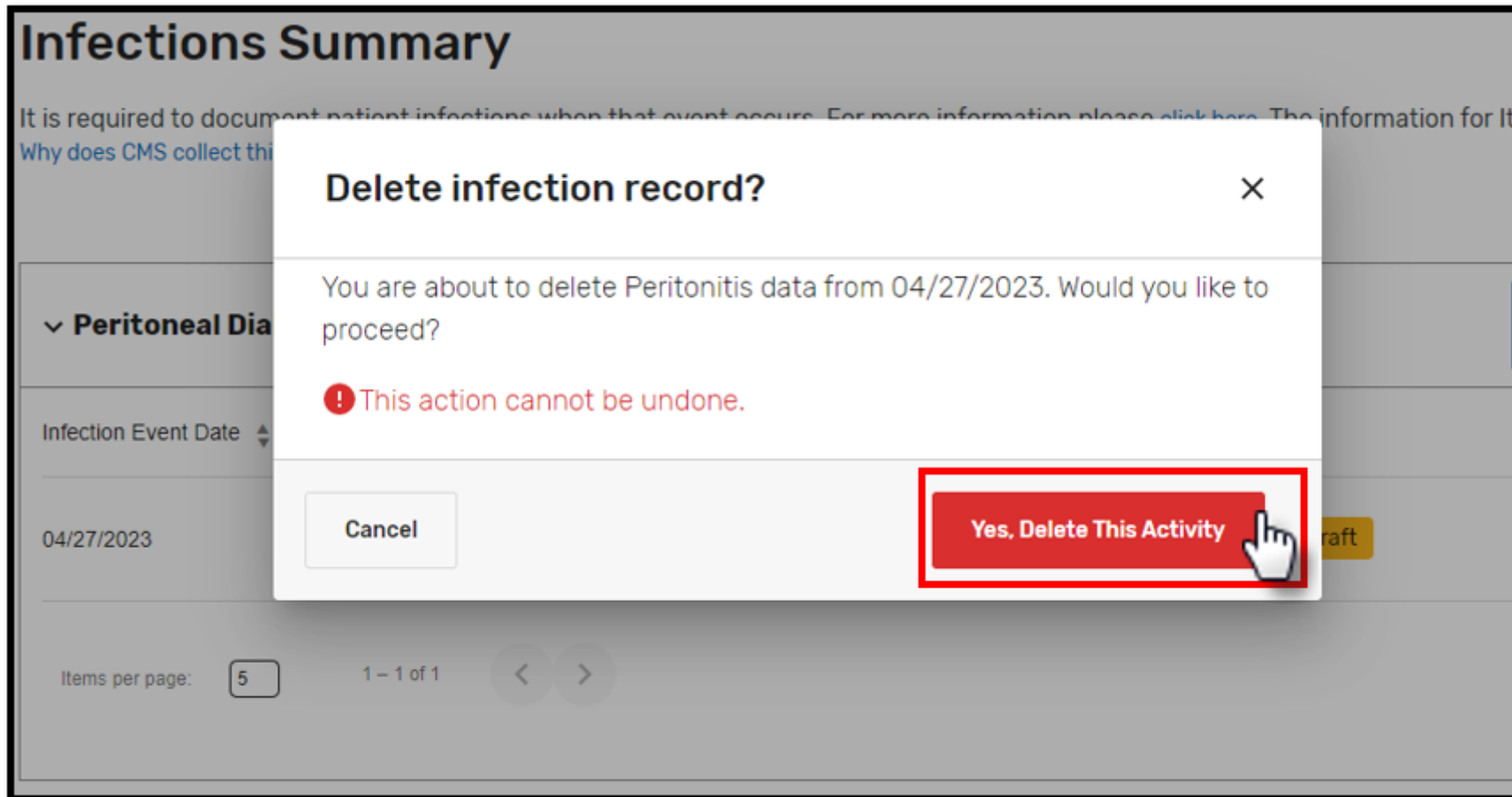
▼ **Peritoneal Dialysis Infection** [+ Add Infection Data](#)

Infection Event Date	Date Created	Date Submitted	Last Edited	Actions
04/27/2023	06/09/2023	06/09/2023	06/09/2023	<div style="border: 1px solid red; padding: 5px;"><a href="#">View/Edit</a> ▲ <a href="#">View/Edit</a> <a href="#">Delete</a></div>

Items per page:  1-1 of 1

# Delete Infection Data

**Delete** peritoneal dialysis infection data.



# Delete Infection Data

**Delete** peritoneal dialysis infection data.

Patient Infectious Events Data

**Itsa Patient** (UPI: 3100105529)


---

## Infections Summary

It is required to document patient infections when that event occurs. For more information please [click here](#). The information for Itsa Patient is below.  
[Why does CMS collect this data?](#)

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

▼ **Peritoneal Dialysis Infection** + Add Infection Data



No infection data added



# New Peritonitis Infections Module: Additional Information

Additional information on the new EQRS Peritonitis Infections Module is available on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org):  
[CMS Infection Event Data Submission Requirements](#)

# **New Feature: Transplant Dashboard for Dialysis Facilities**

---

# Transplant Dashboard for Dialysis Facilities

- On May 17, 2023, CMS added a Transplant Dashboard for dialysis facilities in the Dashboard tab of EQRS.
- The Transplant Dashboard lists the following:
  - All living patients that are waitlisted with one or more transplants centers
  - Contact information for the transplant centers listed
  - Waitlist details and status

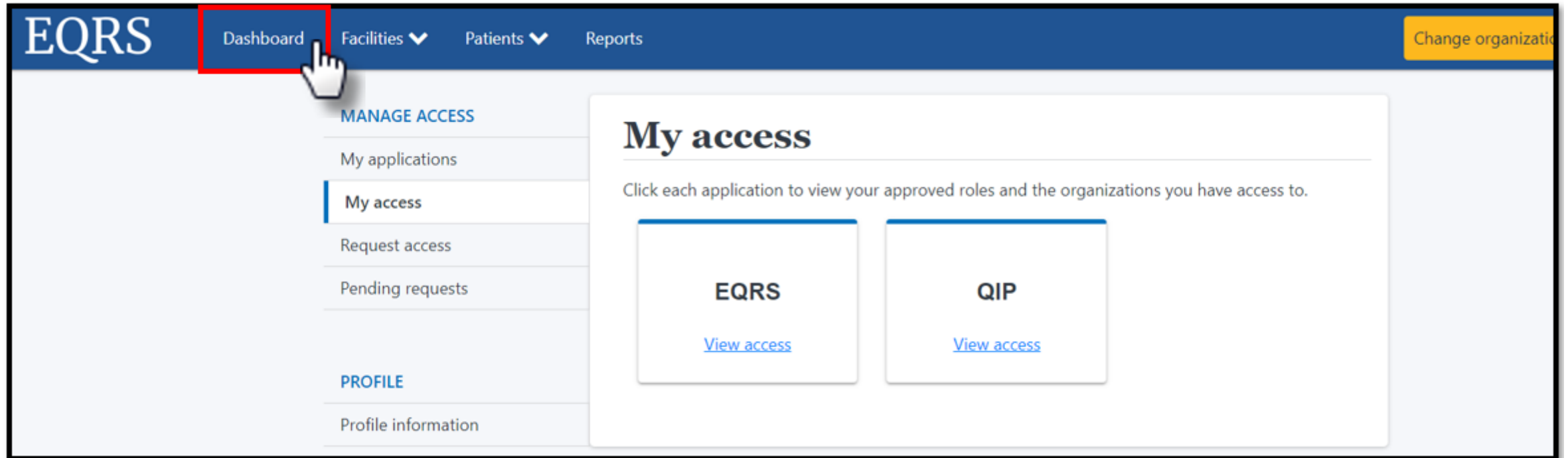
# Transplant Dashboard for Dialysis Facilities

Dialysis facilities can use the Transplant Dashboard to:

- Track a patient's waitlist status.
- Communicate with transplant centers where their patients are listed.
- Help patients maintain their active transplant waitlist status to successfully receive a kidney transplant.

# Transplant Dashboard

Click **Dashboard** in the navigation menu.



The screenshot shows the EQRS Transplant Dashboard interface. The top navigation bar is dark blue with the EQRS logo on the left and a 'Change organization' button on the right. The navigation menu includes 'Dashboard', 'Facilities', 'Patients', and 'Reports'. The 'Dashboard' item is highlighted with a red box and a hand cursor. Below the navigation bar, the 'MANAGE ACCESS' section is visible, with 'My access' selected. The main content area displays 'My access' with a sub-header and a list of applications: EQRS and QIP, each with a 'View access' link.

EQRS

Dashboard Facilities Patients Reports Change organization

MANAGE ACCESS

My applications

My access

Request access

Pending requests

PROFILE

Profile information

### My access

Click each application to view your approved roles and the organizations you have access to.

EQRS	QIP
<a href="#">View access</a>	<a href="#">View access</a>

# Transplant Dashboard

Scroll to and click on the **Dialysis Facility Transplant Waitlist** link.

The screenshot shows the EQRS dashboard for ABC Dialysis (123456 12345678999). The navigation bar includes Dashboard, Facilities, Patients, and Reports. The main content area is divided into two columns. The left column contains three sections: Form 2728, Form 2746, and Clinical Data. The right column contains Facility Dashboard Overview and Upcoming Reminders. A red box highlights the 'Dialysis Facility Transplant Waitlist' link at the bottom left.

New	Due	Past due
0	0	22

Due	Past due
0	0

Due in June	Due in July
0	19

**Dialysis Facility Transplant Waitlist**

**Upcoming Reminders**

- 07/03/2023 11:59 pm PDT - Clinical Data submission deadline for the April 2023 clinical period.
- 07/31/2023 11:59 pm PDT - Clinical Data submission deadline for the May 2023 clinical period.
- 08/31/2023 11:59 pm PDT - Clinical Data submission deadline for the June 2023 clinical period.
- 02/29/2024 11:59 pm PDT - Clinical Depression Screening reporting period closes for the January 1 - December 31, 2023 assessment period.

# Transplant Dashboard

View dashboard information.

The dashboard is titled "EQRS" and includes navigation links for "Dashboard", "Facilities", "Patients", and "Reports". A "Change organization" button is located in the top right. The current organization is "ABC Dialysis (123456 12345678999)".

**Overview**

**Form 2728**

New	Due	Past due
0	0	22

**Form 2746**

Due	Past due
0	2

**Accretions**

Unresolved
0

**System Discharges**

2023	2022
2	3

**Clinical Depression Screenings**

**Dialysis Facility Transplant Waitlist**

Dialysis Facility Records

FILTER BY

Patient:  Transplant Center:  Waitlist Status:  [Reset all](#)

9 results [Download](#)

Patient	Patient Date of Birth	Waitlist Status	Active/Inactive Date	Waitlisted Date	Waitlist Removal Date	Transplant Center
John Doe 3100924640	08/07/1966	Active - Critical Status	05/05/2022	05/05/2022		U OF MN MED CTR, FAI TRANSPLANT
Jane Doe 3100924639	08/12/1967	Active - Medically urgent	05/05/2022	05/15/2022		ERIE COUNTY MEDICAL CENTER
John Smith 3100665035	01/01/1980	Active - Medically urgent	01/06/2020	12/10/2021		Brigham And Women's Hospital - Transplant

# Transplant Dashboard Information

Fields from left to right:

- Patient
- Patient Date of Birth
- Waitlist Status
- Active/Inactive Date
- Waitlisted Date
- Waitlisted Removal Date
- Removal Reason
- Most Recent 2728 Dialysis Start Date
- Transplant Center



# Transplant Dashboard

**Filter by** patient, transplant center, and waitlist status.

**Dialysis Facility Transplant Waitlist**  
Dialysis Facility Records

---

**FILTER BY**

**Patient**

**Transplant Center**

**Waitlist Status**  [Reset all](#)

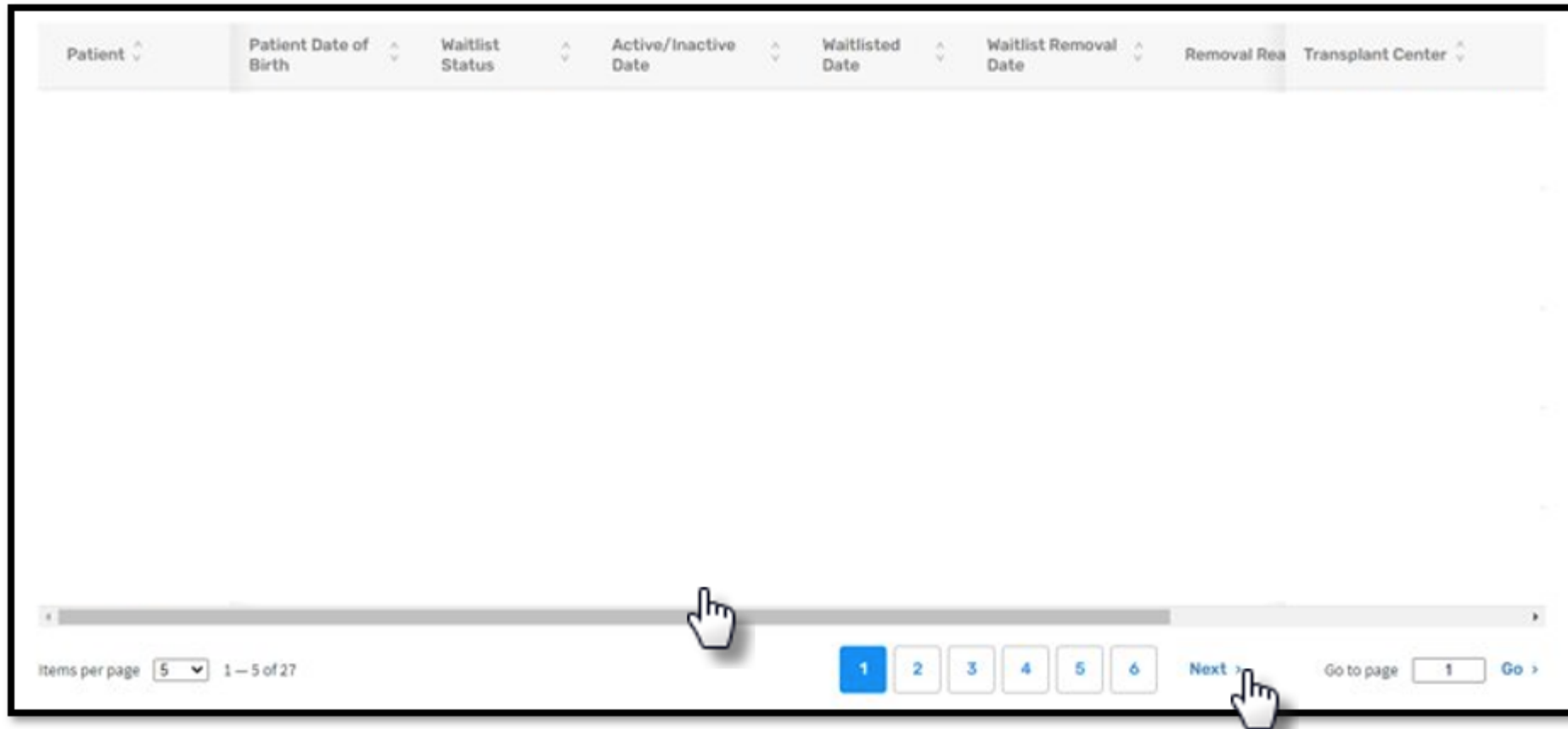
[Download CSV](#)

7 results

Patient ^	Patient Date of Birth ^	Waitlist Status ^	Active/Inactive Date ^	Waitlisted Date ^	Waitlist Removal Date ^	Re ^	Re ^	Transplant Center ^
-----------	-------------------------	-------------------	------------------------	-------------------	-------------------------	------	------	---------------------

# Transplant Dashboard Information

Scroll from left to right to view detailed information.



The screenshot shows a table interface for a transplant dashboard. The table has a header row with the following columns: Patient, Patient Date of Birth, Waitlist Status, Active/Inactive Date, Waitlisted Date, Waitlist Removal Date, Removal Reason, and Transplant Center. Each column header has a small upward and downward arrow icon. The table body is currently empty. At the bottom of the table, there is a horizontal scroll bar with a mouse cursor pointing to it. Below the scroll bar, there are pagination controls: 'Items per page' set to 5, '1 - 5 of 27', and a row of buttons for pages 1, 2, 3, 4, 5, and 6. The '1' button is highlighted in blue. To the right of these buttons is a 'Next >' button with a mouse cursor pointing to it. Further right is a 'Go to page' field with '1' entered and a 'Go >' button.

Patient	Patient Date of Birth	Waitlist Status	Active/Inactive Date	Waitlisted Date	Waitlist Removal Date	Removal Reason	Transplant Center
---------	-----------------------	-----------------	----------------------	-----------------	-----------------------	----------------	-------------------

# Transplant Dashboard Information

Click on the **Download CSV** button to download and print dashboard information.

**Dialysis Facility Transplant Waitlist**  
Dialysis Facility Records

FILTER BY

**Patient**  **Transplant Center**  **Waitlist Status**  [Reset all](#)

9 results

[Download CSV](#)

Patient	Patient Date of Birth	Waitlist Status	Active/Inactive Date	Waitlisted Date	Waitlist Removal Date	Transplant Center
John Doe 3100924640	08/07/1966	Active - Critical Status	05/05/2022	05/05/2022		U OF MN MED CTR, FAIRVIEW - TRANSPLANT



# Answers to FAQs

# NHSN COVID-19 Reporting

**Question:** Do dialysis facilities still have to report COVID-19 data to NHSN since the COVID-19 Public Health Emergency has ended?

**Answer:** Yes. ESRD dialysis facilities are still required to report COVID-19 Vaccination Coverage Among HCP measure data to NHSN beyond the COVID-19 Public Health Emergency expiration date. The COVID-19 Vaccination Coverage Among HCP measure data should be reported to NHSN for at least **one week per month for each reporting quarter and submitted by quarterly deadline.**

Please consult your ESRD Network for any additional data reporting activities and requirements for COVID-19. Use this link to find your ESRD Network contact information: <https://esrdncc.org/en/ESRD-network-map/>

# ESRD QIP Preview Period

**Question:** When can facilities preview their ESRD QIP scores before they are finalized?

**Answer:** Dialysis facilities can view their ESRD QIP preview reports and scores during the annual preview period. The PY 2024 ESRD QIP Preview Period is tentatively scheduled to open mid July 2023 and close mid August 2023. The preview period will remain open for approximately 30 days. During this time dialysis facilities can view their Performance Score Reports and submit inquiries to CMS.

Additional information about the ESRD QIP preview period is available on the ESRD QIP section of the QualityNet website:

<https://qualitynet.cms.gov/esrd/esrdqip/reports>.

# SHR, SRR, STrR Measure Updates

**Question: Why is CMS updating the SHR, SRR, and STrR measures?**

**Answer:** Beginning in PY 2024, CMS is updating the SHR and SRR measure results to be expressed as rates to help providers and patients better understand a facility's performance on these measures and to make data tracking easier on facilities.

Beginning in PY 2025, CMS is updating the STrR reporting measure to a clinical measure and updating the scoring methodology so that facilities are scored on the actual clinical values reported by the facility. Additionally, the STrR measure results will be expressed as rates, which is consistent with the SHR and SRR measures.

# Peritonitis Infections Module

**Question: Is it required to enter peritonitis infection data in EQRS?  
Are peritonitis infection data also required to be reported to NHSN?**

**Answer:** It is required to enter peritonitis infection data in EQRS any time a peritonitis infection event occurs. The purpose of the new Peritonitis Infections Module is to capture important peritoneal dialysis infection data and rates among peritoneal dialysis patients. However, CMS does not currently require facilities to report peritonitis infection data to the NHSN system.



# Peritonitis Infections Module

**Question: Does peritonitis infection data have to be entered and submitted all at once in EQRS?**

**Answer:** No. EQRS users can save data entry progress within the module and return later to complete the remaining required fields. Once an Event Date (first field in the module) is entered in the *Patient and Event Details* section, users can save their data and return to the module later to complete and submit their data entry. Data within the Infections module remains editable even after submission.

Additional information on the Peritonitis Infections Module is available on [www.MyCROWNWeb.org](http://www.MyCROWNWeb.org): [CMS Infection Event Data Submission Requirements](#)

# Peritonitis Infections Module

**Question: Where and when do we enter peritonitis infection data into EQRS?**

**Answer:** Dialysis facilities are required to enter peritonitis infection data on the *Manage Patient* screen under the new *Infections* tab in EQRS any time a peritonitis infection occurs. Follow these steps to enter peritonitis infection data:

- 1) Log into EQRS and click on the **Patients** drop-down tab.
- 2) Select **Search Patients** in the sub-menu.
- 3) Conduct your search by completing the search fields and clicking **Submit**.
- 4) Click on the **EQRS Patient ID** link to open the patients record.
- 5) Click the **Infections** link on the left side of the screen to access the Peritonitis Infections Module.



# Questions

# Questions

---

Type questions in the **Ask the Staff a Question** section.  
Then, click **Send**.



## **Additional Resources**

# Resources

Resource	URL
CMS.gov: ESRD QIP Section	<a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html">www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html</a>
CMS ESRD Measures Manual	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/06_MeasuringQuality</a>
Technical Specifications for ESRD QIP Measures	<a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications</a>
QualityNet.cms.gov: ESRD QIP Section	<a href="https://qualitynet.cms.gov/esrd/esrdqip">https://qualitynet.cms.gov/esrd/esrdqip</a>
Extraordinary Circumstances Exceptions Policy	<a href="https://qualitynet.cms.gov/esrd/esrdqip/participation#tab5">https://qualitynet.cms.gov/esrd/esrdqip/participation#tab5</a>
Guide to the Performance Score Report and ESRD QIP User Interface Guide	<a href="https://qualitynet.cms.gov/esrd/esrdqip/reports">https://qualitynet.cms.gov/esrd/esrdqip/reports</a>
Health Care Quality Information System Access Roles and Profile Account Registration and EQRS Role Request Training	<a href="https://mycrownweb.org/harp-training/">https://mycrownweb.org/harp-training/</a>
Care Compare	<a href="https://www.medicare.gov/care-compare/">https://www.medicare.gov/care-compare/</a>
ESRD National Coordinating Center	<a href="http://esrdncc.org">esrdncc.org</a>
Medicare Improvements for Patients and Providers Act of 2008	<a href="http://www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf">www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf</a>

# Additional Information

- Website: <http://www.MyCROWNWeb.org>
- Town Hall slide deck and recording: <https://MyCROWNWeb.org/events/>
- Center for Clinical Standards and Quality Service Center:
  - Phone: (866) 288-8912
  - Email: [qnetsupport-esrd@cms.hhs.gov](mailto:qnetsupport-esrd@cms.hhs.gov)
  - Support Central:  
[https://cmsqualitysupport.servicenowservices.com/ccsq\\_support\\_central](https://cmsqualitysupport.servicenowservices.com/ccsq_support_central)
- EQRS & ESRD QIP Questions: [QualityNet Q&A Tool](#)
- ESRD Network Directory: <https://esrdncc.org/en/ESRD-network-map/>

# Post-Event Evaluation

Please complete a short post-event evaluation by clicking on the link in the Chat box. Your feedback will help improve future Town Hall events.





**Thank You**

# Disclaimer

This presentation was current at the time of publication and/or upload. If Medicare policy, requirements, or guidance changes following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials are provided as summary information. No material contained herein is intended to replace either written laws or regulations. In the event of any discrepancy between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules or regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.